Uncertainty from the Stage Nurse from the Theory: A Review

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Citation

Abstract
The objective of this review was to describe and analyze the literature about the role of the nursing professionals in the uncertainty facing illness focusing on the middle range theory by Merle H. Mishel. This review of literature was based on a criteria defined by a 10 year period, several databases and two languages, English and Spanish. From 14 selected articles mentioned the theory of Merle H. Mishel, uncertainty in the face of illness and the role of the nursing professional before this problem. Mishel provides to nurse’s ambit a guide in the identification and the care of the uncertainty facing illness, achieving adaptation of both the individual and the family. The nurse’s role in the communication and direct accompaniment with the patient is essential to achieve a positive impact on the levels of uncertainty. Knowledge of the uncertainty about the disease provides theoretical support to the nursing staff, allowing holistic care.

1. Introduction

The term uncertainty is defined as lack of precise knowledge about something [1], being a present concept in different everyday situations, in which the person experiences unexpected circumstances that generate uncertainty, even though they do not present a risk for it, the possibility of a disaster is present [2].

In health’s field, this phenomenon often makes its presence, where the word uncertainty arises in nursing, with Merle Mishel’s theory of mid-rank: Theory of Uncertainty in Disease, where he defines uncertainty as "the inability to determine the Meaning of facts related to the disease, and it appears when the person making the decision is not able to give definite values to the objects or facts, or is not able to accurately predict what results will be obtained" [3].

However, when talking about uncertainty facing illness, not only the patient, but caregivers and family members are affected, where knowledge of the phenomenon and theory is paramount, since it provides support, guidance and education during this uncertain process. Nevertheless, the intensity of the experience that the person presents in the different hospital scenarios interferes in how each patient perceives and adapts differently to the uncertainty.
Uncertainty is perceived as one of the main factors of stress and lack of adaptation of the individual in the disease [4], triggering various psychological disorders, such as anxiety and depression [3]. Being a trigger for several problems becomes a point of interest in people caring, being an issue that every nursing professional should be able to assimilate, becoming present from training to daily clinical practice, achieving thus deepening the patient care needs. Despite making its appearance in a theory of middle range, the uncertainty stands out in diverse scientific articles of nursing, where diverse scenarios are plastered in which can make presence mentioned uncertain, in spite of this, the nursing personnel does not identify in an adequate way the role that faces this problem from the theoretical approach.

Therefore, the objective of this article is to describe and analyze the literature about the role of the nursing professionals in the uncertainty facing illness from Merle H. Mishel's midrange theory approach.

2. Development

This review aimed to describe and analyze the literature on the uncertainty of illness from Merle H. Mishel's approach, mentioning the role of the nursing professional.

Accordingly, the research was limited to the following criteria: a 10-year time period (2006-2016), using the terms: Uncertainty, nursing and Mishel's theory, and Boolean operator: AND.

In total, 53 scientific articles were found with the above mentioned criteria in different databases and two languages, English and Spanish.

From the articles found, a review of titles and summaries of each one of them was made, being selected 14 by its contribution in the thematic one. Among the studies found were obtained reviews, studies with quantitative-qualitative approach, case analysis, quantitative and tests. On the quantitative studies they had a descriptive, correlational approach with a transversal design.

The places where the investigations were carried out were Chile [5, 6], Mexico [7, 8], United States [9], Iran [10], Taiwan [11] and Canada [12-15] and Colombia [16-18]. Each of the articles mentions the theory of Merle H. Mishel, uncertainty about the disease and the role of the nursing professional in dealing with this problem.

All these investigations or revisions give us that theoretical support that allows the nurse practitioners to understand the human being as a biopsychosocial individual, who needs holistic care [7]. Mishel's theory gives the nurse's field a guide in identifying and taking care of the uncertainty facing illness, achieving the coping and adaptation of the person and the family [7-13].

The content of the state of the art is presented in three subsections that include the theory of uncertainty facing illness, the role of nursing in the uncertainty facing illness and the forms of the uncertainty. Each of them is described below:

a. Theory of uncertainty before the disease

Uncertainty functions as the main concept in this theory, being essential in the process of adapting to the disease, exposing the way in which individuals cognitively solve their experiences related to sickness and the way in which they interpret it, providing greater clarity to the complexity of the uncertain process.

Mishel confirms the relationship of managing high levels of uncertainty with the production of psychological stress and anxiety [9, 10, 13], in accordance with a variety of researches carried out in caregivers, where they are familiar or adopting the family role, handling different levels of stress caused by uncertainty of the diagnoses [14, 16].

The middle-range theory mentions a relation between the cognitive schema and the framework of the stimuli, conceptualizing the cognitive capacities as a subjective interpretation of the individual about his illness, in which stimuli are formed that a person discovers, being necessary resources to treat the person, which named sources of structure, assisting in the interpretation of the stimulus framework [3].

The stimulus framework, influenced by cognitive abilities, is complemented by three elements, the symptoms typology, the facts familiarity and the facts coherence, being its general objective to recognize the symptoms of the disease, appearing constantly enough, being able to perceive them in such a way that they manage to become a habitual situation, reaching a relation between what was expected by the individual during the illness and his / her experience, assisting in understanding and interpretation [7].

Uncertainty when influenced by stimuli, cognitive capacities and the sources of structure manages to become inference or illusion. Mishel defines the inference as the evaluation of the uncertain from the experience and the illusion, like beliefs that are produced from the uncertain [3], living the uncertainty as a danger or opportunity, activating coping mechanisms to reduce uncertainty [13] with the purpose of achieving the adaptation of the individual, reflected in his biopsychosocial behavior [3].

b. The role of nursing in the uncertainty before the disease.

By taking the concept of uncertainty and inserting it into the nursing field, Mishel gives nurses the understanding of the needs that go beyond the disease, providing a scale to measure uncertainty, which has already been applied in diverse populations of sick individuals being a valid and reliable instrument that assists the nurses to perceive and identify this phenomenon. In situations of uncertainty generated in different patients, chronic diseases are identified as the generators of this phenomenon [17], obviating age, sex, schooling, culture and religion, impacting the appearance of signs and symptoms. Contrary to this, several articles have found a positive correlation between schooling and uncertainty, less schooling greater uncertainty [4, 7, 17], equating a relation with religion, to greater spirituality less uncertainty [18], taking into account the sources of Structure of Mishel.

c. Forms of uncertainty
The theory tells us about stimuli, which when processed by the staff to construct a cognitive scheme on the experience of the disease, the uncertainty comes in four forms in which uncertainty arises: ambiguity, complexity, lack of information and lack of prediction [3, 7].

Ambiguity, closely related to the state of the disease [7], and the lack of information, on the diagnosis and reality of the disease [7], by health personnel with the main forms of uncertainty Literature found [9-12], indicating the contribution of health personnel in reducing uncertainty through communication [8]. The lack of credibility towards the health staff, is present when talking about uncertain, despite the communication that can be established by the patient and family with the staff does not reduce the uncertainty by not believing in the person providing the information.

As for complexity, some articles refer that being unfamiliar with the situation increases uncertainty, preventing him from understand what is happening [13], causing a poor evaluation of his own health [7, 17], limiting the power to predict his evolution, developing feelings of anguish and worry [5], leading people to question about the care system that is given and the capacity of them for achieve their well-being, relying on the poor effectiveness of communication between patient and staff.

Having education and social support allows minimizing the presentation of the forms of uncertainty, giving tools to the caregiver that allow him to predict health status and uncertainty in a positive way [11]. Providing information, educating and supporting the patient and caregivers during their stay in the hospital allows the health personnel to be seen as an authority with credibility, being key to achieve the decrease of uncertainty, formulating predictions and probabilities that allows the individual to organize their experiences related to the disease, pointing in the last two stimuli, lack of information and prediction.

**Nursing Role in Uncertainty in the Face of Uncertainty Disease**

These documents emphasize the importance of the knowledge of this disease and its strategies on the part of the nursing staff, being the biggest contact with both the patient and caregivers.

Being important the development of skills for the diagnosis and treatment of uncertainty and its consequences, being a provider of necessary and reliable information on the patient's condition, providing educational support [13].

Knowing the beliefs and feelings allows establishing nursing interventions that facilitate the implementation of measures to help the patient reduce uncertainty [5, 14]. Mishel's theory will guide the nursing professional to uncertainty identification, giving him the opportunity to create a plan of care with the objective of eliminating the situation, managing to confront and adapt it to the disease [7, 10].

Recognizing this process make possible to provide care that allows an optimal adaptation, enriching the nurse act as a key element in interventions on uncertainty [9, 17].

Several studies reiterate the importance of knowing uncertainty concepts, anxiety and quality of life, being important aspects in patients with chronic diseases that may have a negative effect on some of these concepts [8]. Nursing theories, such as Mishel's, provides a theoretical basis for nursing practices, achieving a nurse-patient-context relationship where different strategies of care are understood and reflected, demonstrating an interest in the emotional and spiritual, allowing an understanding of the uncertainty in Chronic patients and their caregivers [18].

As previously mentioned, the role of nurses in communication and direct accompaniment with the patient is paramount to achieve a positive effect on levels of uncertainty [6, 12-16].

**3. Conclusions**

As perceived with all the above, the exclusivity of Mishel to the application of uncertainty in the context of the disease [13], focusing on the practice in patients with chronic conditions, is a fundamental key in the transfer of the theory to the practice, being these patients the main demonstrators of this phenomenon; In the same way falls on a limit, since it focuses the nursing staff to the application of said theory only to a specific group.

Focusing on the importance of uncertainty facing illness as theoretical support for the nursing staff allowing to provide a holistic care. Finding that fear and anxiety are manifested as uncertainty when not having adequate communication between nursing and patients or caregivers [19].

The planning and application of interventions that improve the psychological well-being of both caregivers and patients by health personnel, essentially nursing, is one of the most significant points for the uncertainty treatment [20], suggesting to dealings with issues such as depression, quality of life, anxiety and self-evaluation and self-management of their disease, allowing them to face the uncertainty through education and social support.

The construction of the aforementioned review allows us to visualize the middle range theory as an important factor in quality care, showing the nursing professional the relevance of the knowledge of various theorists, starting from the teaching of macro theories and incorporating the formation of the future nursing professionals in that the middle range.

In the personal opinion of the authors, the concern arises as how to transfer the concept and theory from the perspective of the nurse in not only sick patients or their caregivers, but also in people with undergo physical, psychological and personal changes, creating in them an uncertain and making it impossible for them to adapt to the new stage of life they are experiencing.

**References**


