Imogene King's Interacting Systems Framework and Theory of Goal Attainment

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Introduction

The profession of nursing is a complex, and often times, much diversified field which has wide reaching effects in our daily lives. After graduation from nursing school and obtaining licensure, nurses are able to then develop their skill sets into countless fields of specialty. Many of these specialties, when compared to each other, may have little in common. However, one thing you will find uniform in all areas of nursing practice is nurses with a desire to help others return to a healthy state of being.

The process of helping patients back to good health is often times a complex and daunting journey for both the patients and their healthcare team. After all, one does not go from being ill or wounded directly to participating in a marathon. Instead the road to recovery starts with attainable short term goals. The method nurses use to create and set these goals with their patients is based upon the theory of goal attainment by Imogene King.

King believed that with the ability to utilize special assessment and knowledge skills, a nurse will then be able to analyze a patient’s interacting system comprised of people, interpersonal relationships, social ties, age, culture, and other life factors. Then by using the nursing process, patient-nurse interaction, and an understanding of what is needed to promote wellness for the patient, determine problematic areas or disturbances in their patients’ lives. Through a nurse-patient relationship of trust and caring, nurses work together with their patients to set and obtain achievable health goals which will promote patients toward recovering and maintaining their overall wellbeing.

The following paper will explore, examine and give examples of:

- The framework of King’s theory as well as the woman behind it.
• The major concepts of King’s theory which were developed as a guideline for nurses to follow in order to improve not only the relationships they make with their patients but also the way in which they assist them in maintaining or recovering their health.

• Personal techniques and examples of implementing King’s theory into actual nursing practice.

Description of Nursing Theory and Theorist

The History

Imogene King was born January 30, 1923. She received her nursing degree from St. John’s Hospital School of Nursing in 1945 and went on to receive her bachelor and master degrees from St. Louis University. After completion, she went to Teachers College of Columbia University and received her doctor of education degree. She retired from work in 1990. In 1996, the ANA awarded her for her contributions to nursing practice, education and research. In 2004, Imogene King was added to the ANA Hall of Fame. Her contributions to nursing continued after she passed away on Christmas Eve in 2007 (Lavin, 2008).

Imogene King was very avid in her nursing profession. She was a member of the ANA, a mentor to new nursing students, and volunteered during her own time (Lavin, 2008). She helped in many different research studies and set the framework for many different tools we have in the nursing profession. Imogene was also presented in blogs, forums, and many big discussions related to the nursing world. It is great thanks to her for improving the communication between nurse and patient and the unity towards goal attainment.
The Impact

Imogene King had a big impact on many hospitals and nursing services. One of the hospitals was the James A. Haley Veterans’ Hospital and Healthcare System. She assisted in building their administration, research, clinical practice, and education departments (Janzen, 2001). She helped them partner with schools to provide a clinical site for new healthcare staff and many others. For some time, the James A. Haley Veterans’ Hospital provided the opportunity for healthcare staff to broaden their education, expand their scopes of practice, and design and implement administrative initiatives. Not to mention, they helped conduct many supervised scientific inquiries (Jansen, 2001). Even after her retirement in 1990, Imogene King could still be found at this Veterans’ Hospital, mentoring staff and new nursing students. The impact she had changed many lives and improved hospital systems.

The administration at James A. Haley Veterans’ Hospital has developed a new patient assessment that is based around Imogene’s conceptual framework. This new assessment helps the staff to incorporate mutual goal setting with the patient, nursing staff, and other departments. Dr. King helped them in the initial testing and policy development of this new patient assessment (Janzen, 2001).

Dr. King also set the framework for research teams at the James A. Haley Veterans’ Hospital. These research teams integrated the school’s students and the nursing staff. Dr. King had also been a member of the research teams. Dr. King’s teams shaped the foundation for evidence-based care at James A. Haley Veterans’ Hospital. Due to this extensive research, the hospital was awarded the Research Service Award in 2000 (Janzen, 2001).

Dr. King’s theory of Mutual Goal Attainment was tested by Dr. Nodhturft in the Tampa VA Nursing Home. The study lasted a year and proved the usefulness of her theory through
positive patient outcomes. In the study, Dr. Nodhturft selected a few nurses and educated them on Dr. King’s theory of goal attainment. After being educated, these nurses integrated the theory in their daily practice. The patients that were cared for by these specific nurses met their goals at a higher percentage and were discharged sooner than the rest. Patients also reported more satisfaction with their care. These results led to the theory practice by the Veterans Administration Medical Center’s (VAMC’s) in Florida (Janzen, 2001).

Dr. King has devoted her whole life to nursing and nursing research. She was an avid member of the ANA, open forums, participated in countless in-services, and educational programs. She took the opportunities to educate others about her theory on nursing and how to ensure proper patient care through goal attainment and building relationships. She devoted her life to her nursing profession and encouraging high quality and safe patient care (Janzen, 2001). This is just one example of how Imogene King has impacted the entire hospital system.

The Triangle Theory

Imogene King also set the basis for the Triangle Technique. Math can be a difficult subject for some. Being a nurse makes this a complicated phenomenon, especially in pediatrics. In pediatric nursing, math calculation is important for patient medication dosage according to weight. It is hard for safe patient dosage calculation if nurses find medication calculation difficult. Incorrect dosage calculation could lead to ineffectiveness or toxicity in younger patients. The Triangle Technique was formulated to help prevent incidences of miscalculations. (Sredl, 2006). People have different styles of learning: visual, auditory or kinesthetic. The Triangle Method uses an isosceles triangle to turn math into a visual format. If you put the triangle down on paper, it turns it into a kinesthetic format. This helps to enhance memory (Sredl, 2006).
The theory behind the Triangle Technique was based off of Imogene King’s theory of goal attainment (Sredl, 2006). You need a way for nurses to learn, develop, and enhance their self-esteem. This way of doing calculations increases the nurses’ self-esteem due to being able to calculate math more easily and less stressfully. They reach their goal (the answer) in a way that is easily attainable which in return raises self-esteem. Their development and education both increase due to learning a new way to compute pediatric calculations. The Triangle Technique may be applied in different circumstances, not just in pediatric calculations (Sredl, 2006).

NANDA

One major way Imogene King impacted the nursing profession was helping with the creation of NANDA nursing diagnosis. Dr. King’s theory was goal attainment between the patient and the interdisciplinary teams in order to improve health recovery. The nursing aspect of NANDA was created to help nurses see all the ways to help the patient. NANDA is a list of almost all nursing diagnosis and the interventions that can occur with that diagnosis. It is a helpful resource for nurses to understand applicable patient diagnosis to help formulate care plans. When looking up a particular diagnosis, there is a list of goals that can be set with the patient to help with a particular deficit.

Imogene King had a huge impact on NANDA with her concept of patient centered goals. Teamwork between healthcare providers and patient was the framework for NANDA (Brokel, 2010). Once people started to realize that patients were coming in with the same diagnoses NANDA was truly born. Even after its creation, NANDA is constantly being edited and improved upon with new concepts. It will continue to update information on diagnoses using evidence based research. Imogene King paved the way for new and exciting changes in the world.
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of nursing. Her theory set the foundation for many different ideas and experiments. King was involved in new innovations that have now become integrated into mainstream nursing practice.

Concepts

Imogene King’s goal attainment theory focuses on three interacting systems: personal, interpersonal, and social. These three systems form a framework to help nurses view patients as a whole; as individuals and in their family and social environments as well. Within each of these different systems there are concepts that further explain the process of each individual system.

The personal system in King's theory classifies concepts to provide an understanding of the individual, more specifically, the patient as a whole. The main focus of nursing is the care of the individual. The concepts King identified to better understand the human being as an individual are:

- **Perception** - a process of viewing or interpreting information from one’s personal senses; represents one's image of reality, and therefore influencing one's behavior.
- **Self** - thoughts and feelings that one identify with one’s awareness of individual existence, who and/or what one is.
- **Growth and development** - biological and behavioral changes in human beings that are a result of genetics, experiences, and their environment.
- **Time** - the duration that is measured between one event and that of another.
- **Personal Space** - the physical area that exists in all areas around one.

Each of these five concepts are key to the nurse in understanding the patient on a more personal and deeper level, as well as the patient understanding oneself. Not only does the nurse need to truly understand their patient to reach common ground and agree upon a set of goals, the
patient must truly know oneself in order to know what they can and will follow through with in their goals.

The individuals from this personal system form groups and interact with one another. The concept is referred to as the interpersonal system and could consist of just two individuals; for example, it could include the nurse and patient or consist of three or more individuals making up a small group. The concepts that make up the interpersonal system interactions are:

- Interactions - the relations between two or more individuals in mutual existence.
- Communication - the way in which individuals interpersonally, intrapersonally (within one’s self), verbally, and/or nonverbally exchange and convey information with one another.
- Transaction - the interaction or communication between two or more human beings, usually in relation or influenced by their signified roles.
- Role - the expected behaviors of an individual within a particular status.
- Stress - a reaction to an experience that stimulates or disturbs our physical or mental equilibrium; often occurs when we misunderstand another’s communication or interaction with self.

The interpersonal stage is of utmost importance in the goal attainment theory. “Significantly, the focus of the nurse is on phenomena of importance to the patient; unless attention is paid to concerns of the patient, mutual goal setting is unlikely to happen” (Black, 2014, p. 274). The way the nurse communicates and interacts with the patient and the relationship they build, is what will make mutual goal setting most successful.

The third and final system in King's theory is the social system. The social system consists of large groups within an organization. These large groups often share common goals or
interests in creating a human experience among the members. Examples of social systems include families, religious groups, and healthcare systems. The concepts that make up the social system are:

- **Organization** - a social unit/group of individuals with common interests; individuals within this group have appointed roles/positions in order to accomplish agreed upon goals.
- **Authority** - socially appointed power in exchange for leadership and responsibility.
- **Power** - the ability of one to influence one or more people in a situation.
- **Status** - the position or ranking of an individual within an organization.
- **Decision making** - goal-directed rulings made and acted upon by individuals or groups to come to a conclusion or achieve a common goal.

The relationship between these three interacting systems and each of the different concepts that make up the systems is what led to Imogene King's theory of goal attainment. The whole basis of King’s goal attainment theory is that the context to which the correlation between the nurse and patient occur are essential to achievement of the patients health goals. When asked, King agreed that when the patient was involved in the process of formulating their own health goals along with the nurse, the patient was much more likely to achieve their goals. She stated that she experienced this numerous times in her own interaction with patients during her nursing practice (Lavin & Killeen, 2008).

**Analysis of How Theory is Applied to Nursing Practice**

Imogene King’s main theory is to set goals together with the patient in order to restore them to optimal health. A nurse applies this in practice every day. This process is in effect as soon as the nurse steps on the floor and begins setting goals with the patient. The nurse must...
ultimately acquire goals to ensure the patient’s optimal health. Nurses are also forming relationships with patients to gain their trust. Nurses can gain a patient’s trust through King’s interacting systems. In the end the goal for the patient will be jointly agreed upon between the nurse and the patient. Ultimately, through an effective relationship, nurses and patients are striving to achieve goals aimed at attaining or regaining their healthy status.

A student learns the nursing process early on in nursing school. Upon graduation it has been ingrained into practice so smoothly that a nurse uses it without having to think about it. A nurse will walk into a patient’s room and start an assessment. He or she will visually check the patient’s neurological status with a greeting. Simultaneously, nurses are assessing fluids running in the IV. Nurses concurrently assess for safety while assessing the condition of the patient and their surroundings. Nurses will continue asking questions and listening to body systems. The next step is to start planning and making goals for the patient. It is imperative to include the patient in this step. If a goal is made for the patient without including them, they will not be as motivated to accomplish the goal. The nurse will also use interventions and evaluations throughout the care of the patient. All of these steps in the nursing process do not occur one after the other. These steps occur simultaneously.

While using the nursing process is important in the care of the patient, forming a relationship with the patient is essential because a nurse cannot completely care for each patient without that bond. Belcher (2009) describes graduate nurses’ experience while they gather trusting relationships with their patients. According to Belcher, “Not only is the development of trust important for the patient but also the nurses. The nurse must demonstrate the ability to develop trust in order to obtain accurate information from the patient, and thereby improve the appropriateness of interventions” (Belcher, p. 143). Trust is essential in building a relationship
with each patient. A nurse will walk into a patient’s room and interact with the patient. While completing an assessment the nurse is talking and bonding with the patient. This is an important point of care for each patient. Some nurses use humor, something in common, similar personality traits, providing education, or similar stories to form a bond with the patient. There are many ways to interact and form attachments with a patient. It is essential that a nurse use a bonding method to form an important relationship with each patient.

A few ways nurses are able to bond with each patient is by using interacting systems. Nurses are able to use personal, interpersonal, and social systems to interact and evaluate their patients. While forming a bond with the patient, nurses are studying and watching what the patient’s personal perceptions may be. It is important to know the patients and how they are perceiving treatment, care, and overall health while in the hospital. It is important to understand how they are thinking or what they might have concerns about. A nurse is able to explore the interpersonal system of each patient by knowing the patient’s role in life and the possible stresses of each of those roles. This is accomplished through interaction with the patient. Nurses need to ask questions, get to know the patient, and get a sense of their lives. Only then are they able to understand what possible stresses and roles the patients are carrying. Nurses can also use observation to gain knowledge about the patient’s social system. Killeen & King (2007) describes some examples of social systems in regards to King’s theory. According to Killeen, “A few examples are family systems, education systems, religious systems, and healthcare systems. Selected concepts are organization, authority, power, status, and decisions. Age is a critical variable in all three systems” (Killeen & King, p. 53). Nurses need to know what is influencing the patient when making decisions. Possible influencing factors may include the role in the family, culture, stage in life, social status, or age.
After interacting and bonding with their patient’s, nurses get a better sense of who they are and how they can care for them. It is important for nurses to learn as much information as possible about their patients. One of the steps in caring for a patient is to look for various histories they might have on the patient. Nurses frequently will read about each patient and get to know the past historical and medical history. Also, it is important to know current information about laboratory work or current procedures they have had done. Many nurses will gather as much information as they can about each patient. After nurses have gathered information as well as interacted with each patient, they can then start the process of goal setting.

Goal setting is a part of the nursing process. It is important to set goals with the patient together. A nurse that is caring and has concerns for each of their patients will properly set appropriate goals and make sure it is mutual between patient and nurse. Ramsey (2013) describes how decisions are made and how possible goals are obtained by the patient. Ramsey explains, “Decisions individuals make in the present can be based on what has taken place in the past and what they anticipate for the future” (Ramsey, p. 53). This is important to understand when working with each patient while make goals. After assessing the patient, gaining background information, looking up current pertinent information the nurse is ready to set a goal with the patient. It is important for a nurse to do this in the room with the patient. A goal is set based on the needs of the patient. A timeframe of when the goal is hoped to be achieved by is set. It is important that the goal for the patient is set to attain better and optimal health for each patient. After working with the patient and discussing goals, it is important to post or write the goal in the room. Many hospitals have a whiteboard in the room for this purpose. This is another way that the patient can take ownership of their goals. They visualize them and work on them each day. After a goal is set, each following nurse caring for this patient will then be able
to perform possible interventions, give instructions to the patient, and note of any progress or lack of progress towards the goal. Some examples of goals that may be set for patients in the care of nurses are for safety, movement, neurological, heart related, electrolytes, or pain control.

The overall goal of the nurse and the patient is to achieve maximum health. This is only achieved by continually setting new goals, working on them, intervening, and evaluating them. One thing a nurse will do each shift is evaluate the goals. If needed, interventions will be completed on current goals. There will be times during the care for a patient that new goals will need to be set and agreed upon with the patient. As we continue this process throughout the day or throughout the stay of the patient at the hospital, ultimately the patient will be able to achieve better health or regain their current health status.

While it is important for the patient to have a part in deciding goals to obtain a healthy status, the nurse is ultimately responsible for strengthening the relationship to facilitate the achievement of said goals. A nurse will feel a sense of accomplishment when the patient’s health is progressing. The nurse will review any goals with the patient and resolve them as completed. This may be a time of mixed emotions for the nurse and the patient. Knowing that the therapeutic relationship formed in the clinical setting is temporary can be unsettling for some. The relationship cannot continue after the patient is back to full health status and is able to return to their life outside of the hospital. The nurse should be happy knowing that the patient will be able to enjoy a healthier sense of being.

If nurses are to be truly successful, they must be able to form trusting relationships with their patients. Nurses can gain trust by observing and using the interacting systems. It is important to observe history data and other information while including the patient in setting appropriate goals. A nurse can visualize success through the completion of patient goals and the
resulting health status of the patient. Imogene King set her theory to practice with a goal of healthier patients and satisfied nurses through the establishment of a therapeutic relationship. Her aim will be realized as nurses work in conjunction with patients in the setting of individualized goals.

**Theory in Practice 1**

King’s theory of goal attainment and systems framework play a significant role in my nursing practice. When a patient is first admitted, I collect a health and social history on which the health care team will base much of the patient’s care. The history form asks the patient about their normal abilities with activities of daily living and what they perceive their needs will be in the future. It also asks about their support systems and special needs they have regarding language, spirituality and religion. The form further asks about their family role and individuals that they have a responsibility to care for. All of these items help illustrate a picture of the patient’s personal perceptions, interpersonal relationships, and social systems (Black, 2014).

At the beginning of each shift, I set goals with the patient. I will ask the patient what their personal goals are for the day, including one for pain management. In each patient room, there is a whiteboard where we can post these goals, so they are always in the view of the patient and all staff members that will be working with the patient. For a goal to be achieved, it is imperative for it to be visible to all involved. After the patient has stated their goals, I will explain my goals for the patient as well and give some suggestions on how we will go about achieving them. As each goal is set, it is important to make sure the patient and caregiver have agreed on each one. Both parties must be on board for the goal to be successful (Black, 2014).

Good communication is essential for goals to be achieved. A nurse must continually monitor the progress of each goal and the patient’s perception of the progress (Black, 2014).
like to ask my patients how they feel they are doing on their goals and see if changes need to be made. As a health care team, we use lab values and assessments to evaluate the progress of our goals and make adjustments to treatments and medication regimens as necessary. Imogene King’s theory plays an important role in my practice on a daily basis.

**Theory in Practice 2**

When working with the surgical patient, goal setting is fundamental. While doing a patient pre-screen prior to surgery many patients state that their “comfort goal,” or level of which they want their pain to be, is a zero on a zero (no pain) to ten (worst pain imaginable) scale. As a nurse it is fundamental to educate the patient that this goal, that is, having no pain after surgery, is most likely unachievable. We have to expect some sort of pain after having your body opened, probed, and organs removed or materials inserted. It’s not natural or supposed to happen, and your body knows that, hence, the pain.

It is important to set these goals because they essentially become one of the discharge criteria that patients must meet before being discharged home. Many patients have expressed that they picked a lower comfort goal number than what they feel they are truly tolerable of out of fear that the nurse would withhold a pain medication if they reported their pain less than what their goal number was. Patients need to be educated on the fact that we only ever withhold medications for the patients’ health safety, such as cases of decreased level of consciousness, respiratory depression, or bradycardia, and do not ever withhold a pain medication based upon a numerical value. As a nurse I may first try different treatment modalities if pain is rated at a one or two, but being in a surgical setting we almost always give pain medications to keep on top of the pain. After careful explanation most patients set their comfort goal at either a three or...
Both the nurse and the patient must work together to both set and attain the goal prior to the patient's discharge.

**Theory in Practice 3**

On my unit setting goals with my patients is an essential part of each shift, and King's theory of goal attainment is the framework I strive to use when doing so. When I first get on shift and I'm receiving report I like to use the opportunity as a quick assessment. Through shift report I can find out about a patient's previous history, what events have lead up to this point, and I also listen for any goals that may have been set on the previous shifts and determine if they were able to be accomplished or not.

Later, during my own assessment of the patient, I recall this information and discuss it with the patient. If the patient was able to accomplish their goals then we discuss about what goal we may be able to set in order to build upon it. For instance, if the patient had a goal which was to get up and walk to the chair 3 times a day and they were able to do so, then perhaps tonight we will try to walk into the bathroom to use the toilet instead of the bedside commode. On the other hand if they were not able to accomplish a particular goal I reassess the goal with the patient. What were the barriers preventing us from meeting this goal? Was the patient involved in creating it? Do I think the goal is achievable and appropriate? Does the patient still think the goal is achievable and appropriate? If the goal needs to be changed we talk about ways to do so, if the patient and I still think that the goal is acceptable then we will encourage it, and I will be sure to also pass it on in shift report.

I also take time during my assessment to discuss expectations for the shift, which I in a sense are also goals. I ask the patient what they would like to see happen this shift. Many times it is something as simple as “I would like to get a night’s sleep”. While this seems simple enough,
as we all now in the hospital it can be a challenge, and it is an important and good goal to set. I also let the patient know what my expectations are. For example I often talk to them about using their call lights as opposed to getting out of bed on their own. Again it is a simple goal, but in the hospital it is an important one.

In my short time as a nurse I have found that the most important factor in determining the value of my assessments and goal setting with a patient always hinges on the communication. This involves not only the communication directly with my patient, but with other member of the healthcare team as well. Being able to develop a therapeutic relationship with my patients allows me to become more of a teammate as opposed to a caregiver. After all, we are all on the same team, and working to achieve the same ultimate goal of improving the health, and quality of life of those we care for.

Theory in Practice 4

I have used Imogene King’s goal setting theory in my practice as a nurse. One of the ways that I use her theory is at discharge. As a nurse I do a lot of teaching while discharging my patients. We go over new medications, any restricted activities, any diet restrictions, when and how to set up a follow up appointment, and who to contact if they have any questions. Also, during the teaching we have handouts that we go over with our patients on heart health, hypertension, stroke, or a SMART form. One thing I like to do at discharge, while going over the SMART form is to set goals for a better healthy heart. The SMART form is a paper that the patient will sign before discharge. It describes changes the patient can focus on in order to be healthier for their heart.

The “S” stands for symptoms to watch for. These are things like weight gain of two pounds in a day or five pounds in a weakness, dizziness, fatigue, or swelling in extremities. The
“M” stands for medications. I encourage my patient’s to always take their medications. If they have unusual side effects, they should not stop taking any medications until they talk with their doctor. This is important for certain medication that our heart patients are on. The “A” stands for activity. I encourage each patient to be active for thirty to forty-five minutes most days of the week. This includes activities like walking, swimming, or biking. The “R” stands for risks. Our patient’s need to reduce risks like smoking, reduce stress, and limit alcohol intake. The “T” stands for trim diet. To be healthy for your heart you need to eat a low fat, low salt, low cholesterol diet. All of these things are great goals to set to work on having a healthy heart.

At discharge, if any of my patients are lacking in any of the areas on the SMART form we talk about setting a goal to improve in that area. I think discharge is a great time to set goals. They need to monitor their own goal, and we go over ways to help them achieve the goal. I also give them advice and examples they can work on in each area. The patient’s get a copy of the form to take home. They are then able to talk with their primary doctor or cardiologist about any goals they have achieved or need to work on regarding their hearts. I think the smart form is a great tool to utilize in setting goals for our patients. It is also a great way to utilize Imogene King’s goal theory in our practice.

**Theory in Practice 5**

I incorporate Dr. King’s theory in my everyday practice. When I come on shift I get report from another nurse which helps to paint a picture of the patient for me and tells me what is going on with them. From that picture, I go into the patient’s room. I discuss with the patient what is going on currently in their care, and we figure out together what we want to accomplish for that shift. I try to set at least three goals with the patient. We then proceed to do interventions that point us in the direction of our goals. At the end of my shift, I discuss with the
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patient how the shift went. Did we achieve our goals? Did we help the patient get closer to discharge? We (the patient and I) evaluate how things went and decide what needs to continue on. Then, in my report, I tell the next nurse how our shift went and what goals we didn’t quite achieve. The oncoming nurse then has a starting point for the shift.

Because of Imogene King, I am more able to cater my care around the patient. I am able to figure out what they want to achieve and make it happen. My patients have shorter stays, and they are much more satisfied with the care that they receive. Dr. King has influenced the way nursing care is provided.

Theory in Practice 6

The concept of joint goal setting with nurse and patient is an everyday practice in any healthcare setting. Providing care is patient centered, with their best interest in mind at all times. This mindful structure is exercised every shift when the nurse receives report from the previous shift. An initial assessment is performed during hand-off, and a brief introduction is done for the patient. Patient awareness is extremely important at all times, to provide complete care and a feeling of security for care recipient. Once shift report is done, the nurse begins establishing a new relationship with the patient through communication; Questions such as “What are your goals for today?” or “What would you like to see happen in order to help your health recovery?” should be asked so both parties are informed. Together, a goal is set, whether it be pain management, therapy attainment, diet plans, or any other specific goal the patient wishes to achieve toward healing. Reassessments are done throughout the shift to make sure the patient is heading towards their goals, or whether there are any changes wish to be made regarding those goals.
The nurse is there throughout the shift to provide guidance and support for patient goals. We are the crutches and hope to keep the patient pushing towards what they feel is difficult or unlikely to obtain. It is helpful to approach the patient from a personal, interpersonal, and social standpoint to understand what they are going through and the thoughts that are running through their mind. It is important to get to know the patient well, by understanding their demographics, culture, age, history, previous operations, and every aspect of factors contributing to well-being.

There is no such thing as too much information when it comes to nursing. Holistic care is achieved when the patient is “fully” taken care of in all aspect of care, including spiritual, emotional and physiological. King’s theory of goal attainment has helped to structure the goals of nursing and improve patient satisfaction and relationships with nurses and other healthcare disciplines.

Summary/Conclusion

“What goals can we set together to restore the patient to health” (Black, p. 273)? That is the primary question formulated by nursing theorist Imogene King. The focus of King’s theory of goal attainment is achieved through analysis of the patient’s interacting system, comprising of people, interpersonal relationships, and social ties. Understanding of an individual are viewed through perception, self, growth and development, time, and personal space. One’s identity is given meaning through experience and time. Interpersonal relationships are built through interactions between different people, communication both verbally and nonverbally, transaction with the environment, roles in society, and stress from striving for personal growth. This stage is the most important in King’s theory of goal attainment because it influences the patient’s mentality, emotions, desires, and room for growth. Social systems comprise of different organizational involvement, authority in roles, power, status in a group or organization, and
decision making abilities to achieve a goal. These common goals within an organization contribute to creating human experiences and make up the healthcare system and communities one lives in.

Interaction is key to obtaining well sought out patient goals to achieve maximum recovery to health. Joint goals made between nurse and patient are constantly reevaluated and planned to determine its function and validity. Goal attainment is achieved with the nursing process of assessing, planning, goal setting, intervening, and evaluated. Nursing care will be influenced by the patient’s perception, roles, stresses, and life factors, especially those such as culture and age. Goal attainment begins with perception to help with judgment, actions, reactions, and interactions to transactions with goal-directed human behaviors. The primary focus of establishing goals with patients is to regain health in a timely manner but thoroughly and carefully to ensure proper care is provided.

Nurses have unique and individual ways of approaching a patient when caring for them. However, the primary focus behind patient care is setting patient-centered goals. These goals are formulated through patient-nurse interaction and understanding the necessary actions needed to promote wellness with the patient background. Every nurse should properly assess the patient, including past history, habits, preferences, diet, lifestyle, likes and dislikes, culture and goals wish to be achieved. Interaction skills are crucial between nurses and patients to ensure adequate care is provided for proper health recovery. Although each nurse is unique in providing care to their patients, the plan of care and process of nursing remains unchanged. Patient-centered goals will help King to spread her influence for the goals of nursing and how to properly restore health.
References


http://search.proquest.com.libproxy.dixie.edu/nursing/docview/194468556/A796976EFE79472DPQ/5?accountid=27045


http://search.proquest.com.libproxy.dixie.edu/nursing/docview/1519966362/A796976EFE79472DPQ/16?accountid=27045


http://search.proquest.com.libproxy.dixie.edu/nursing/docview/236580536/A796976EFE79472DPQ/19?accountid=27045
**Team Theory Paper Rubric**

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<th>Criteria</th>
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<tr>
<td><strong>Introduction</strong></td>
<td>Excellent: Introduces the topic in an interesting and natural way. The thesis statement states the purpose of the paper. No errors in grammar or spelling. Excellent thesis statement! 12/12 pts</td>
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<td><strong>Description of the Nursing Theorist &amp; the Theory</strong></td>
<td>Good: Adequate presentation of theorist, the theory, &amp; the theory background. 1-2 errors in grammar or spelling. Some in depth insight on theory is lacking. Discussed learning styles, but did not address education for audio learners. When using abbreviations spell out the 1st time in use with abbreviation in parentheses after. 8/12 pts</td>
</tr>
<tr>
<td><strong>Concepts</strong></td>
<td>Excellent: Contains clear inclusion of key concepts of the theory &amp; explanation of how they are linked. No errors in grammar or spelling. Thorough, succinct presentation &amp; description of the concepts. 12/12 pts</td>
</tr>
<tr>
<td><strong>Analysis of how the theory is applied to nursing...</strong></td>
<td>No details Analysis: Good. Some evidence of critical analysis, synthesis, meaningful reflection. 1-2 errors in grammar or spelling. Remember not to assume all nurses practice the same or when referring to all, cite sources. Excellent examples of application to practice! 10/12 pts</td>
</tr>
<tr>
<td><strong>Summary &amp; Conclusion</strong></td>
<td>Excellent: The conclusion leaves the reader with a strong final thought. No errors in grammar or spelling. Good wrap up 12/12 pts</td>
</tr>
<tr>
<td><strong>Paper Length</strong></td>
<td>Excellent: Contains a minimum for 20 complete pages excluding cover page, reference page, &amp; abstract. (Abstract is not required) 12/12 pts</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Excellent: Use 5 or more current (&lt; 10 yrs) scholarly nursing journals. No non-scholastic sources (Wikipedia, etc). 12/12 pts</td>
</tr>
<tr>
<td><strong>APA: Line Spacing</strong></td>
<td>Excellent: Paper is double spaced throughout. 0.5/0.5 pts</td>
</tr>
<tr>
<td><strong>APA: Pagination</strong></td>
<td>Excellent: Each page is numbered. 0.5/0.5 pts</td>
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<tr>
<td><strong>APA: Running Head</strong></td>
<td>Excellent: Each page includes a properly formatted running head. 0.5/0.5 pts</td>
</tr>
<tr>
<td><strong>APA: Title Page</strong></td>
<td>Excellent: The title page is correctly formatted to include the title, organizational affiliation &amp; authors.</td>
</tr>
<tr>
<td>Criteria</td>
<td>Assessment</td>
</tr>
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<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>In Text Citations</td>
<td>There are 4 or more errors in use of in text citations. Some missing &amp; not in APA format 0/0.5 pts</td>
</tr>
<tr>
<td>Headings</td>
<td>Good: Incorrect use of 1-2 level headings. ommitted heading titled introduction. Use conclusion only or divide into 2 headings / sections. 0.3/0.5 pts</td>
</tr>
<tr>
<td>Reference Page</td>
<td>Excellent: The reference page is correctly formatted to include: heading centered with use of upper &amp; lower case, a hanging indent, is cited in text, &amp; is listed in the correct order. 0.5/0.5 pts</td>
</tr>
<tr>
<td>References</td>
<td>Excellent: There are 0-1 errors in reference format, which includes the author, year, title, &amp; publishing data; in correct order based on the type of reference. All references are cited in text. 0.5/0.5 pts</td>
</tr>
<tr>
<td>Individual</td>
<td>Participation Excellent 12/12 pts</td>
</tr>
<tr>
<td>Individual</td>
<td>Contribution A grade of 0 for the paper will be assigned for non-participation in the assignment. 0/0 pts</td>
</tr>
</tbody>
</table>

Total Points: 93.3 out of 100

Assignment Comments

All did an excellent job & demonstrated wonderful teamwork. Thank you Kami for facilitating & coordinating this project. Please read my comments in the attached paper & the rubric. Everyone would like to remain in the same group. I have not published the group presentation project as I want to wait until all the class peer reviews are submitted. I will tell you that your culture will be Hispanic Mexican. The rubric is available in the pages & you will create a contract using the same contract template.

Peer review comments:
Submitted the team paper. I would give her extra points if I could! She took the role of Team Lead and did an excellent job at keeping us all together! If it wasn’t for Kami taking the initiative to find be at the beginning of this project I wouldn’t have even known it existed.
Kami, was awesome at keeping us all on track and communicating the needs of the group. She made a great leader. Did a great job at facilitating and guiding us.
Facilitator, over saw completion of paper, proof reader, example of theory in practice. Submitted finalized paper Great at organizing the group and being in charge of what/when others were doing.

Kathleen, Oct 30, 2014 at 8:32am