

Imogene King's Conceptual Framework and Theory of Goal Attainment

Imogene King's Conceptual Framework and Theory of Goal Attainment:

Nursing Today and Tomorrow

Edited by

Diana Newman, Beverly J. Whelton,
Stacey Marye and Nancy E. Loos

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FOREWORD

CHRISTINA L. SIELOFF PHD

I am honored to write the foreword for this important book. I was fortunate to know Dr. Imogene King from the beginning of my doctoral studies, meeting her in person to share with her my scholarship interests. I was also honored to consider her a mentor and a friend, and have her attend my dissertation defense. Along with Imogene King and other colleagues, we established the King International Nursing Group to provide a support group for nurses around the world, interested in Imogene King's work. I have also been privileged to have three texts published to both examine Imogene King's work and also to share the wonderful research that has occurred within nursing scholarship that related to her framework and theory.

I have always believed that all registered nurses, whether they know it or not, use Imogene King's work to guide their practice. Why? Because all RNs work with patients to achieve the patient's goals. This mutual work towards the attainment of goals, or outcomes, is key to Imogene King's framework and theory. As a result, I believe that all RNs are using nursing theory, they just do not recognize its use or theory's value in providing a rationale for their actions. I also believe this perspective applies whether the RN is working in an Emergency Room Department in a large city in the United States or in a small village in Africa. The focus of an RN's work is the patient and assisting that patient to achieve their goals by working in collaboration with the patient.

The text begins by sharing an article, published in 2007 by Imogene King, that provides an excellent introduction and overview to her work for those readers who are not familiar with Dr. King's perspectives and work. An understanding of this chapter will help the reader further benefit from the remaining chapters in this text. Nancy Loos' chapter then shares with RNs how key concepts within Imogene King's work (nurse listening and patient perception) are related to successful goal/outcome attainment. This is a chapter that should be required reading in all nursing programs.

This text also provides a major contribution to nursing literature both in relation to Imogene King's work and the relevance of the use of nursing theory by all RNs in all practice settings around the globe. For example, Mika Mamikokurya, Mika Hattori and Naomi Funashima clearly demonstrate the relevance of Imogene King's work within nursing practice in Japan. Previous publications, both in journals and texts, have also demonstrated the applicability of Imogene King's work in many countries around the world.

For those who do not recognize that Imogene King's work is applicable to all age ranges, Stacey Marye's chapter clarifies just one of the many applications of King's framework and theory to children, particularly children of color. In this text, Stacey Marye details the use of Imogene King's work with vulnerable populations who have asthma and need medications. Many other publications in journals and books have also clearly demonstrated the applicability of Imogene's framework and theory to various health problems and with patients across the age continuum.

While some RNs may think that nursing theories only apply to traditional nursing practice, previous publications and this text show the applicability of Imogene King's framework and theory in non-traditional nursing practice settings of education, research and administration. Maria O'Rourke and Leah Korkis detail the applicability of Imogene King's work in the development and evolution of a nurse's professional role. In addition, Juli McGinnis and Emma Aquino-Maneja examine the role of Imogene King's work as it relates to shared governance and outcomes.

For those who do not recognize nursing's linkages to scholarly areas outside of nursing, Beverly Whelton's first chapter clearly links philosophy, theory, and nursing, all within the perspective of Dr. King. Whelton's second chapter identifies how Imogene King's work is particularly relevant within nursing practice through assisting in the resolution of ethical dilemmas. In addition, Diana Newman and Beverly Whelton demonstrate the linkages between Imogene King's work and spirituality.

The current text clearly demonstrates the applicability of Imogene King's framework and theory to a wide range of nursing practice settings. In addition, it is the first book that originates from within the King International Nursing Group. It is hoped that it will be the first of many, and the Group will continue to share with the global nursing community the broad application of Imogene King's work to all nursing practice. Each contributor is a member of the K.I.N.G. and many of them are serving or

have served as Board members. Each has used Imogene King's work as a foundation for their scholarship and has shared their knowledge through various presentations and publications.

I hope that this text, and subsequent publications, will help you, a nurse scholar, to recognize how you use mutual goal/outcome attainment with patients/clients in your practice, whatever the setting. I believe that this text can also increase the visibility of nursing theory within your daily practice, regardless of where and with whom you practice. It is also my hope that, if this is the first time you have considered nursing theory as a valuable resource, the use of Imogene King's work could be a foundation for your practice. It can then serve as a beginning basis for your professional growth and your future use of nursing theory.

Christina L. Sieloff PhD
Associate Professor Emeritus, Retired
Montana State University

Co-Founder and Past President
King International Nursing Group

CHAPTER 1

KING'S CONCEPTUAL SYSTEM, THEORY OF GOAL ATTAINMENT, AND TRANSACTION PROCESS IN THE 21ST CENTURY¹

IMOGENE M. KING, RN; EDD; FAAN
PROFESSOR EMERITUS, UNIVERSITY OF SOUTH FLORIDA,
TAMPA, FLORIDA

We live in an information-processing world of systems and constant change due to increasing technology and research. Several articles in *The Futurist* magazine identified some of the current and future-oriented research and technology through the year 2030 and beyond. A special report in the 1996 edition of the magazine discussed the kind of knowledge students must have for the 21st century. A few examples are the need for interpersonal skills to work within a team, and the need for honesty, integrity, critical thinking, and multicultural understanding relative to the diversity and need of individuals and groups (Uchida, Cetron, & McKenzie, 1996). Another issue of *The Futurist* provided information on research being conducted and reported relative to advances in neuroscience, such as “understanding the effects of media and technology on our thoughts and emotions” (Restak, 2004, p. 35). Pearson and Neild (2006), in their article, “Timeline for Technology: To the Year 2030 and Beyond,” presented information about the kind of technology advances that will take place within the next 50 years. Most of the changes reported in these articles appeared to deal with things, objects, and knowledge with few suggestions about how these will affect human beings in a changing environment.

¹ *Nursing Science Quarterly*, Vol. 20 No. 2, April 2007, 109-116
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Overview of King's Theory of Goal Attainment and Transaction Process

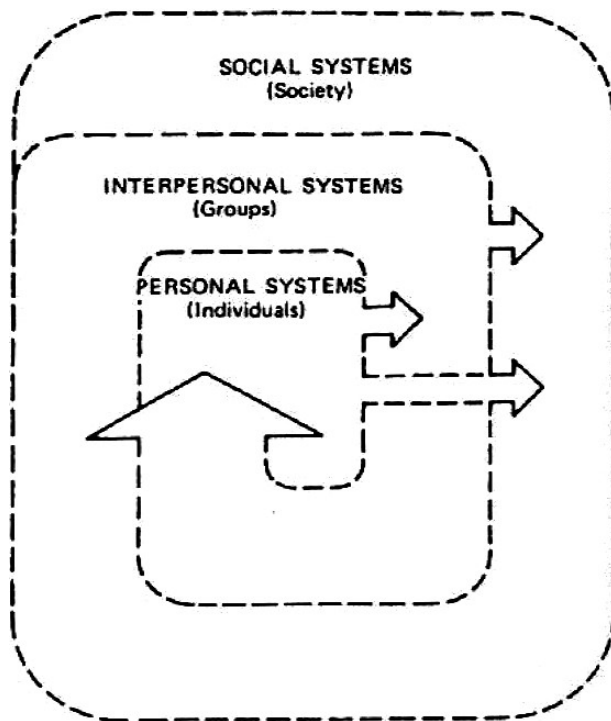


Figure 1. A Conceptual System for Nursing

NOTE: From *A Theory for Nursing: Systems, Concepts, Process* (p. 11), by I. M. King, 1981, Albany, NY: Delmar. Copyright 1995 by I. M. King. Reprinted with permission.

A brief review of King's conceptualizations in the last 20 years of the 20th century is presented in order to discuss where these ideas will be in 2050. Prior to developing a conceptual system (Figure 1), King reviewed nursing literature and from the ideas nurses were discussing developed 15 concepts that represented what was believed to be basic knowledge for all nurses to learn in the 20th century and beyond. Examples of King's values and beliefs include honesty, integrity, justice, and respect for every human being (King, 1999). Values specifically of nurses can be found in the American Nurses

Association (ANA) *Code of Ethics for Nursing*, which is about basic values, obligations, and moral principles (ANA, 2001). There are three basic rights relative to the autonomy of the nurse and the autonomy of the patient: privacy, self-determination, and information to make informed choices (ANA, 2001; King, 1999). Whelton (1999) noted that “King provides insights into the interacting dimensions of humans as personal systems, interpersonal systems, and social systems” (p. 158).

An overall assumption is that the focus of nursing is human beings interacting with their environment leading to health. Specific assumptions about human beings are that they are social, spiritual, sentient, rational, reacting, perceiving, controlling, purposeful, action-oriented, and time-oriented (King, 1981, 1999). A few examples of specific assumptions about nurse-client interactions are:

Perceptions of nurse and client influence the interaction process. Individuals and families have a right to knowledge about their health. They have a right to accept or reject health care. They have a right to participate in decisions that influence their life, their health and community services. Health professionals have a responsibility to share information that helps individuals make informed decisions about their health. Health professionals have a responsibility to gather relevant information about the perceptions of the client so that their goals and the goals of the client are congruent. (King, 1981, p. 143)

Four concepts in the theory of goal attainment (perception, communication, interaction, transaction) were selected to form the *transaction process* (King, 1981, 1997). This process (Figure 2) provides theoretical knowledge that is used to implement the nursing process method of assess, diagnose, plan, implement, and evaluate nursing care. Another dimension related to these processes is the relationship to the classification systems, North American Nursing Diagnoses Association (NANDA), Nursing Intervention Classification (NIC), and Nursing Outcomes Classification (NOC), as suggested in Figure 3. As nursing moved into the 21st century, a term that has become commonly used is *outcomes*, which provides data to evaluate quality nursing care. Use of the transaction process leads to goal attainment and outcomes. Outcomes represent evidence-based practice. The nurses' notes in the patient's chart provide data to be used to continue to conduct research to add to scientific knowledge that shows a relationship between research and practice. Lombard (2006) discussed the “cognitive processes involved in future consciousness” (p. 47). He noted that “individuals must have the ability to identify and conceptualize desirable goals of action” (p. 47). This kind of information from research suggests that King's (1981)

theory of goal attainment and transaction process should be taught in every nursing and health professional education program for use in the 21st century.

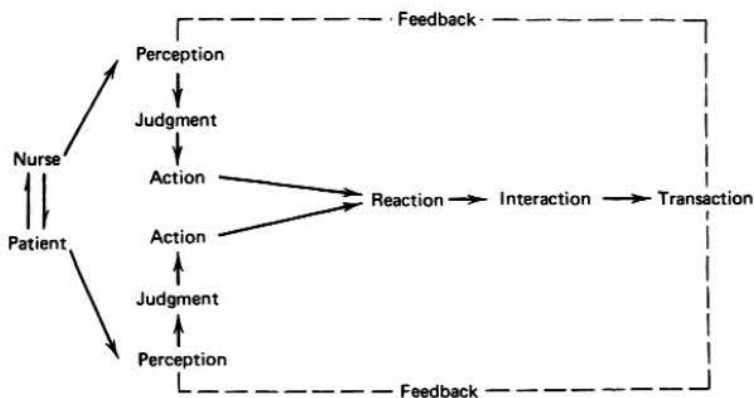


Figure 2. A Model of Transactions

NOTE: From *A Theory for Nursing: Systems, Concepts, Process* (p. 145), by I. M. King, 1981, Albany, NY: Delmar. Copyright 1995 by I. M. King. Reprinted with permission.

Nursing Process as Theory
(King, 1981)

A system of interrelated concepts:

- perception of nurse and client
- communication of nurse and client
- interaction of nurse and client
- decision-making about goals by nurse and client (when possible)
- agree to means to attain goals
- transactions made between nurse and client
- goal(s) attained, and if not, why not

Nursing Process as Method
(Yura & Walsh, 1983)

A system of interrelated actions:

- assess
- diagnose
- plan
- implement
- evaluate

Figure 3. Nursing Process: Method and Theory

NOTE: From "King's Theory of Goal Attainment in Practice," by I. M. King, 1997, *Nursing Science Quarterly*, 10, p. 182. Copyright 1999 by Sage Publications. Reprinted with permission.

Responses to Questions

Question 1

How do you see the values and beliefs of your theory emerging through new conceptualizations that are relevant to the health and quality of life of persons in 2050?

Response

King's philosophical assumptions about human beings and values and beliefs about nursing have not changed in 60 years. Her conceptual system demonstrates the interaction of individuals (personal systems); dyad, triad, and small groups (interpersonal systems); and large groups (social systems). This demonstrates the interactions of human beings in their social world. The interaction of these three systems will not change as long as human beings make up the world in which we live. The transaction process in the theory will not change but the ways we communicate and interact have changed because of the multiple technologies available.

Question 2

How will those conceptualizations be expressed in that world?

Response

When nurses and health professionals use the transaction process, mutual goal setting by two or more individuals and large groups will demonstrate some of King's beliefs such as respect for individuals and justice, in that all human beings are created equal and participate in decision making that influences their health and quality of life. Research will continue to add to King's conceptualizations to 2050.

Question 3

What would need to happen to get there?

Response

King expressed the opinion in a small group of educators that educational programs in nursing should recognize the need to design a curriculum in higher education that proposes a doctorate in nursing (DN) different from the current programs as the entrance into professional nursing practice, the PhD as the research degree, and the EdD degree to prepare the teachers and

administrators. The multiple programs in nursing in 2006 do not meet the healthcare needs of clients now or in the future. Technology alone cannot prepare the professional nurses for the 21st century. King's transaction process helps individuals and groups set goals that lead to outcomes which represent quality care and evidence based practice. As the explosion of knowledge and advances in technology continue to increase, it is important for professionals in the healthcare system to function in multidisciplinary teams to deliver healthcare to individuals and families. Interdisciplinary collaboration among healthcare professionals is important to provide healthcare for individuals and families in the 21st century.

Congratulations on the celebration of the 20th anniversary of the publication of *Nursing Science Quarterly*!

References

- American Nurses Association. (2001). *Code of ethics for nurses*. Silver Springs, MD: Author.
- King, I. M. (1981). *A theory for nursing: Systems, concepts, process*. Albany, NY: Delmar Publishers.
- King, I. M. (1997). The theory of goal attainment in practice. *Nursing Science Quarterly*, 10, 180-185.
- King, I. M. (1999). A theory of goal attainment: Philosophical and ethical implications. *Nursing Science Quarterly*, 12, 292-296.
- Lombard, T. (2006). The cognitive dimensions of future consciousness. *The Futurist*, 40, 47-50.
- Pearson, I., & Neild, I. (2006). Timeline for technology: To the year 2030 and beyond. *The Futurist*, 40, 31-36.
- Restak, R. (2004). The new brain. *The Futurist*, 38, 35.
- Uchida, D., Cetron, M. J., & McKenzie, F. (1996). What students must know to succeed in the 21st century. *The Futurist*, 30, 2-7.
- Whelton, B. (1999). The philosophical core of King's conceptual system. *Nursing Science Quarterly*, 12, 158-163.

CHAPTER 2

PHILOSOPHY, THEORY, AND NURSING WITHIN THE TRADITION OF IMOGENE KING

BEVERLY J. WHELTON, PH.D, M.S.N.

Objectives:

Reading this chapter, the reader will

1. Describe the roles of philosophy and theory within nursing as clinical practice, research, education, or administration.
2. Better understand the Aristotelian-Thomistic conception of the human person that is King's Personal System.
3. Realize that because this human person has capacities of knowledge and freedom, they are capable of interacting with the nurse for the establishment of mutual goals within the Interpersonal System.
4. Better understand how King's conceptual systems, theory of goal attainment, and transaction process model are able to support professional practice in the 21st Century.

Chapter Outline:

1. Philosophy
2. Theory
3. Personal system
4. The Future
5. Conclusion

Philosophy

This chapter first considers what philosophy and theory are and the role of philosophical inquiry as the search for understanding. For our purposes this

understanding is twofold (1) the role of philosophy, theory, and knowledge within nursing, as well as (2) an understanding of humanity as the kind of extra-mental being in the world that needs nursing and that engages in nursing practice.

According to classical philosophy, the philosopher is concerned with discovering truth, the truth of our world. Much contemporary philosophy does not accept that there is truth to be known among “matters of fact,” the ever-changing world of particulars (Hume, 1748), or that humans are capable of grasping stable realities of the world that could give rise to truth. Within the Aristotelian-Thomistic tradition of realism, though, truth is an agreement between what is occurring in the extra-mental world, the world outside of the mind, and the intellectual grasp of these events as universal concepts within the mind (Wallace, 1983). At St. Louis University, Imogene King studied Aristotelian philosophy from the perspective of his medieval commentator, Thomas Aquinas. Throughout her career, King remained within the Aristotelian-Thomistic tradition of realism accepting that persons can discover and understand the truth of the world and the human experience in the world. In a chapter published in the last year of her life, King makes the realist statement “Knowledge is the cognitive representation of things in the real world (King, 2007, p. 4).” With this statement, one can confidently accept that King believed she had found the truth of being human, human living, and nursing practice.

Philosophical understandings are foundational beliefs that may involve what it is to live as a human, participate in virtuous practice, or even what is meant by the term “knowing” or “care” within the nursing profession. Philosophers are concerned with the clear presentation of ideas (concepts); thus, they like to begin discussions with definitions. According to Wallace (1983), there are two main types of definitions. A nominal definition provides a name for an item, event, or process. The purpose is communication more than a precise representation of the item and its properties. Nominal definitions allow scientists to work together before knowing the essence that provides the real definition of an object of inquiry. A real definition includes the class and specific difference of what is being defined. Historically, within philosophy, humans are defined as rational animals. We are animals and, thus, share much in common with all living sensitive beings with physiological systems, like the circulatory and respiratory systems. Humans are specifically the animals capable of reasoning, and thus, the rational animals. A current statement of this class or kind of being and its specific difference is found in the definition provided by *Encyclopedia Britannica* (2023). Human being is defined as “a

culture-bearing primate classified in the genus *Homo*, especially the species *H. sapiens*.” The definition continues, “human beings are anatomically similar and related to the great apes but are distinguished by a more highly developed brain and a resultant capacity for articulate speech and abstract reasoning.” These human capacities and attributes are present and continue to develop from conception until natural death. The uniquely human capacity of abstract reasoning involves universal content drawn from experience and education. With universal content, one can consider options and, thus, have choices. Within the fourteenth-century commentary of Aquinas (1947) humans can, thus, know the truth and choose the good.

In the philosophical perspective of Imogene King, person is the central concept developed as the personal system within her three interactive conceptual systems, Personal, Interpersonal, and Social. Since this perspective uses person instead of human being, it is necessary to consider a definition of person. Dictionary.com says a person is “a human being whether an adult or a child.” This does nothing more than establish equivalence. According to D.L. Anderson (The Mind Project, 2008), a person is a being that has the moral right of self-determination. Required capacities or attributes include “Intelligence, the capacity to speak a language, creativity, the ability to make moral judgments, consciousness, free will, a soul, self-awareness. “This expansion of meaning is also seen in the change from patient-centered care to person-centered care. The latter includes the individual and immediate friends or relatives. Nurses interact with this intimate patient grouping to facilitate health goals. Nonetheless, the single individual is central to King’s conceptual system as the Personal System. Concepts important to understanding persons as personal systems within environments, both internal and external include (a) self, (b) perception, (c) growth and development, (d) time, (e) personal space, and (f) coping. King (2007) defines the conceptual system as “a set of defined concepts that represent essential knowledge in a field of study like nursing (p.4).” For clarity, note that humans exist as wholes within complex environmental systems. These complex systems come to be known as conceptual systems within the mind of the knower. The above phrase “a field of study like nursing” is a bit of evidence that King realized her systems apply to practice disciplines beyond nursing.

During the time King completed her undergraduate (1945-1948) and graduate nursing degrees (1957) at St. Louis University, Ludwig von Bertalanffy’s General Systems Theory (GST) was a popular explanatory tool of scientific interpretation. It is conceived as a philosophy of science for complex relational interactions between stable units, i.e., structural

points. GST is an interdisciplinary school of thought for dynamic interactions between structural components that are conceived as an open system, receiving and giving to the environment. Systems unable to interact with their environments are said to be closed. They wither and die. Systems theory is sometimes criticized as reductionistic because it simplifies the studied phenomena into structure and process having input and output. The criticism dissolves when systems are viewed as conceptually modeling, a logical process to facilitate study and explanations rather than a mirror of reality. Systems are tools for understanding complexity not for simplifying nature. For King (2007), “A *system* is defined as a set of components connected by communication links that exhibit goal-directed purposeful behavior.” She then shares her belief that, “...the only way to study human beings and environments is to study these phenomena as a system of mutually interdependent variables and concepts (p.3).” According to von Bertalanffy (1968), these “organized wholes” need to be studied as systems as opposed to being reduced in their complexity. He called this approach “General Systems Theory.” The interdependent variables and concepts identified by King as organized wholes became her three conceptual systems, Personal, Interpersonal, and Social.

King (2007) adds, “The exploration of knowledge requires that a number of abstract and relevant concepts are identified to capture the knowledge of a domain. *Concepts and their explanation in facts (data from operational definitions)* represent scientific knowledge in a field of study (italics and parentheses added) (p.4).” This later sentence means to transition from the intellectual to the extra mental world of research and experience. King’s (1981) philosophy provides a conceptual grasp of structures, processes, and outcomes, within the nurses’ world with her three primary contributions developed in her text *A Theory for Nursing: Systems, concepts, process*. These three contributions are her three conceptual systems, theory of goal attainment, and the transaction process model (King, 2007, p.5).

Theory

Theory and the role of theory differ in the search for knowledge and in the applications of that knowledge. Theory connects the universal abstract content of understanding (concepts and scientific knowledge) to application in the art of practice, particularly interventions. In healing disciplines, like nursing, these interventions are the composition of healing interactions of care.

Speculative science is investigating and seeking knowledge of potentially existent things and phenomena in the universe, especially of the very small and very large, that which is outside the normal range of perception. Scientific inquiry into what exists asks if something is (exists) and if so, what it is? Scientific questions about this existent item ask about properties and why the existent thing has these properties. What does each property contribute to the existence of an item of a particular kind? (Wallace, 1983 and 1996) Speculative science seeks the truth of existence. Until confirmation of existence, these items are theoretical entities.

This scientific inquiry into what exists, what properties something has and why it has these properties is very different from inquiry within social and behavioral sciences. There is no question that the human person exists. The complexity of human behavior and human institutions requires clarifications and delimitations, even conceptual simplification, to guide inquiry rather than assumptions and hypothetical assertions about a theoretical entity and its properties. The social scientist needs theoretical assertions that describe important aspects of interactions and guide the scientist in what needs to be attended to in order to understand or bring about certain ends.

Within the practice of nursing the defining concepts, sometimes, as a set, are called a metaparadigm. These concepts are environment, person, health (and illness), and nursing itself. Professional practitioners of nursing use nursing research and more basic science content adapted to caring situations as their knowledge base. Clinical nurses apply universal content (conceptual knowledge) to resolve needs and questions of practice. The same can be said of educators and managers, in fact, all practitioners. Practitioners use scientific generalizations and conceptual content to form disciplinary specific interventions in the art of practice. Nursing practice occurs in that complex interpersonal environmental space outside of the mind where nurses and patients exist. This is King's Interpersonal System.

Hilleary Himes and Janet Schulenberg (2013) address the necessity of having both a philosophical understanding and theoretical perspective defining what is important in practice. They explain, "Philosophy and theory are perpetually linked; philosophy influences how one sees the world, theory shapes how one intentionally interacts with that world. A philosophy impacts the definition of important problems and theories provide strategies to arrive at solutions to those problems. Together, philosophy and theory guide decisions about the approach taken..." While these statements are very clear and helpful within nursing, this quote ends

“in an academic advising encounter (n.d.).” This assertion was written by two members of the Theory and Philosophy of Advising Commission.

Like King (1981), Himes and Schulenberg (2013) reference their educational philosophy to John Dewey (2008). They write “...the term *philosophy* is meant to indicate critical examination of practices and assumptions.” Of political science, M.E. Warren (1989) says, “Philosophy is a way of using critical, logical, and systematic thinking to examine deeply held beliefs or social practices.” Himes and Schulenberg (2013) assert that philosophy and theory are always linked, with philosophy being how one sees the world, a belief system, and theory shaping how one purposely interacts within that world to make a difference. Nursing theory provides structure essential to professional practice. Instead of resolving situations emotionally, interventions are determined conceptually through theoretical foundations providing guidance and support for what to attend to. The professional nurse adds to his or her personal experiential knowledge, knowledge from nursing research and related social and basic scientific content.

Historically, the nursing process studied as a method of practice is assessment, problem identification (diagnosis), determination of options (planning), interventions (implementation), and evaluation of outcomes (Yura & Walsh, 1967). King’s (1981, 2007) theory of goal attainment conceptually incorporates the nursing process. There is an interactive dynamic of perception-judgment-action-reaction for both nurse and patient/client. If not hindered this interpersonal dynamic becomes an interaction leading to transaction (s) bringing about attainment of health goals. While conceived as a linear diagram with a feedback loop, the exchange may not be linear. The Transaction Process Model (King, 2007) captures the dynamic of the Interpersonal System. Nurses and patients/clients are all dynamic Personal Systems interacting within the Interpersonal System for the sake of health, which exists within one or more Social Systems, which facilitate this Interpersonal system.

In 1981, King wrote, “In the hospital, the nurse brings self to the role. The nurse also brings special knowledge, skills, and professional values to provide nursing care for the patients (p. 3).” Whelton (2007) expands, thus “In this way, nursing is the healing action of one coming into the presence of a person in need with the knowledge, skills and values of a nurse. It is being suggested that the nursing act is a healing act at the heart of King’s interpersonal system (p. 13).” This sounds microscopic, reducing nursing to one action, between a nurse and a human patient. Nursing is not the one

interaction but a whole grid of interactions in a dynamic complex swirl (system) of activity conceptualized as modally (logically) distinct persons and actions. This is similar to thinking of a speck of flour. This part of a grain is not a cupcake, but there is no cupcake without the myriad bits of grain. There is no nursing as a discipline without practitioners intervening as nurses.

Personal system

Both practitioners and patients are individual living systems, King's Personal Systems. Aristotelian-Thomistic philosophy conceptualizes humans according to their place in the natural order and their capacities (Wallace, 1996). Humans are the most complex beings in the known natural world. Natural beings are substances having material and formal components. They are made of matter composed into what they are by the developmental process or powers of the kind of being they are. These are the formal components of human nature. Form includes both mathematical properties and these dynamic formative capacities of the living and non-living. Nature is the internal actualizing principle, the source of activity and rest. A bird is recognized as a bird, specifically a robin or sparrow by its characteristic behaviors shared with others of the same kind. Because of their shared nature all robins build the same sheltering nests, and all sparrows build the same kind of nests. In the winter, the local bird population can be classified by the kind of nests in a community. This is true of most animals, but not humans. Humans have very different capacities of knowledge and freedom to choose based on known options. This later is called free will. Human freedom is not absolute freedom to do whatever is desired. Human freedom is to choose among options known and grasped as potential options. Wallace (1996) provides insight into the capacities of the non-living, living plants, said by Aristotle (1962) and Aquinas (1947) to have nutritive souls, animals, said to have sensitive souls, and humans having rational souls. The meaning of the term "soul" is principle of life. The soul is the nature or essence of each kind of being. Human capacities and attributes are present in the human soul and continue to develop from conception until natural death. The uniquely human capacity of abstract reasoning involves universal content drawn from experience and education. With universal content, one can consider options and, thus, have choices.

Human nature captured by King's Personal System, has 14 capacities: the four forces of the inorganic (strong, weak, gravitational, and chemical); the four vegetative capacities (nutrition, growth and development, homeostasis,

and reproduction); the four sensitive capacities (sensations, perception, appetite/emotion, and mobility). Humanity adds to these twelve capacities the powers of the intellect and will.

Perception in this technical sense, includes coordination of sensations into an image, comparing that image with past experience, and using imagination to complete missing details. This sensory knowledge is concerned with the immediate environment and is critical to an animal's ability to solve problems. Human nature entails intellectual capacities that go beyond the particulars of the environment to a grasp of the universal, immaterial concepts...These immaterial concepts make reasoning and language possible...To navigate the world of human society, one must also choose to speak and to act. This capacity of choosing is the will, the appetite of the intellect (Whelton, 2007, p.17.).

The will chooses from among options provided by the intellect. To exercise the power of choice, patients must become knowledgeable about options. This highlights the importance of the nurse's role in health education. Aristotle's completion of the personal system with unique human capacities highlights the role of patient education for involvement in mutual goal setting. Additionally, it is clear that on the edge between living and dying the focus is to keep functional the vegetative capacities. One thinks especially of fluid and electrolyte balance, maintaining circulation, and body metabolism. Once the patient is stabilized attention can be turned to pain control and other aspects of the sensitive system. It is not until the patient is alert and out of danger that health education and personal choices can begin. Whelton (2007) writes, "Choosing well requires both knowledge and a habit of careful reasoning. In addition, acting well requires the excellent habits called virtues (p.17)." Aristotle's ideas about human nature led King (1981) to assert, "Individuals are characterized as social beings who are rational and sentient (p. 19)." In 1971, King wrote "Nursing involves thinking, relating, judging, and acting relative to the health status manifested in the behavior of individuals and groups" (p. 97). A few pages later she writes, "nurses, who structure communication and information tend to guide individuals to recognize their health needs, to express their feelings about meeting them and to share in decisions about the means and the goals to be achieved" (p. 99)." These comments anticipate King's Theory of Goal Attainment.

Nurses concerned with their own health and the health of other humans need to know what it is to be human. Conceptual stability is characteristic of an accurate grasp of reality (the truth). Essential attributes that characterize a kind of being are the same across times and places. Variable capacities, like

size, color, and culture are said in classical philosophy to be accidental to the individual. To be human is to have capacities of reason. Reasoning requires knowledge of universal concepts. Words or terms applied to concepts in the mind are used in reasoning. Because humans have knowledge of options, they can choose among these options. They are free within these choices. They are not free to do just anything desired. They are constrained to what is available as known to them and achievable as humans. Awareness of King's knowledge of classical philosophy adds depth to her insights. It is being suggested that frameworks and theories from cultural norms or other human behaviors do not provide the clarity and stability found in King's (2007) framework and theory from what it is to be human.

Thinking about humans in this way has an interesting result. Having immaterial concepts means humans have immaterial souls. Animal souls have sensory knowledge of particulars. The forms of external substances (matter/form unities) come to be within the human nervous system through sensations and are used in daily living. While humans receive these forms from substances, they can think about forms as universal ideas. Humans can even ponder what it is to think. The content of their thoughts is not just from the matter/form substances of the world. Humans can also reason with numbers and figures, and think about beauty, truth, goodness, and unity. These concepts are not limited. They persist across space and time. For this reason, they are called transcendentals. Since the immaterial does not arise or emerge from the material or the unlimited from the limited, one is left questioning the source of the immaterial human soul. Because of this immateriality, Aquinas (1947) taught that God was involved in creating each human. Additionally, as immaterial, the human soul cannot fall apart, matter falls apart. Thus, he believed each fetus conceived by human parents is given the immaterial intellectual soul by the ultimate immaterial being (God). The soul guides the individual throughout his or her life and persists after death. This classic interpretation assists in understanding King's spiritual concept, and the dignity and value of each human person.

The reader is referred to King's books and articles, including the article included here (2007) for more information on her development of systems, theory, model, and their related concepts.

The Future

There are many chapters in this text that provide research to support the value of King's conceptual systems, theory, and model within various

nursing practice settings, clinical specialties, education, research, and management. There are also chapters that validate the use of the theory of goal attainment in a variety of practice locations. This chapter will now consider what King's conceptual systems, theory, and model bring to the future of professional practice given its philosophical depth and universality. First, it will be acknowledged that using universal human capacities of reason and freedom makes King's insights appropriate to all practice disciplines, as has been suggested already within this chapter. Consideration will then be given to whether a fourth conceptual system is required by current and future technology and the emerging global community.

Because King's systems, theory, and model are grounded in the classical conception of human nature, in mutual goal setting, she has identified a process that applies to all human practices, especially those that contribute to the public good by enhancing the lives of others. An internet search (March 24, 2023) for "mutual goal setting" provides the following disciplines: counseling, nursing, management, health care, medicine, and business. Surprisingly, adult education was not included. A search for mutual goal setting in education provided articles for adults and even younger students. Respecting individuality and autonomy seems to enhance cooperation and compliance with desired behaviors whenever and wherever professionals practice to move individuals towards good ends like education or health. It is likely that if King's transaction model was more well known it would be adopted by multiple disciplines.

Finally, it must be asked, does the global world community visible as united by technology call for a fourth system beyond the interpersonal and social? It seems so because beyond human nature, there is little unity between cultures. Yet, it is understood that the Interpersonal and Social Systems include culture as environmental factors and, thus, these systems are useful in different cultural contexts. On the second page of an undated letter to Maureen Frye, King wrote "My ideas are acultural and can be used in any culture because they deal primarily with human beings and interaction with environments. All cultures do share humanity in common. Humans have capacities for learning, knowing, and choosing that allow them to act creatively and purposefully insofar as physical capacities and social environments allow."

It seems, nursing today provides health care to individuals in a global community and nursing must have conceptual tools for structuring data, processes, and stabilities within global systems. One could say, the global

world is the location of contemporary nursing practice, leadership, and knowledge development. And yet, healthcare systems are delimited areas within the global world. They are Social Systems (King, 2007). In our emerging world culture, nurses are called to assess not only individual physical, social, and spiritual capacities and needs (including cultural contributions), and a family's ability to care for the patient, social and economic stability of the family within the community, but also the impact of political, economic and technological developments within the patient's political geographic region of the globe.

The global worldview comes into nursing as the environment. The following are some things King says about the environment: it is the space-time frame within which nurses work. It is the *background* for human actions. She identifies an **Internal environment**, which *transforms energy* to enable the person to adjust to continuous external environmental changes (King, 1981). It is also the **External environment**, which involves *formal and informal organizations*. It is the framework within which nursing occurs (King, 1981). In the summary of an ANA lecture King delivered with Jessie Scott in 1996, it is written "Nursing is based on an understanding of human beings of all ages and from all socio-economic and cultural groups. The roles, functions, and responsibilities of nurses are multidimensional and involve individuals and groups in specific situations related to health promotion, care of the sick and dying, and health maintenance. Nurses work within a world of organized complexity of great variability (p.15)."

In conclusion, one can assert that if the goal is to grasp the world, a global system is needed. However, if the goal is to grasp the domain and processes of nursing, a new global system is not needed. One does need awareness of global issues and opportunities, but the nursing transaction process occurs within the Interpersonal and Social Systems already developed by King.

Conclusion

This chapter opened with a consideration of philosophy and theory, specifically King's philosophical foundations in Aristotelian-Thomistic realism that teaches humans are living physical beings with rational capacities. Human freedom of choice within options leads to the critical roles of health education and assisting patients (individuals, families, or communities) to explore options leading to mutually agreed upon goals. Patient involvement in this goal setting leads to enhanced achievement of outcomes as evidence-based practice. As soon as thoughts

move from universal abstract thinking to patient settings one invokes the guidance of nursing theory.

King studied humanity and nursing phenomena for 60 years. During this time, she added to her original analysis (1971 and 1981) that while her use of patient as the focus of nursing practice meant individuals, it could also mean families or communities. She also added the spiritual dimension of human life. Important with the contemporary focus on telehealth, King added that nursing interactions leading to transactions could occur via electronic communication tools as well as in person. In the future, additional disciplines may be encouraged to consider King's model of transactions as an expression of the theory of goal attainment, which applies to all interpersonal professional practice that seeks to assist persons in achieving desired ends. Finally, the development of a fourth global system is not needed as an addition to King's framework because nursing does not occur on this level.

References

- Anderson, D.L. (2008) The Mind Project.
https://mind.ilstu.edu/curriculum/what_is_a_person/what_is_a_person.html#:~:text=Many%20properties%20have%20been%20suggested,cou ld%20go%20on%20almost%20indefinitely (accessed March 2, 2025)
- Aquinas, T. (1947) *Treatise on Law, Summa Theologia*, QQ.90-108. (Fathers of the English Dominican Province, Translation). Benziger Bros. Edition.
- Aristotle, (1962). *Nicomachean Ethics*, translated with introduction and notes by Martin Ostwald. Indianapolis: Bobbs-Merrill Co., Inc
- Bertalanffy, L. von (1969). *General Systems Theory*. N.Y.: George Braziller, pp. 194-197.
- Clarke, N. *Person and Being. The Aquinas Lecture. Marquette University Press, 1998.*
- Dewey, J. (2008). *Democracy and Education*. Radford, VA: Wilder Publications. Cited in Himes and Schulenberg (2013)
- Himes, H., & Schulenberg, J. (2013, September). Theoretical reflections: Theory and philosophy should always inform practice. *Academic Advising Today*, 36(3) (n.d.). Retrieved from <https://nacada.ksu.edu/Resources/Academic-Advising-Today/View-Articles/Theoretical-Reflections-Theory-and-Philosophy-Should-Always-Inform-Practice.aspx> (accessed March 10, 2023)

- “Human Being” (2023) Encyclopedia Britannica.
<https://www.britannica.com/topic/human-being>
- Hume, D. (1748) *An Inquiry Concerning Human Understanding*, Clarendon Press.
- King, I. (1971) *Toward a theory for nursing: General concepts of human behavior* (Wiley paperback nursing series).
- King, I. (1981) *A theory for nursing: Systems, concepts, process*. New York, John Wiley & Sons.
- King, I. (2007), “King’s Structure, Process, and Outcome in the 21st Century” in *Middle Range Theory Development Using King’s Conceptual System*. Christina L. Sieloﬀ and Maureen A. Frey, editors. New York: Springer Publishing Company.
- King, I. and Scott, J. (1996) ANA lecture
- Mergal, A. (2011) <http://www.slideshare.net/macluvniam/dorothea-orem-imogene-king>.
- “Person” (2023) Dictionary.com
- “Person” (2023) Wikipedia (<https://en.wikipedia.org/wiki/Person>).
- Science 1981 *A systems view of man: Collected Essays*. Editor Paul A. LaViolette, Boulder: West View Press. ISBN 086531-094-7.
- Wallace, W.A. (1983) *From a Realist Point of View: essays on the Philosophy of Science*, second edition. Lanham. Maryland: University Press of America.
- Wallace, W.A. (1996) *The Modeling of Nature: Philosophy of Science and Philosophy of Nature in Synthesis*. Washington, DC: CUA Press.
- Warren, M.E. (1989). What is a political theory/philosophy? P.S.: Political Science and Politics. 22(3). 606-612. Cited in Himes and Schulenberg (2013)
- Whelton, B. J. B., (2007) “The Nursing Act is an Excellent Human Act: A Philosophical Analysis Derived from Classical Philosophy and the Conceptual Framework and Theory of Imogene King,” Chapter Two, *Middle Range Theory Development Using King’s Conceptual System*, Christina Leibold Sieloﬀ and Maureen Fry (editors), New York: Springer Publishing Company, pp. 12-28.
- Whelton, B.J. (2017) “Answering the challenge of globalized health care to the work of Imogene King,” Lecture at University of Southern Mississippi College of Nursing, Hattisburg, MS, October 21.
- Yura, H. and Walsh, Mary B. (1967). *The nursing process: assessing, planning, implementing, evaluating*. Washington, D.C.: The Catholic University of America.

CHAPTER 3

HEALTHCARE INEQUITY FOR CHILDREN OF COLOR WITH ASTHMA: IDENTIFYING THE SOURCE THROUGH THE APPLICATION OF KING'S CONCEPTUAL SYSTEMS

STACEY MARYE, PH.D., RN

Objectives:

By reading this chapter, the reader will:

1. Encounter ways that King's Systems framework explains what makes children of color with asthma a vulnerable population.
2. Learn about the interaction between King's systems in the care of a vulnerable population.
3. Be able to suggest one way to improve the quality of asthma care for underprivileged children of color at the social systems level.

Chapter outline:

1. Abstract
2. Background
3. King's Theory of Goal Attainment
4. Trust
5. Pediatric Asthma Treatment Discrepancies as Systems Failures
6. Conclusion