

The Nurse Theorists: 21st-Century Updates—Imogene M. King

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Imogene M. King began to develop her conceptual framework and the theory of goal attainment at a time when nurses were striving to become professional practitioners and scientists. She deliberately developed a conceptual frame of reference for nursing as a precursor to a theory that explicates the “why” of nursing actions. King (1988) stated that the specific motivation to develop her conceptual framework was the need to select essential content for a new master’s degree program in nursing. She explained,

In 1963 as I worked with a faculty committee to develop a new master of science in nursing program, I was challenged by a question from a philosophy professor who was familiar with my undergraduate philosophy courses. He asked: “Imogene, have you or any nurses defined the ‘nursing act’?” I perceived this to be a philosophical type question and my response was “Not that I know of, but first one needs to define a ‘human act’ because nurses and the clients they serve are first and foremost human beings.” He chuckled and said that I had a good beginning and to continue to think about it. (King, 1997b, p. 15)

In 1964, King published her perception of the state of nursing knowledge and identified three major problems: the lack of a professional language, an antitheoretical bias, and the fact that the domain of nursing had not yet been identified.

King (1997b) explained the process she had used to develop her conceptual framework as follows:

Initial thoughts were that the nursing act represents actions (not interventions) and a series of these actions represent nursing as a process. This led me to ask a few more questions, such as, where do nurses perform these acts and engage in this process? My next step was to conduct a comprehensive review of nursing literature [1923-1963]. My review revealed that multiple concepts were being discussed as essential knowledge used by nurses. . . . From this analysis multiple concepts were listed from which I selected those that represented broad conceptualizations of knowledge. This resulted

in formulating my initial conceptual framework, which was published in *Nursing Research* [King, 1968]. [Then, I audited] three formal classes in systems research. Learning the language of systems helped me design my conceptual framework represented by three dynamic interacting systems. (p. 15)

Reading and course work led King (1971) to the literature of systems research and general system theory, and hence to a set of questions. The questions were: (a) What kinds of decisions are nurses required to make in the course of their roles and responsibilities? (b) What kind of information is essential for them to make decisions? (c) What are the alternatives in nursing situations? (d) What alternative courses of action do nurses have in making critical decisions about another individual’s care, recovery, and health? and (e) What skills do nurses now perform and what knowledge is essential for nurses to make decisions about alternatives? (pp. 19-20).

In a recounting of the development of her conceptual framework, King (1990) explained, “After studying the research on General System Theory, I was able to synthesize my analysis of the nursing literature and my knowledge from other disciplines into a conceptual framework” (p. 74). Later, she explained that general system theory, as elaborated by von Bertalanffy (1968), “guides the study of organized complexity as whole systems . . . [and] guided me to focus on knowledge as an information processing, goal seeking, and decision making system (King, 1997a, pp. 19-20). King (1985) also commented that her perspective of nursing evolved in response to these questions: (a) What is the essence of nursing? and (b) What is the human act?

Elaborating on the origin of her conceptual framework, King (1971) explained, “Concepts that consistently appeared in nursing literature, in research findings, in speeches by nurses, and were observable in the world of nursing practice were identified and synthesized into a conceptual framework” (pp. 20-21). That synthesis resulted in selection of four universal ideas—social systems, health, perception, and interpersonal relations. King (1971) maintained that those ideas formed a conceptual framework that “suggests that the essential characteristics of nursing are those properties that have persisted in spite of environmental changes” (p. ix).

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Editor’s Note: Any comments about this dialogue should be addressed to the Editor for possible inclusion in Letters to the Editor. For other information, contact Jacqueline Fawcett, RN, PhD, FAAN, P.O. Box 1156, Waldoboro, ME 04572; phone (207) 832-7398; E-mail: jacqueline.fawcett@umb.edu

Furthermore, King (1992) stated that her early literature review revealed three major ideas about nursing.

One idea was that nursing is complex because of the human variables found in nursing situations. . . . A second idea . . . was that nurses play different roles in health care organizations of varying sizes and organizational structure. Nurses are expected to perform many functions in these organizations. A third idea was that changes in society, changes in the role of women, and advancement in knowledge from research and technology have influenced changes in nursing. (pp. 19-20)

King identified several concepts for a conceptual framework in 1968. In 1971, the conceptual framework was presented in her book, *Toward A Theory for Nursing*. King then described refinements in the framework in her 1978 speech at the Second Annual Nurse Educator Conference. Further refinements in King's conceptual framework were presented in her 1981 book, *A Theory for Nursing: Systems, Concepts, Process*, in which the theory of goal attainment was introduced. Use of the conceptual framework and theory was demonstrated in a book about their application as guides for the development of curricula for community college and baccalaureate degree programs (King, 1986a), as well as in book chapters (King, 1986b, 1989, 1990, 1995a, 1995b) and a journal article (King, 1992). The evolution of King's conceptual framework and the derivation of the theory of goal attainment, within which a transaction process was designed, are supported by the members of the King International Nursing Group (KING), which was founded in 1998. The KING publishes a newsletter, *King's Systems Update*, and sponsors annual educational conferences.

I first interviewed Imogene M. King in November 1988 in Tampa, Florida. That interview is part of *The Nurse Theorists: Portraits of Excellence* series of videotapes and compact discs (King, 1988). This column presents the edited transcript of a telephone interview I conducted with Imogene King on April 17, 2000.

JF: What do you think about the current state of the discipline of nursing?

IMK: I think that we have probably come to what I would call the adolescent stage, but I am concerned that graduate programs are not concentrating much on theory, especially the current nursing theories, and theory-testing in nursing. Instead, the programs seem to be concentrating on testing theories from other fields. I think that is sad. And so, I don't see the theory-research movement going forward unless something happens in terms of the faculty in the doctoral programs.

JF: What impact has that trend had on the discipline as a whole?

IMK: The result has been lack of development of knowledge for nursing. We still have small, isolated studies; very few nurses have programs of research. Unless we have pro-

grams of research, we are not going to develop nursing knowledge. If I were younger and still active, I would have started a program of research a long time ago.

JF: One could argue that some nurses are conducting programs of research, but there is little evidence of nursing theory [Fawcett, 2000]. Do you think that such work contributes at all to the discipline of nursing?

IMK: In some small way it does. I am thinking of the Episteme Awards given by Sigma Theta Tau International. An Episteme Award was given, for example, to Dorothy Brooten, who has conducted research for many years [e.g., Brooten, 1995; Brooten et al., 1986]. She developed knowledge that can be used to guide the care of low-birth-weight infants but I do not understand what theory she was testing. Perhaps someone should try to develop a theory from Brooten's research findings.

We need to keep in mind that theories are not just those that are published with that label. For example, in the 1960s, I did a content analysis of concepts that were addressed in the nursing literature over a 20-year period. I then reconceptualized the concepts, which yielded the concepts in my conceptual framework [King, 1971, 1981]. Then, when I was thinking of developing a theory from my conceptual framework, I went to the research literature of the field in which the concept was originally studied. Perception, for example, has been studied in psychology for 100 years. Initially, the studies focused on sensory perception. By the mid-1950s, the focus had changed to interpersonal perception. I latched onto interpersonal perception as the basis for my concept of perception, which I think is basic knowledge for every nurse. Thus, I developed my concept of perception from the research literature in the field in which it was studied, in this case, psychology. In that sense, I think we can gain nursing knowledge from the knowledge of other fields.

JF: You were using what Myra Levine [1988] called adjunctive knowledge, that is, knowledge from a field related to nursing, and incorporated that knowledge into your own particular perspective in King's conceptual framework and the theory of goal attainment.

IMK: Yes, I did that because there was no research in nursing at the time that I could use. I do not believe that nurses cannot use knowledge from other fields. Knowledge is out there to know. But I do think that we must move forward and test our own theories. That means that we have to be more comfortable than we are now with critiques of our work, our ideas.

JF: Yes, we must realize that a critique of a person's work is not a critique of that person.

IMK: That is correct.

JF: How have King's conceptual framework and the theory of goal attainment contributed to the current state of the discipline of nursing?

IMK: I do not hear from our students, nor do I see in the literature, where nurses are teaching students about the original

formulations of general system theory [von Bertalanffy, 1968] as a philosophy of science that deals with wholeness. I see nursing literature that addresses a “systems approach,” but the authors are not talking about this as a philosophy of science. There is no connection in the literature, as I read it, between general system theory as a philosophy of science that deals with wholeness and the so-called “systems approach.”

I would like to mention three articles that provide explanations of how my conceptual framework and theory have contributed to the discipline of nursing. “King’s Theory of Goal Attainment” [King, 1992] is a summary of everything I had done up to 1992. This article includes all of the diagrams about the framework and theory. “A Theory of Goal Attainment: Philosophical and Ethical Implications” [King, 1999] presents my analysis of the philosophical and ethical implications of my work. The third article, “A Transcultural Critique of Imogene King’s Theory of Goal Attainment,” by Pamela Husting, is the most beautiful paper I have ever read! Husting [1997] maintains that the theory of goal attainment is congruent with international and multicultural nursing and that use of the theory prevents cultural stereotypes.

JF: How should King’s conceptual framework and the theory of goal attainment be used to guide nursing research? Do you agree that the researcher would look at the various concepts in the framework and theory and their connections and then derive studies that would test the concepts and their connection?

IMK: Yes. The framework and theory contain multiple concepts that can be used to develop theories. For example, Maureen Frey’s dissertation and continued research about families in which children have a chronic illness have led to a theory of families, children, and chronic illness [Frey, 1995]. In addition, Christina Sieloff [1995] developed a theory of departmental power from my concept of power. Furthermore, Mary Killeen [1996] used my concept of perception to develop a theory related to patient satisfaction. Moreover, Wicks [1995] and Doornbos [1995] developed theories of family health, and Brooks and Thomas [1997] developed a theory of intrapersonal perceptual awareness.

JF: Are there any particular research methods or designs that should be used with King’s conceptual framework and the theory of goal attainment?

IMK: There could be some qualitative, descriptive studies done. The objective would be to gather information that is not already available. It is important, however, that the qualitative methodology selected is in keeping with the problem to be studied and with the basic philosophic claims undergirding the framework and theory [see King, 1999; Whelton, 1999]. There is no particular research method for any theory, as the method used relates to the problem to be studied.

JF: How should King’s conceptual framework and the theory of goal attainment be used in basic nursing education?

IMK: Daubenmire [1989] explained how my conceptual framework was used to develop an undergraduate curriculum at Ohio State University. It is important to point out that a theory cannot be used to develop a curriculum because a theory is too abstract and narrow. For example, the theory of goal attainment cannot be used to develop a curriculum because it is made up of just a few of the concepts of my conceptual framework. A broader conceptual framework can, however, be used to develop a curriculum. The faculty at Ohio State University developed the most beautiful undergraduate curriculum I had ever seen. The curriculum was developed using my conceptual framework. A grant allowed faculty time to study the research literature, so that each concept included in the curriculum was firmly grounded in research. Furthermore, the faculty built multiple aspects of the research process into the curriculum, such as participant and non-participant observation and statistics. In addition, the faculty selected team teaching as a major teaching-learning strategy. The students developed knowledge of each concept in the framework. Moreover, the faculty at Loyola University in Chicago used my conceptual framework to develop a graduate curriculum.

JF: Given the knowledge needed to use King’s conceptual framework and the theory of goal attainment, what is the appropriate entry level for professional nursing?

IMK: I believe that it is impossible to teach the knowledge and the skills required for professional nursing in our existing 2-year, 3-year, and 4-year undergraduate programs. I have, therefore, said for the past several years that we need to establish entry-level, postbaccalaureate doctoral programs that do not have the research focus of the PhD degree but rather focus on practice and grant the Doctorate of Nursing [N.D.].

We have distorted the academic degrees; we have never resolved the whole educational system for nursing. We have Doctor of Nursing Science degree programs, which I understand are primarily to prepare nurses to function as practitioners. We have Doctor of Philosophy degree programs, which are supposed to prepare researchers. We also have Doctor of Nursing degree programs, which are postbaccalaureate programs that are supposed to prepare graduates for entry-level nursing practice; that degree is similar to the Doctor of Medicine degree.

We also need a group that Mildred Montag [1951, 1959] years ago called technicians; there is nothing derogatory about that term. Technicians, or technical nurses, can do things that only technicians know how to do and can do expertly.

JF: Do you support separate licensure for technical and professional nursing?

IMK: Absolutely.

JF: At what level should the technical nurse be educated?

IMK: When I think of a technician, I think of someone who has a certain amount of knowledge and is highly skilled in terms of that knowledge, such as the basic skills of nursing. I think that the required education can be accomplished in a 2-year associate degree program.

JF: Are King's conceptual framework and the theory of goal attainment appropriate as curriculum guides for both technical and professional nursing programs?

IMK: Oh, yes. Several years ago, I wrote a book about curriculum [King, 1986a], in which I demonstrated how to use my conceptual framework to develop an associate degree curriculum and a baccalaureate degree curriculum that were completely articulated. The central idea for the articulation was an advancement of knowledge and skills from one program to another, with each program based on the same conceptual framework.

In addition, inasmuch as health is the goal of my conceptual framework, the curriculum can focus on health. The selection of learning experiences, then, move the student from looking at the state of health to disturbances in the state of health, and back to health.

JF: How should King's conceptual framework and the theory of goal attainment be used to guide administration of nursing services? Could the conceptual framework and theory be used as the structure for nursing practice in a clinical agency?

IMK: Yes. Nurse administrators could easily use the transaction process, as described in the theory of goal attainment, when interacting and communicating with other nurses and other health professionals. The transaction process model is described as mutual goal-setting that leads to goal attainment. All individuals participate in decisions.

JF: Where should nursing be practiced?

IMK: Any place where there are people who need nursing care, that is, everyone who lives in a community.

JF: How should King's conceptual framework and the theory of goal attainment be used to guide nursing practice?

IMK: There are so many opportunities for health promotion wherever people are in their communities, regardless of the people's age and health state. Within the theory of goal attainment, I designed a transaction process model in which interacting individuals mutually set goals and agree on the means to use to attain the goals. The transaction process and knowledge of the relevant concepts of the theory are directly applicable in concrete nursing situations. Ninety-nine percent of the time, goals are achieved when this transaction process is used. Achievement of goals represents an outcome, and outcomes demonstrate evidence-based nursing practice. This is what makes my theory a middle-range theory.

JF: How else can King's conceptual framework and theory of goal attainment be used?

IMK: The framework, because it is based on general system theory, can be taken out of nursing. For example, families

can be taught how to use the transaction process in their interactions, so that they are mutually setting goals with each other. A spouse can be taught to mutually set goals with his or her partner. A mother can be taught to mutually set goals with her children. Furthermore, the transaction process can be taught to teachers, who can mutually set goals with the students. The key is that my work is based on general system theory; this means that the whole system of interest is identified. The concepts of my framework and theory can be used with any system because the knowledge of the concepts relate to human beings and environment.

Furthermore, currently I am writing a keynote speech that I will present at a Teacher's College, Columbia University, research conference. The topic is global perspectives in nursing research. I am especially honored by the invitation because I am a graduate of the Teacher's College doctoral program.

Moreover, I wrote a chapter for Marilyn Parker's new book [see King, 2001]. In addition, I sent a paper on evidence-based practice to *Theoria: Journal of Nursing Theory*, which is published in Sweden. In this paper, I discussed the way we have changed words over time but not necessarily changed the meaning of the words [King, 2000]. For example, over the past 30 or 40 years, we have gone from quality nursing care, to effective nursing care, to quality assurance programs, to continuous quality care, to outcomes, and now to evidence-based practice. I regard all of these terms as related.

I went on to point out that the nursing literature has long indicated that the terms structure, process, and outcome represent a category system that is useful in developing a plan to implement a nursing care delivery system. I then offered my conceptual framework as the structure, my transaction process as the process, and goal attainment as the outcome. When goals set and goals attained are recorded in the permanent records of patients, the information is research data that can be used to demonstrate evidence-based practice. Retrospective studies of goal attainment also can be conducted. Multiple record forms and elaborate information are not needed to demonstrate evidence-based practice.

JF: Thank you so very much for agreeing to this interview. As always, it has been a pleasure to talk with you.

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