

Uncertainty in Illness: Theory Review, Application, and Extension

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Mishel's uncertainty in illness theory provides a conceptual framework to explain how uncertainty is generated and how it affects psychological adjustment to the cancer experience. Since 1981, when it was created, researchers have used the theory to develop and test uncertainty management interventions in multiple populations of patients with cancer. This article reviews the theory's concepts and propositions, summarizes supporting evidence, and discusses extension of the theory, clinical implications, and future directions for research.

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Uncertainty is a common psychological reaction to the experience of cancer. It is defined as “the inability to determine the meaning of illness-related events” and accurately anticipate or predict health outcomes (Mishel, 1988, p. 225). Uncertainty may be present at any point in the cancer trajectory but is common at diagnosis, initiation of new treatments, and transitions of care, when patients must cope with unfamiliar, complex, and potentially threatening experiences. Uncertainty in patients with cancer is correlated with several negative physical and psychological consequences, including symptom severity and interference in daily life, fear, emotional distress, reduced resourcefulness, a sense of losing control, and diminished quality of life (Germino et al., 2013; Hsu, Lu, Tsou, & Lin, 2003; Kazer, Bailey, Sanda, Colberg, & Kelly, 2011; Kim, Lee, & Lee, 2012; Mishel et al., 2005, 2009). Consequently, oncology nurses must be able to recognize and facilitate management of uncertainty among patients during their care. The purpose of this article is to provide an overview of Mishel's uncertainty in illness theory, summarize current literature in patients with cancer, and discuss extension of the theory to include uncertainty in partners of patients with cancer.

Uncertainty in Illness Theory

Mishel (1981, 1988, 1990) introduced the concept of uncertainty

in illness to nursing scholarship in 1981, developing her uncertainty in illness theory and designing and testing relevant instruments. Mishel's theory builds on Lazarus and Folkman's (1984) stress-appraisal-coping framework and focuses on describing individuals' cognitive processes when coping with stress in the midst of ambiguous, inconsistent, or complex situations. Mishel's uncertainty in illness theory consists of four major components: (a) antecedents generating uncertainty, (b) appraisal of uncertainty, (c) coping with uncertainty, and (d) adaptation to the illness (Mishel, 1988) (see Figure 1).

Antecedents generating uncertainty: According to Mishel (1988, 1990), antecedents of uncertainty include the stimuli frame (symptom pattern, event familiarity, event congruency), cognitive capacities, and structure providers (information from healthcare providers and other credible authorities, social support, education). New illness-related stimuli lead to uncertainty when patients are not familiar with the experience (e.g., symptoms, healthcare environment, treatment activities) or when their expectations are inconsistent with their experiences. Interpretation of the illness-related stimuli is moderated by an individual's cognitive capacity and by structure providers. A patient's cognitive capacity influences how he or she interprets illness-related stimuli