Uncertainty in Illness: Theory Review, Application, and Extension

Yingzi Zhang, MS

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.

Zhang is a distinguished graduate fellow and doctoral student in the School of Nursing at the University of Wisconsin in Madison.

No financial relationships to disclose.

Zhang can be reached at yzhang456@wisc.edu, with copy to editor at ONFEditor@ons.org.

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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). 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.