

Discussion

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Nurse–patient Relationship Based on the Imogene King’s Theory of Goal Attainment

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ABSTRACT

There are many nursing theories about nurse–patient relationship, one of the most important of which is Imogene King’s Theory of Goal Attainment. However, it is unknown why this theory is not used in everyday nursing practice. The aim of this study was to assess the use of King’s theory in nurse–patient relationship.

KEYWORDS: *Communication, Nurse-patient relations, Nursing theory*

INTRODUCTION

As a scientific discipline, nursing is based on professional knowledge. Development of new approaches to nursing practice necessitates the acquisition of adequate knowledge about nursing theories.^[1] Nursing theory is a set of concepts, definitions, and models and is derived from logical thinking and inductive reasoning.^[2] It provides frameworks and goals for assessment, recognition, and nursing diagnoses and thus, greatly facilitates nursing care delivery.^[3] The use of nursing theories in clinical practice reflects nurses’ self-sufficiency and self-knowledge.^[4] These theories promote patient care standards, cut health-care costs, and most importantly, improve patient quality of life.^[5,6]

Argument

The most commonly-used nursing theories include, but not limited to, Orem’s Self-Care Theory, Roy’s Adaptation Model, and Orlando’s Nursing Process Theory. The core of all these theories is humanistic relationship and client dignity.^[7] Another relationship-based nursing theory is Imogene King’s Theory of Goal Attainment (TGA). TGA is based on the mutual perceptions of both nurses and patients and facilitates patient- and family-centered care.^[8] It is categorized as a middle-range theory.^[9] Although the TGA presents an excellent humanistic framework for making a mutual and therapeutic relationship between nurses and their clients, many nurses are not familiar with this theory which consequently diminished its use in clinical practice.

Literature review

King initially introduced her theory in a nursing journal in 1968 and then extended and presented it in her book entitled, “General concepts of human behaviour.”^[10] King defines health as the human-environment interaction. She believes that each human is an open system with unique needs, motivations, and wants which are different from those of other humans. She also noted that needs, motivations, and wants significantly affect health.^[8]

King based her theory on four main elements which are as follows: (1) health is attained through appropriate nurse–patient relationship; (2) nurse and patient need to have a mutual understanding about each other; (3) the goals and functions of nurse and patient need to be in line with each other; and (4) nurse needs to use all his/her knowledge to establish relationship and set goals. These four elements facilitate goal attainment.^[11]

King defines nursing as the interaction and relationship of person with the environment to attain health and improve human well-being. Thus, nurses need to know how people interact with their environment.^[6] King considers nursing as a process, the ultimate goal of which is to attain health.^[12]

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TGA consists of three main systems, namely, personal, interpersonal, and social systems.^[13] In the personal system, King considers each person as a unique being and a whole which is always in interaction with the environment. Thus, each person should be considered as a personal system which includes the dimensions of perception, self, growth and development, body image, personal space, learning, and coping. Perception significantly contributes to nurse-patient relationship because an accurate perception of self, facilitates the perception of others and even the perception of body image, time, place, and daily life events, and helps person establish better interaction with the surrounding environment.^[14,15]

The results of a study made by Kemppainen on a male patient with human immunodeficiency virus (HIV) indicated that when healthcare providers understood the patient is HIV-positive, they started to show inappropriate behaviors toward him during the process of care delivery so much so that he perceived nurses' behaviors as discomforting and bothering. On the other hand, the diagnosis of HIV infection negatively affected patient's perception of self and his personal system and altered his body image and self-esteem.^[16] According to King, perception is an important dimension of the personal system and each person needs to have an accurate perception of his/her own and others' personal systems.^[17] Kemppainen noted that nurses' and other healthcare providers' inaccurate perceptions of the HIV-positive patient negatively affected their relationships with him as well as his self-perception.^[16]

Body image is another dimension of TGA personal system. Any alterations in body image can affect the personal system.^[18] The results of Kemppainen's study showed that changes in others' behaviors toward the HIV-positive patient altered his body image, gave him feeling of despair over the future, and made him feel ashamed of his body.^[16]

Time is another dimension of TGA personal system. Williams highlighted the importance of time in care delivery by noting that most patients were dissatisfied with lengthy waiting time for medical visitations and described it as eternity; however, for nurses, such time period was perceived to be very short.^[19] Nurses need to have an accurate understanding about time because spending lengthy time for patient care may be perceived by some patients as bothering and exhausting. Nurses' failure to accurately understand time can also negatively affect their relationships with their patients. In pediatric care wards, time is a matter of greater importance. In these wards, longer patient education and medication administration times are associated with better patient

outcomes. Thus, it can be concluded that the meaning of time for patients and nurses largely depends on the characteristics of the immediate situation. In other words, in one situation (i.e., in emergency units), care services should be delivered in the limited amount of time in order not to tire or bother patients while in another situation, spending longer time with patients can produce better outcomes and enhance recovery.^[20]

The personal system of TGA entails that there will be no effective interaction between nurse and patient unless they have accurate understanding about each other. In other words, nurses' accurate perception of patients' personal system facilitates goal attainment and nurse-patient interaction.^[8]

The second TGA system is the interpersonal one. This system is created by the interactions of two or more people in small and large groups. Nurse-patient reciprocal relationship is an example of the interpersonal system. Understanding this system necessitates understanding concepts such as interaction, communication, transaction, role, stress, and stressors.^[21] These concepts are discussed in what follows.

Interaction is the process of communicating with and understanding another person. It is usually judgmental and can affect goals. Communication is the process of communicating information and turning information from one state to another while transaction is a meaningful interaction between people and environment to attain the goal of health.^[15,22]

Nurses need to have adequate knowledge for understanding the process of interaction. This process includes the behaviors of both sides of the interaction. In fact, each action is associated with a reaction. This action and reaction set is called interaction. When both sides of interaction have a similar goal and attempt to attain it, an effective interaction is occurred which is called transaction. It is just during a transaction that people effectively perform their roles, attain their preset goals, and cope with their environment. This cycle includes feedback chains for continually assessing the interpersonal system.^[15]

The interpersonal system significantly contributed to the development of TGA. King believed that the importance of the interpersonal system to care quality is much greater than that of the personal and social systems. She also noted that the nursing process primarily happens in the interpersonal system.^[23]

Communication between nurse and patient is the cornerstone of the interpersonal system and the most important prerequisite for transaction to occur. It can be

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established both verbally and nonverbally.^[24] Williams studied nurse–patient communication in emergency situations. In her study, a middle-aged female patient referred to the emergency room with weakness and feebleness. The attending physician gave the diagnosis of acute pulmonary edema. Emergency staffs needed to start invasive interventions to manage her acute condition. However, they failed to understand her conditions and did not provide her with adequate treatment-related information. Thus, she did not give consent for treatments and treatments were not administered.^[19] This example shows that nurses and physicians need to give high priority to the establishment of effective communication with patients to help them make wiser decisions to retain their own health as their main goal. Moreover, they need to allow patients articulate their perceptions of their illnesses, personal illness-related experiences, and the level of their stress. It is only in this way that nurse and patient can help each other and create a favorable environment for decision-making.^[16] Consequently, the goal of health is attained when both sides of relationship properly interact with each other and collaboratively work together to attain their goals.^[9]

The third TGA system is the social system. This system is responsible for providing a framework for social interactions and interpersonal communications in societies such as schools, workplace, and organizations. This system help nurses not only manage their caring roles, and attain their professional goals in hospital-based caring systems; but also to possess a suitable status in the public as a public health nurse. The dimensions of this system include organization, authority, power, status, and decision-making.

Power is the ability to use organizational resources to attain the goal while decision making is a “dynamic and systematic process by which a goal directed choice of perceived alternatives is made, and acted on, by individuals or groups to answer a question and attain a goal”.^[6] King described power as a situation in which, people accept to do a desirable or an undesirable action.^[10,15] In TGA, power has been recognized as the controller and the director of the goal. Through power, nurse can support patient. Moreover, power affects people’s functions and decision-making ability. Nurses need to have an accurate understanding of power because the identification and use of power sources by nurses can facilitate relationship establishment and goal attainment.^[25,26] Yet studies showed that nurses have limited understanding about the concept of organizational power of nursing. In this situation, they cannot find their social status in their organizations; and consequently, cannot play significant roles in maintaining and restoring patient health.^[27]

CONCLUSION

According to King’s TGA, adequate knowledge about relationship and effective communication are among the absolute requirements of nursing practice. Effective nurse–patient relationship helps nurses understand patients’ conditions, enhances care quality and improves patients’ quality of life.

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Conflicts of interest

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