Healthcare And Nursing

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Practice Theory and Hypothesis Formation

1. **Problem**

Ear is an important sense organ in humans. It plays vital role in the reception of audio messages from the environment—making individual prone to acquire all the necessary information that enables him to learn worldly phenomenon. As its particular structure is closely associated with its functionality therefore even a minute structural deformity is potent enough to induce adverse multifaceted functional abnormalities. For example, Meniere’s disease is a situation in which the membranes and structure of the inner ear becomes distended or it is accumulated with fluids more than the optimal ranges.

Hence, it mainly affects our inner ear which is responsible for quality hearing and maintaining physical equilibrium while standing, running or walking. Although, there is no sound category of symptoms associated with Meniere’s disease but bad quality of life can be termed as one of the major symptoms (Jilla, et. al. 2018). Quality of life is badly affected by many of its behavioral ramifications including vertigo lasting from few minutes to many hours, partial or complete hearing loss in the affected ear, sensation of beeping or ringing in the affected ear known as tinnitus, sensation of aural fullness, difficulty maintaining balance, and headache and nausea associated with severe vertigo. As where there is problem there is the solution. The section of treatment brings into insight several options both pharmacological and non-pharmacological in nature. A description of treatment includes injections, behavioral changes, medications, surgery, therapies and salt restriction.

**2. Hypothesis**

There is a positive relationship between the quality of life and management of the symptoms of vertigo. It is affirmed that Meniere's disease can be treated by non-pharmacological methods, especially in adults.

**3. Literature Review**

There are present a variety of treatments for mitigating functional abnormalities associated with Meniere’s disease particularly vertigo. This is why; this research is exclusively focused on the vertigo experiences of patient for addressing Meniere’s disease indirectly. Vertigo is referred to as the spinning sensation of head leading to dizziness and fall in severe cases. Its exhibitory symptoms encapsulate imbalance, headache, sweating, nystagmus, ringing in the ear, nausea and vomiting. The chances of falls in vertigo are irrefutably significant which impair quality of life gravely.

 As mentioned above, this research is mainly concerned with the non-pharmacological treatment which is only applicable when symptomatic management is prioritized than making attempts to eradicate physiological etiology e.g., medicines interfering the accumulation of extra fluids in the inner ear or surgical operations to correct structural abnormalities of inner ear. Hence, non-pharmacological treatment will be based on the nature of symptoms demonstrated by the patient. These non-pharmacological techniques will attempt to palliate the physical, psychological and social impairment suggesting subsequent environmental interventions.

In order to undertake research that can either negate or affirm the relationship between the quality of life management and the symptoms of vertigo without using non pharmacological methods, research was conducted. It was a qualitative research having cross-sectional experimental design. A 75 years old patient was selected through purposive sampling technique of sample selection—experiencing Meniere’s disease for the last six months. The research highlighted that there are two major aspects associated with ear disorders, i.e., patient education and personal adjustment counseling. Patient suffering from vertigo may result in an increase in falls, decreased life activities, increased depression and decreased the quality of life (Young, et. al., 2018).Theory of unpleasant symptoms was incorporated in order to evaluate the symptoms and make interventions that can help to get the crux of research.

**4. Middle range theory and framework**

In order to settle the data—collected by the experiences of selected patient—on the theoretical grounds, the middle range theory of unpleasant symptoms is selected. This theory is selected because it emphasizes the significance of three factors as aggressive determinants of the nature and magnitude of symptomatic manifestations associated with vertigo. The theory of Unpleasant Symptoms infers the important aspects of lifestyle to improve and evaluate the understanding of the disease. The TOUS has three significant parts that act as a guide in understanding and evaluating the symptoms. Physiological factors refer to functions associated with physical health such as energy system, normal systems, and pathologic problems. This factor is concerned with the biological aspects of patient e.g., his body functioning, diet and nutrition, age, genetics and family history. For example, individual belonging to late adulthood is more likely to acquire certain disease as compared to an adolescent (Talaat et. al., 2016).

Psychological factors include mental state and reaction to a particular illness. These factors include our thinking patterns, perception, sensation, attitude, decision-making, problem solving, intelligence, ego identity, self concept, resiliency, self efficacy, will-power, proactive coping ability, preference, outlook and orientation towards life. For example, a person with positive attitude towards life is more likely to indulge in health-seeking behaviors as compared to the one with negative attitude about life who attributes illness as terminal and feels helpless.

The third aspect of theory reflects situational factors such as professional experience and lifestyle. These factors are also called environmental or social factors. As human being is a social animal; he is having a constant desire to gain social approval, to identify him with certain social group or organization e.g., parents, siblings, colleagues and community and to fulfill his needs of love and belongingness. These social interactions not only affect his perception towards life but also run in holistic manner affecting all the perceptual tendencies for embracing meaning to certain phenomenon.

Other than the social factors; the environmental factors e.g., socioeconomic status, education, vicarious and mastery experiences also fall under this category. For example, the expectancy of faster recovery is more evident when a person is having social support from his loved ones—loneliness adds more adversity to the illness. Social support can be offered by family members or professional bodies in terms of emotional, instrumental and informational support.



**Image 1**

*Original diagram depicting middle range theory of unpleasant symptoms*

 **5. Findings**

**Unpleasant Experiences**

In this research, all the three components of the theory were used to evaluate and categorize the symptoms that a patient was feeling. Patient was having unpleasant symptoms such as an increase of falls due to lack of balance, decreased life activities, increased depression and decreased the quality of life. Three of the aspects collectively formulate the overall framework of theory that can be used to help a patient feeling various symptoms in the course of illness (Young, et, al., 2018). For example, in case of vertigo, the selected patient reported falling which is strongly associated with the process of ageing and genetic predisposition (physiological factors). Furthermore, he reported elevated tendency towards experiencing negative emotions, feelings of worthlessness, decreased self esteem, difficulty initiating tasks, suicidal and homicidal ideation, and lack of interest in meeting new people, lack of motivation in taking medications and getting cured (depression due to illness, psychological factors). He also reported that he had no prior experience in this regard therefore the uniqueness of symptoms is quite disturbing for him (situational factors). These factors reinforce his symptoms to become more problematic for him.

**Application of theory**

The session of patient education helped the patient to undergo an analysis and justify his emotions with the help of "patient-centric" counseling technique and collective decision making. Informational and personal adjustment counseling was used as a tool to educate the patient about the risk in vertigo in ear disease.The patient is made to analyze all the facts that are contributing to the current situation of the patient. The symptom assessment not only included intensity but special heed to other factors is also given such as distress, timing, and quality. The intake history was taken in a comprehensive account, affirming that it addressed possible psychological and environmental influences along with physiological factors (Jilla, et. al. 2018). During the session, he was taught that how his age and genetic factors influence his onset and course of illness, how his perception and coping ability affects his course of treatment and how social support can strengthen his emotional immunity against negative emotions associated with illness.

**Assessment and management**

The performance of the patient was assessed on a daily basis taking into account that all the changes can be monitored. The research highlighted that the patient encountered several factors within daily life and there was no way out to access a single impact that is acting as a precursor to the disease. The analysis of the feelings of the patient on a daily basis inferred that "quality of life" is one of the factors that can be termed as one of the dominant factors in causing vertigo. Using the theory of unpleasant symptoms, the effect of each of the factor was determined. The findings result in the analysis of the fact that quality of life along with management of symptoms has the greatest impact on the treatment of Meniere’s disease. It was found that its symptoms are not curable but only manageable. After identifying each unpleasant symptom disrupting the quality of life, management was provided accordingly e.g., patient education and counseling.

References

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