Theory Evaluation and Analysis: King’s Theory of Goal Attainment

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In 1981 Imogene King introduced her mid-range Theory of Goal Attainment (this theory has also been referred to as the theory of goal achievement (Johnson and Webber, 2010)). This theory is based on the grand theory called the Conceptual System, also created by King (Frey et al: 2002). To understand the more focused mid-range theory it is important to first quickly understand the conceptual system.

The conceptual system was created using systems analysis and systems theory literature (Johnson and Webber, 2010). It was originally referred to as a conceptual framework, but King changed the terminology in 1997 to Conceptual System (Frey et al, 2002). The conceptual system focused on decision making in nursing. It is organized around three systems; Personal Systems which pertain to the individual, Interpersonal Systems which pertain to small groups, and Social Systems which pertain to the society as a whole. King saw these three interacting systems as part of the larger decision making process of human beings (Frey et al, 2002).

The Theory of Goal Attainment is a middle range theory derived from King’s Conceptual System. The Theory of Goal Attainment focuses on the interactions between the personal, interpersonal, and social systems. Frey et al (2002) describes the central concepts of the theory as “perception, communication, interaction, transaction, self, role, growth and development, stressors/stress, time, and space.” Four specific concepts within the theory; perception, communication, interaction, and transaction, form what King calls the “transaction process”. The transaction process “provides theoretical knowledge that is used to implement the nursing process method of assess, diagnose, plan, implement, and evaluate nursing care (King 2007, p. 110).”

King states that the overall assumption of the theory is that “the focus of nursing is human beings interacting with their environment leading to health (King 2007, 109)”. The assumptions of the
theory include those about human beings in general—that they are “social, spiritual, sentient, rational, reacting, perceiving, controlling, purposeful, action-oriented, and time-oriented (King 2007, p. 109)”.

Johnson and Webber (2010) list three examples of propositions for the theory of goal attainment:

1.) Transactions between nurse and patient enable mutual goal setting and actions.
2.) When nurse and patient transact, goals are achieved.
3.) When goals are achieved, effective goal-directed nursing occurs. (p. 152)

It could be added that the transaction can be between nurse and a small group as well as between a nurse and a single individual. This could include family caring for a family member unable to make decisions for his or her own care or a nurse working with a small group of people towards one goal, such as in a community setting.

A review of literature on the application of the theory to research or practice revealed a 2002 article, “King’s Theory as Foundation for an Advance Directive Decision-Making Model” by Goodwin, Kiehl and Peterson. This article reflects on the use of the Theory of Goal Attainment to address a problem within the field of nursing. The authors intend to use the Theory of Goal Attainment theory to create an Advance Directive Decision-Making Model. The problem the authors examine revolves around the Patient Self-Determination Act (PSDA) which became effective in 1991 and the discussion and creation of advance directives (ADs) with the patient. The authors stated that:

“Studies have reported that nurses are often unprepared, are reluctant, and may experience a conflict between their beliefs and their actions. They do not feel a responsibility to discuss end-of-life issues and ADs with their patients, and they resist the role responsibility. (2002, 238)”

The authors identify components of the Theory of Goal Attainment that they wish to apply to the Advance Directive Decision-Making Model. These components include perception and time from the
personal systems, interaction and role from the interpersonal systems, and power, status, and decision making from the social systems. The authors therefore aim to utilize the goal attainment theory to create the Advance Directive Decision-Making Model with will allow nurses to be more prepared and have a model available to aid them in this interaction with a patient. They then suggest that the Advance Directive Decision-Making Model can be taught to the nursing through education and suggest that this will improve the nurses ability and confidence to address advance directives with patients. The authors do not suggest any means to research or report the outcomes of this education. Goodwin et al write that:

“The goal of the model is to achieve a positive outcome as evidenced by individual client determination of personal end-of-life decisions with compliance by healthcare professionals—often with interventions by the RN/NP to achieve both the action (or informed action) and compliance (p. 240).”

The authors conclude by stating that nurses need to have time, education, resources and institutional support to fulfill these goals (2002, 241) Lastly, Goodwin et al state that “[u]sing the ADDM model as a theoretical process to guide interactions can better equip the RN/NP to address complex end-of-life issues. Its use can assist in the process of achieving mutual goal attainment for both the practitioners and their clients (2002, 241).”

An analysis of the use of this theory, this article reveals both some strongly positive points as well as some weaknesses. The application of King’s theory to identify the problem of nurses’ lack of comfort and education on the topic of advance directives was extremely appropriate. The theory had utility in exploring improvements. Because the nurses themselves were often not comfortable discussing this topic, the transaction between nurse and patient was not taking place. Without this transaction, the
PSDA cannot be properly followed, and the patient will not be given the appropriate right to self determination.

The authors’ response to this dilemma was to utilize the Theory of Goal Attainment to create an Advance Directive Decision-Making model to specifically address the issue at hand. This model would allow a nurse to have the appropriate preparation and education to feel comfortable speaking about advance directives with patients, thereby restoring the transaction between nurse and patient and reaching the goal.

The weaknesses with this approach were first that King’s Theory of Goal Attainment is not a grand theory meant solely to explain a phenomenon. It is a mid-range theory and is meant to be put into practice, which is clearly evidenced by most nurses familiarity with the nursing process of assess, diagnose, plan, implement, and evaluate. King’s model can and is used by nurses in the field. This method of communication could be applied just as easily to the discussion and creation of advance directives as well as to other nursing care. The authors focused on a very theoretical model for advance directive. As their final summary suggests, they do not intend to reach the nurses themselves with this information, but rather end with a vague goal that nurses should be educated on the issues surrounding advance directives (Goodwin et al, 2002). They also mention that this model will not assist nurses who are uncomfortable with the topic, or those whose beliefs were at odds with the possible outcome of such a directive. Therefore this model can only address some of the nurses who are not implanting advance directives; those with a lack of knowledge. This can solve part of the problem addressed by this paper, but does not address other issues in implementing advance directives. Therefore the Theory of Goal Attainment may not be the best fit for this problem.

Using the Theory of Goal Attainment raises an interesting problem that the authors did not address which could be addressed in future research. The authors address a problem on the nurses’ side
of the interaction, rather than the patient’s. Additionally, the authors suggest that their model should be taught in further education to nurses. While traditionally used at the nurse and patient level, it can be suggested that the Theory of Goal Attainment may be applied slightly further up the chain of relationships in this case. The problem is not within the interaction between nurse and patient, but rather educator and nurse. If the authors chose to address the problem at this level, they could use the education piece they discussed at the end as the transaction between educator and nurse with the goal being a nurse with an ethical understanding of advance directives, a preparedness to discuss them with patients, and a deeper understanding of the importance of the right to self determination of the patient. This would give the nurse the understanding needed to make this a priority.

Overall, the authors’ choice to address the nurse/patient transaction surrounding advance directive is salient. The choice of the Theory of Goal Attainment could be applied appropriately to this problem, but I do believe the authors could have utilized a more method based approach and created a more practical and specific response to the problem.

References
