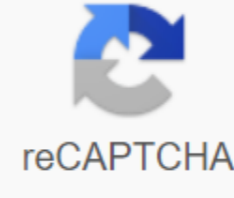




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## Merle mishel theory uncertainty in illness

Share this: Facebook Twitter Twitter Twitter LinkedIn WhatsApp Uncertainty In Theory of Disease Theory MID-RANGE ASSIGNMENT STEPHANIE MORRIS Background and credentials Of Merle Mishel strives to increase outcome and patient care during uncertainty by identifying uncertainty and treatment. Mishel holds a bachelor's degree in nursing from Boston University and a master's degree in nursing from the University of California. He also holds a master's degree in psychology and postgraduate studies in psychology (Bailey & Stewart, 2014). Mishel had experience of uncertainty through her father. Mishel's father had colon cancer, and his experience influenced her to develop a theory of insecurity in the disease. Mishel's father couldn't understand what was happening to him and couldn't cope with the disease. Mishel's father tried to control some aspects of his life while dealing with an uncertain illness. Mishel began focusing on uncertainty after starting a PhD in psychology. Her dissertation focused on the development of uncertainty and testing of measures (Polit & Beck, 2008). She developed a theory of disease insecurity to understand how patients can deal with the uncertainty caused by their illness. Mishel described patients as vague about the uncertainty. She developed a scale to test perceived ambiguity in disease and later renamed the scale in Mishel Uncertainty in the Disease Scale (MUIS) (Bailey & Stewart, 2014). The theory of middle-scale nursing care provides clear care guidelines that are less conceptual and abstract compared to other theories (Alligood, 2014). Uncertainty in disease theory applies to the middle-range theory as it corresponds to the definition described above. Mishel used scientific and empirical evidence to develop the theory and tool MUIS (Bailey & Stewart, 2014). Mishel's theoretical source and empirical evidence used empirical and scientific evidence to develop the theory. The study's findings on uncertainty were used to develop pre-knowledge of uncertainty in disease theory. Research in the field of cognitive psychology and uncertainty in diseases are useful in the development of the concept of penultimate. The concept for assessment was developed using clinical data and discussions with friends. Clinical data have shown that in some cases uncertainty is a priority situation. She also used empirical evidence of stress and confrontation to develop the theory (Liehr & Smith, 2014). Mishel's primary sources used different sources to develop the theory of uncertainty in disease. It has combined research in various fields, including hazardous event management, cognitive processing and uncertainty. She used studies published previously on stress and confrontation that examined uncertainty as a stressful event. It examined and used existing models from Warburton (1979) to study its previous design. She used various other studies and research, such as the Budner (1962) study, which analysed a particular event as a cause of uncertainty. In her theory, Mishel significantly considered the method of adapting stress to Lazarus and Folkman (1984). (Bailey & Stewart, 2014). The views of this theorists influenced how the uncertainty was viewed as a cognitive condition rather than an emotional response, and helped her to examine uncertainty as a complex cognitive stressor. Basic thinker the main concept in the theory of the uncertainty of disease is uncertainty. Uncertainty is the lack of ability to determine the meanings of events associated with the disease. For example, patients cannot correctly determine the results and assign values. Another concept is a cognitive scheme. A cognitive scheme is an individual's subjective interpretation of disease-related events. There are three main topics related to the concepts defined above (Polit & Beck, 2008). They include signs of uncertainty, an assessment of uncertainty and a co-decision with uncertainty. Previewing uncertainty refers to things that happen before the disease experience that affects the patient's thoughts. They include pain, perception and previous experiences. Examination of uncertainty results in placing value on uncertain circumstances. Addressing uncertainty refers to activities that the patient uses to address uncertainty (Liehr & Smith, 2014). Mishel discussed the concepts of metaparadigm in her theory, including environment, health, health care and person. A person is an individual who experiences insecurity in diseases. Uncertainty affects interinstitutional relations as the body changes. The environment refers to the health environment where the theory is valid. The uncertainty caused by the disease affects the health of the patient, and patients need to develop mechanisms to co-ord with uncertainty. Health professionals use a muis tool to identify areas of the disease that cause uncertainty. They then address areas to help the patient develop resolution mechanisms that will improve his/her health. Nursing is focused on helping patients and families understand the uncertainty of disease and learn new ways of life. Nurses play a key role in helping patients understand the uncertainty of disease and cope (Liehr & Smith, 2014). Mishel made different assumptions when developing the theory. It assumed that uncertainty was a cognitive condition that represents the ineffectiveness of the current cognitive scheme to support the interpretation of disease-related events (Polit & Beck, 2008). Moreover, it assumed that uncertainty was a neutral experience, which is not harmful until it is considered harmful. It also assumed that individuals could face uncertainties in diseases, thus improving their outcome and quality of life. It was also claimed that people do not act in time to focus on yourself. So they can't incorporate uncertainty into their outlook on life if there's not enough time (Liehr & Smith, 2014). Uncertainty in the disease scheme consists of a variety of topics related to the main concepts. Topics are a preview of uncertainty, an assessment of uncertainty and a co-decision with uncertainty. The antecedent theme consists of a framework of stimuli, structural providers and cognitive performance. The stimulus framework refers to the shape and structure of the stimulus the individual perceives. The stimuli framework consists of a sample of symptoms, knowledge of events and condense events (Polit & Beck, 2008). Symptoms patterns indicate the extent to which symptoms have a pattern. Knowledge of events is the extent to which the situation has identified the cue. A congregation of events means consistency between expected events related to the disease and events that have occurred. Cognitive performance and structure providers affect the stimulus framework. Cognitive capacity refers to a person's ability to process information (Liehr & Smith, 2014). Logical form The development of nursing theories should follow and comply with the logical process (Polit & Beck, 2008). Concepts and concepts should be clearly stated and consistently described without doubt. Uncertainty in disease theory is well developed, as concepts are clearly presented and easily perceived. After Michel re-examined its concept in 1990, the uncertainty of disease theory became inductive due to the use of qualitative studies and chaos theory. This research leads her to change the direction of theory. The theory now states that people's insecurity is always changing due to major life events and illnesses (Bailey & Stewart, 2014). Attitudes to research, education and advanced practice in nursing The theory of insecurity in disease can be used in a variety of fields, including education, nursing research and advanced nursing practice. The theory is used in advanced medical practice to eliminate uncertainty in various diseases and thus worry patients about their illnesses. This improves their outcome and quality of life. By understanding the process of disease, patients learn how to deal with uncertain events. The theory can be used in nursing research to help researchers understand the experiences of patients with chronic and terminal diseases (Polit & Beck, 2008). Uncertainty in disease theory has been used in studies focusing on cancer-related uncertainty to understand the sources of uncertainty in the population, how to solve them. It is also used in education to provide nursing students with the knowledge and skills necessary to understand uncertainty and mechanisms for tackling the disease. Consequences Uncertainty in disease theory has implications for advanced care practice. The theory affects the care of patients, as enough patients and families with an uncertain disease. Nurses are supposed to provide patients and families with uncertainty about their illnesses. As a result, patients become emotionally and physically healthier and have the power to face the disease. Empowerment offered to patients and families gives a different perspective on life and increases quality of life (Liehr & Smith, 2014). Uncertainty in the theory of the disease can be used to care for cancer patients the theory is useful in helping a cancer patient to co-decide with the disease and eliminate uncertainty. Cancer can lead to stress due to insecurity around disease, treatment and side effects. Cancer patients cannot understand the events associated with the disease, and these results affect uncertainty and negatively affect their health. The theory can be used to help the patient understand the disease situation and make meaning and thus participate in the care plan. Therefore, the theory is useful in informing the patient about cancer and addressing their concerns (Liehr & Smith, 2014). Merle H. Mishel's summary theory of uncertainty in the disease was initially focused on a person's ability to resolve uncertainty. Although she reassessed and added the notion that uncertainty may never be solved, it will become part of a person's identity and affect their perception and quality of life. Uncertainty in the theory of disease is essential in transforming patient care and experience. The theory helps patients understand the uncertainty associated with their disease and address the causes of uncertainty. They develop co-decision skills and thus can face the disease. The concepts are clear and well described. The theory can be used in medical practice, research and nursing education, as it is easy to understand and apply. 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