

# I king theory

Literature



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Kings definitions are clear and conceptually derived from research literature that existed at the time of the definitions were published. Kings (1978) Theory of Goal Attainment presents 10 major concepts, making the theory complex. However these concepts are easily understood and with the exception of the concept of self, they have been derived from the research literature. Kings Theory (1981) has been criticized for having limited application in areas of nursing in which patients are unable to interact competently with the nurse.

King has responded that 70% of communication is non-verbal and describes the following, Try observing a good nurse interact with a baby or a child who has not yet learned the language. If you systematically record your observations, you would be able to analyze the behaviors and find many transactions at a nonverbal level. Also consider transaction between mother and newborn. In Psychiatric nursing there are many examples which you can see regarding effective communication without a language.

King says the need in nursing is to broaden nurse's knowledge of communication and that's what all her theory is about. (I. King, personal communication 1985). King believed that critics assume that a theory will address every person, event and situation which is clearly impossible. King reminded critics that even Einstein's theory of relativity could not be tested completely until space travel made testing possible. (I. King, personal communication 1985). The weaknesses 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. But rather end with a vague goal that nurses should be educated on the issues surrounding 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 problem is not within the interaction between nurse and patient, but rather educator and nurse. Overall, the author's 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, a more method based approach and more practical and specific response to the problem.