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Evidence-Based Practice of Merle Mishel

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Evidence-Based Practice of Merle Mishel

Merle Mishel started her uncertainty in illness research when her father was diagnosed with colon cancer, and he did not understand what was happening to him or how to cope with the disease at that time. Her father tried to adjust some elements of his life to deal with the illness's uncertainty. This prompted Mishel to develop the theory since she had experienced some of the uncertainties through her father (Clayton et al., 2018). Mishel wanted to understand how other patients come to terms with the uncertainty caused by their sickness, which led her to create the Mishel Uncertainty in Illness Scale tool.

To develop the uncertainty in illness theory, Mishel used scientific and empirical evidence for her study. For instance, Mishel used empirical evidence on stress for her theory development. She used previous studies on coping and stress to examine uncertainty as a stressful outcome. The above research was about Richard Lazarus and Folkman's research on stress and coping during the initial conceptualization of her uncertainty in illness study (Clayton et al., 2018). The uncertainty in illness theory's primary notion is the uncertainty, which is the lack of capacity to establish the events connected to a disease. For example, patients cannot determine the circumstances of their illness correctly. The three concepts of uncertainty related to diseases are coping with uncertainty, appraisal of uncertainty, and antecedents of uncertainty. The coping with uncertainty concept relates to the tasks a patient engages in to deal with ambiguity. Mishel assumed that patients could cope with their disease's uncertainty, hence improving their quality of life and health. Appraisal of uncertainty calls for using values on the unknown situation. In this concept, Mishel assumed that uncertainty was an objective circumstance until it became appraised as harmful to a person. The dangerous uncertainty brings about coping management to decrease the uncertainty and manage the emotional disturbance

generated by the ambiguity. Lastly, antecedents of uncertainty refer to activities and events that occur before an illness takes over one's body and affect the patient's way of thinking, such as perception and pain (Clayton et al., 2018). Mishel assumed that uncertainty is a cognitive condition that represented the lack of current cognitive schema to help clarify events happening to one's body due to the disease. These uncertainties affect a person's body due to the changes it has to undergo caused by the illness. Also, Mishel claimed that people needed time to concentrate on themselves since they do not function as an equilibrium, so people have no time to deal with uncertainties in their lives.

Mishel's uncertainty in illness theory has been moved from research to practice in healthcare settings on patients who are experiencing uncertainty. Nurses would use the Mishel Uncertainty in Illness Scale (MUIS) as a tool to identify areas in a disease that are causing uncertainty in patients (Taş Bora & Buldukoğlu, 2019). They address these uncertainties to assist patients in developing coping tactics that will help improve their health. For instance, a patient may be afraid of physical activity because they fear it might affect their recovery process. A nurse can assure them that physical activity will not have adverse effects on their recovery process using the MUIS tool to help them understand that physical activity is necessary for their well-being. Nurses play a vital role in a patient's life because they assist them and their families in understanding the uncertainties in diseases and how to cope by learning new ways of managing their lives. Mishel's theory on uncertainty in illnesses is practiced in education, advanced nursing practice, and nursing research to address different uncertainties brought about by other diseases like cancer and schizophrenia. Patients who have contracted terminal diseases learn to cope with the uncertainty of the illness since they have a better understanding of the proceedings of the disease.

References

- Clayton, M., Dean, M., & Mishel, M. (2018). Theories of uncertainty in illness. *Middle range theory for nursing*, 4, 49-82.
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