OVERVIEW OF THE THEORETICAL NURSING APPLICATION OF KING’S THEORY OF GOAL ATTAINMENT IN MYOCARDIAL INFARCTION PATIENT

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PREFACE

Form the early 1960s the rapidity of scientific and technologic advances has as great an impact on the profession of nursing as on other components of society. In the 1960s, as emerging professionals, nurses were identifying the knowledge base specific to this environment, Imogene M. King sought to answer several questions what is nurse role. So nurse theory is now being develops and refine by nursing theorist, we must familiarize ourselves with them and evaluate them as to their relevance practically and worth was to the nursing profession.

King’s Theory of Goal Attainment is the one of theory that focusing on health. There so many scholars try to use her theory in nursing practice, nursing education, and nursing research. The purpose of this paper to present about overview of King’s conceptual framework and King’s Theory of Goal Attainment and Application of King’s Theory of Goal Attainment in target population of the Myocard Infarct patient. This paper also tries to make an assessment tool that is very useful as a method to assess patient with MI in nursing process.

Finally authors would like to thanks to Assoc. Prof. Dr. Aranya Chaowalit, Assist. Prof. Dr. Wandee Suttharangsee, and also who encouragement to guide us develop this paper “Application of King’s Theory of Goal Attainment in Myocard Infarct Patient”. We also wish to acknowledge our thanks to all of our colleagues, who are very cheerfully and the last one we wish to thanks to Imogene M. King who had to design this theory and develop to fit with nursing.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>II. Background of the theorist</td>
<td>1</td>
</tr>
<tr>
<td>III. Overview of King’s System Framework And Theory of Goal Attainment</td>
<td>1</td>
</tr>
<tr>
<td>A. Origin of the theory</td>
<td>2</td>
</tr>
<tr>
<td>B. Theory Context</td>
<td>3</td>
</tr>
<tr>
<td>* Metaparadigm concept</td>
<td>3</td>
</tr>
<tr>
<td>* Philosophical Claims</td>
<td>4</td>
</tr>
<tr>
<td>C. Theory content</td>
<td>5</td>
</tr>
<tr>
<td>* Concepts</td>
<td>5</td>
</tr>
<tr>
<td>* Proposition</td>
<td>6</td>
</tr>
<tr>
<td>IV. Myocardial Infarction</td>
<td>10</td>
</tr>
<tr>
<td>* Definition and Pathophysiology</td>
<td>10</td>
</tr>
<tr>
<td>* Risk Factor</td>
<td>11</td>
</tr>
<tr>
<td>* Clinical Finding</td>
<td>11</td>
</tr>
<tr>
<td>* Treatment Modality</td>
<td>11</td>
</tr>
<tr>
<td>* The reason: why choosing MI patient for Application</td>
<td>12</td>
</tr>
<tr>
<td>V. Application of King’s Theory of Goal Attainment in MI patient</td>
<td>13</td>
</tr>
<tr>
<td>* Assessment, diagnosis, planning, implementation</td>
<td>13</td>
</tr>
<tr>
<td>* Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>The relationship between concepts and assessment MI patient</td>
<td>14</td>
</tr>
<tr>
<td>Questions that use to assess MI patient</td>
<td>16</td>
</tr>
<tr>
<td>Summary</td>
<td>19</td>
</tr>
<tr>
<td>References</td>
<td>20</td>
</tr>
<tr>
<td>Appendix</td>
<td>22</td>
</tr>
<tr>
<td>Assessment tool base on King’s Theory of Goal Attainment</td>
<td>22</td>
</tr>
</tbody>
</table>
Introduction

King’s conceptual framework provides a comprehensive view of three dynamic interacting systems, including: personal system, interpersonal system and social system that is the grand theory. After that King derived middle range theory: A Theory of Goal Attainment from conceptual framework. Her theory has been used as the basis for nursing practice, education, administration, and research. This paper presents the application of King’s theory into nursing practice for MI patient. It is important to guide nursing practice in a specific relationship nurse – patient, to identify patient’s perception about their illness, to have judgment nurse – patient through action and reaction between nurse – patient, nurse – patient associate reaction, interaction, and transaction

I. Background of the Theorist: Imogene M. King

Imogene M. King was born in 1923, the youngest of three children. She received her basic nursing education from St. John’s Hospital School of Nursing in St. Louis, Missouri, graduating in 1946. Her Bachelor Science in nursing education (1948) and Master Science in nursing (1957) are from St. John University and her EdD (1961) is from Teachers College, Columbia University, New York. She has done postdoctoral study in research design, statistics, and computers (George, 1995).

King has had experience in nursing as an administrator, an educator, and a practitioner. Her area of clinical practice is adult medical-surgical nursing. She has been a faculty member at St. John’s Hospital School of Nursing, St. Louis; Loyola University, Chicago; and the University of South Florida. She served as director of the School of Nursing at The Ohio State University, Columbus. She was an Assistant Chief of the research Grants Branch, Division of Nursing, Department of Health, Education and Welfare in the mid-1960s and on the defense Advisory Committee on Women in the Services for the Department of Defense in the early 1970s. She is retired from the University of South Florida and continues to consult and work on further application of her theory.
II. Overview of King’s System Framework and Theory of Goal Attainment

<table>
<thead>
<tr>
<th>King’s System Framework</th>
<th>A Theory of Goal Attainment</th>
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<tr>
<td><strong>A. Origins of the theory</strong></td>
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<tr>
<td>1964 – Publication General System Framework “Nursing theory-problem and prospect”</td>
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<td>1968 – Article “A conceptual frame of reference for nursing”</td>
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<td>1971 – Book “Toward a theory for nursing”</td>
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<td>1978 – Speech Second annual nurse educator conference “Described refinements of the framework”</td>
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<td>1986b – Book Chapters</td>
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<td>1990 – Journal Article “Health as the goal for nursing”</td>
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<td>King’s System Framework</td>
<td>A Theory of Goal Attainment</td>
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<td>1997 – Journal Article (10:1) “King’s Theory of Goal Attainment in Practice”</td>
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### B. Theory Context

1. **Metaparadigm Concept**
   - **Person**
     - An open system interacting with the environment
     - Consisting of three dynamic interacting open systems: personal, interpersonal, and social system.
   
   - **Health**
     - A process of Human growth and development that is not always smooth and without conflict.
     - An ability to function in social roles, dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one’s resources to achieve maximum potential for daily living.
King’s System Framework | A Theory of Goal Attainment

Illness and health have different meanings for individuals and groups in different cultures. The way people perceive health depend on their past experiences, the environment in which they have lived, and their concepts of health.

- **Environment**

  A function of balance between internal and external interactions.

  The internal environment of human beings transforms energy to enable them to adjust to continuous external environment.

- **Nursing**

  A process of action, reaction, and interaction whereby nurse and client share information about their perceptions in nursing situation.

  The goal of nursing into help individuals maintains their health so they can function in their roles.

  Nurse should understand the ways that human beings interact with their environment to maintain health.
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<tr>
<th>King’s System Framework</th>
<th>A Theory of Goal Attainment</th>
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<td><strong>2. Philosophical Claims</strong></td>
<td><strong>Based on an overall assumption</strong></td>
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<td>❖ A basic assumption is made that</td>
<td>that the focus of human beings</td>
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<td>the focus of nursing is the care</td>
<td>interacting with their environment</td>
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<td>human beings.</td>
<td>leading to a state of health for</td>
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<td>❖ Orientation to science</td>
<td>individuals, which in a ability to</td>
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<td></td>
<td>function in social roles.</td>
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<tr>
<td>❖ Specific assumptions about</td>
<td>Specific assumptions about</td>
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<td>human beings are: Individuals are</td>
<td>human beings are: Individuals are</td>
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<td>social, sentient, rational, reacting,</td>
<td>social, sentient, rational, reacting,</td>
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<td>perceiving, controlling,</td>
<td>perceiving, controlling,</td>
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<td>purposeful, action-oriented, and</td>
<td>purposeful, action-oriented, and</td>
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<td>time-oriented beings.</td>
<td>time-oriented beings.</td>
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<td>❖ Specific assumption about nurse</td>
<td>Specific assumption about nurse</td>
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<td>client interactions:</td>
<td>client interactions:</td>
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<td>❖ Perception of nurse and of client</td>
<td>❖ Perception of nurse and of client</td>
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<td>influence the interaction process</td>
<td>influence the interaction process</td>
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<td>❖ Goals need, and values of nurse</td>
<td>❖ Goals need, and values of nurse</td>
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<td>and client influence the</td>
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<td>interaction process.</td>
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<td>❖ Individuals have a right to</td>
<td>❖ Individuals have a right to</td>
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<td>knowledge about themselves.</td>
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<td>❖ Individuals have a right to</td>
<td>❖ Individuals have a right to</td>
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<td>participate in decisions that</td>
<td>participate in decisions that</td>
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<td>influence their life, health,</td>
<td>influence their life, health,</td>
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<td>community services.</td>
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<td>❖ Individuals have a right to accept</td>
<td>❖ Individuals have a right to accept</td>
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<td>or to reject health care.</td>
<td>or to reject health care.</td>
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### King’s System Framework vs. A Theory of Goal Attainment

<table>
<thead>
<tr>
<th>A Theory of Goal Attainment</th>
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</thead>
<tbody>
<tr>
<td>Ø Health professional have responsibility to share information that helps individuals make informed decision about their health care.</td>
</tr>
<tr>
<td>Ø Goals of health professional and goals of recipients of health care may be incongruent.</td>
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</tbody>
</table>

### C. Theory Content

#### 1. Concepts

- **A conceptual framework**
  - Ø Personal system
  - Ø Interpersonal system
  - Ø Social system

- **A Theory of goal attainment**
  - Ø This theory has been derived from open system framework.
  - Ø This theory derived from the conceptual framework organizes elements in the process of nurse-client interactions that result in outcomes, that is goal attainment.

- **Described and defined of concepts**
  - **Personal system**
    - Several concepts are described and defined that will help nurse understand person as open system.

- **Defined of major concepts**
  - King chose some of all concepts in conceptual framework to define in this theory and didn’t divide in three systems.
### Application of King’s Theory of Goal Attainment in Miocard Infarct Patient

<table>
<thead>
<tr>
<th>King’s System Framework</th>
<th>A Theory of Goal Attainment</th>
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<tbody>
<tr>
<td><strong>Perception</strong></td>
<td><strong>King add in 1999</strong></td>
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<tr>
<td><strong>Self</strong></td>
<td>Perception</td>
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<tr>
<td><strong>Body image</strong></td>
<td>Space</td>
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<tr>
<td><strong>Space</strong></td>
<td>Time</td>
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<tr>
<td><strong>Time</strong></td>
<td>Growth and development</td>
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<tr>
<td><strong>Growth and development</strong></td>
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<tr>
<td><strong>Interpersonal system</strong></td>
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<td><strong>Interaction</strong></td>
<td><strong>Interpersonal system</strong></td>
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<td><strong>Communication</strong></td>
<td>Interaction</td>
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<td><strong>Transaction</strong></td>
<td>Communication</td>
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<td><strong>Role</strong></td>
<td>Transaction</td>
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<td><strong>Stress</strong></td>
<td>Role</td>
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<td><strong>Social system</strong></td>
<td>Stress</td>
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<td><strong>Organization</strong></td>
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<td><strong>Authority</strong></td>
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<td><strong>Power</strong></td>
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<td><strong>Status</strong></td>
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<td><strong>Decision making</strong></td>
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#### 2. Proposition

The proposition of the General Systems Frameworks encompasses all four Metaparadigm concepts.

The proposition in A Theory of Goal Attainment may be generated from the theory proposition deal with process and others outcomes:

- If perceptual accuracy is present in nurse client interactions will occur.
- If nurse and client make transactions, goals will be attained.
<table>
<thead>
<tr>
<th>King’s System Framework</th>
<th>A Theory of Goal Attainment</th>
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<tbody>
<tr>
<td>Person and environment are linked in statement:</td>
<td>If goals are attained, satisfaction and effective nursing care will occur.</td>
</tr>
<tr>
<td>✤ In open system such as human beings interacting with the environment, there is continuous and dynamic communication occurring. (King, 1981, p. 66)</td>
<td>✤ If transaction made in nurse-client interactions, growth and development will be enhanced.</td>
</tr>
<tr>
<td>Person, environment, nursing are linked in statement:</td>
<td>✤ If role conflict is experienced by nurse or client, stress in nurse-client interactions will occur.</td>
</tr>
<tr>
<td>✤ An understanding of the ways that human beings interact with their environment to maintain health is essential for nurses; this enables these professionals to promote health, to present disease, and to care for ill or disable people. (King, 1981, p.2)</td>
<td>✤ If nurse with special knowledge and skills communicate appropriate information to clients, mutual goal setting and goal attainment will occur. (King, 1981, p. 149).</td>
</tr>
</tbody>
</table>
Figure 2 A process of human interaction.
Focus to nursing process of concept of King’s Theory of Goal Attainment.

- Perception
- Role
- Interaction
- Transaction
- Stress
- Communication
- Time
- Space
- Growth and Development
- Decision making

**Nursing process base on King’s Theory**

Evi Karota Bukit : Overview Of The Theoretical Nursing Application Of King’s Theory Of Goal Attainment..., 2007
USU e-Repository © 2008
How Do The Nurses Apply This Theory into Nursing Practice?

III. Myocardial Infarction

Definition
Myocardial infarction results from “prolonged ischemia to the myocardium with irreversible cell damage and muscle death “It is usually accompanied by complete cessation of blood flow to the affected area.

Pathophysiology
The cause of myocardial infarction is commonly associated with atherosclerotic coronary artery disease. In this form of arteriosclerosis, fatty fibrous plaques progressively narrow the lumen of the coronary artery compromising the flow of blood to myocardial tissue. As the lumen narrows, the balance between myocardial oxygen supply and demand is threatened. Plaque formation becomes significant when it has progressed to obstructing more than 75% of the vessel lumen.

Myocardial infarction and dysfunction result.
Development and recruitment of collateral circulation to reroute blood flow may partially compensate for the compromised vessel and limit or delay infarction. In the person with severe CAD, this may be insufficient to prevent the ischemia or infarction. In the final step leading to a total blockage of the vessel lumen and infarction, a number of possible events are thought to occur:

1) Progressive narrowing of the vessel lumen by plaque enlargement
2) Formation of a thrombus initiated by platelet aggregation
3) Embolization of a thrombus or plaque fragment
4) Hemorrhage into the plaque
5) Coronary artery spasm

MI almost always occurs in the left ventricle and full thickness of the wall or some portion of the wall (subendocardial). The location of the infarct is described in term of its location on the left ventricular wall, and it corresponds with a particular region of the coronary circulation. For example, an anterior infarction usually results from occlusion of the LAD coronary artery.
All infarcts have a core of necrotic tissue that is function due to the loss of contractility in the necrotic tissue and the impaired contractility in ischemic areas. The larger size of the infarct, the greater the effect on left ventricular function. The severity of the dysfunction depends not only on the size of the infarct, but also on its location. A transmutable infarct has a greater impact than a subendocardial infarct because all the layers of the myocardium, the potency of collateral circulation, and the cardiovascular compensatory mechanism to preserve cardiac output and peripheral perfusion.

**Risk Factors**

Multiple risk factors have been identified as increasing a person’s susceptibility to the development of CAD. These factors probably interact to accelerate the atherosclerotic process. Modifying risk factors may slow the progress of the disease. CAD risk factors are divided into modifiable and non-modifiable factors. The 4 non-modifiable factors are age, sex (male), family history, and race. Modifiable risk factors include elevated serum lipid levels, hypertension, cigarette smoking, impaired glucose tolerance, stress, obesity, and sedentary lifestyle.

**Common Clinical Finding**

The majority of person experiencing an MI complain of chest pain. Typically, the chest pain is severe and prolonged, located substantially with radiation to the neck, jaw, or left arm and accompanied by nausea, vomiting, sweating, and extreme anxiety. The chest pain signals the presence of myocardial ischemia, and if it lasts longer than 30 – 45 minutes, it causes irreversible damage and necrosis.

A diagnosis of MI is confirmed when laboratory studies reveal elevated cardiac enzyme levels. Electrocardiography changes, ST and T wave changes, and a prolonged Q wave also show the evidence of an acute infarction. The complication occurring after MI and their severity relate to the extent and location of the infarct and the changes that take place within the infarcted area. The most common complications include recurrent chest pain, arrhythmia, ericarditis, congestive heart failure, pulmonary edema, and the lethal cardiogenic shock. Unusual but potentially fatal complication that can occur in the acute period are ventricular septal defect, rupture of the heart, and rupture of the papillary muscle.
Treatment Modality

The goals treatments in the person with Miocard Infarct are:

1) Management of the acute attack
2) Early detection and prevention of complication
3) Rehabilitation
4) Education
5) Family support

In the early treatment of the acute attack, therapeutic measures are aimed at relieving chest pain, stabilizing heart rhythm, and reducing cardiac workload. Pain relief is achieved with the use of nitrates and calcium channel blockers by redistributing blood flow to ischemic areas and also with narcotics for both pain relief and sedation. Prophylactic use of antiarrhythmics may be given to prevent ventricular dysrhythmias. Supplemental oxygen maintains the oxygen content of blood perfusing coronary arteries. Drugs may also be needed to improve contractility and increase blood pressure. Rest is an important intervention, allowing time for the healing and recovery of damaged tissue and reducing cardiac workload.

More recent advances in the treatment of an acute Miocard Infarct are directed toward acute reperfusion of the newly occlude coronary artery in the attempt to limit the infarction. Current research indicates that thrombosis is responsible for part of the blockage in the coronary artery, and thrombolytic therapy with tissue plasminogen activator (TPA) dissolves or lyses the clot and reestablishes blood flow to the occluded artery. Angioplasty and anticoagulants may be indicated to reduce the risk of thrombosis.

Cardiac rehabilitation programs in the acute period aid of the person in reaction an activity level required for self – care. In the long – term care, the goals are to provide cardiovascular conditioning, restore the individual to optimally health, and prevent or slow the progression of the disease process.
THE REASON:
Why choosing MI patient for application of King’s Theory of Goal Attainment?

Myocard Infarct (MI) is the third cause of dead and we can find patient with this disease in everywhere in the world. MI are both acute and chronic disease because Myocard Infarct can occur in acute MI with patient who haven’t been occur and if someone got MI. It will stay with him until he died although have no signs and symptom. Nurses must to have knowledge include skill well about Myocard Infarct to help people suddenly. And our groups think that MI is fit with King’s Theory of Goal Attainment because there are 10 major concepts that important to nursing process focusing on assessment.

IV. Application of King’s Theory of Goal Attainment in MI Patient.
Many nurses have published their use of King’s idea in practice, education, research, and administration (King, 1997). In this paper authors use King’s Theory of Goal Attainment in nursing process to assessment, to formulate nursing diagnosis, decision plan, and implementation and evaluation patient focusing on assessment patient with Myocard Infarct.

Assessment
According to King (1981, 1997), assessment occur during the interaction of nurse and patient, that is parallel with action and reaction, nurse and patient have perception. All concepts of King’s theory will be applied to assessment is skill and knowledge to communication for get the accurate data and information and health status of patient, especially Myocard Infarct (MI).

Diagnosis
Sharing information between nurse and patient with Myocard Infarct (MI) or family during assessment used to identify problem of patient and to derive a nursing diagnosis. In addition, King’s Theory of Goal Attainment already identifies nursing diagnosis, it is disturbances problems or concern about which patient seek help.
Planning
After the nursing diagnosis is made planning, King describe that the concepts involved are decision making about goal and exploring means and identifying means to attain goals. This is part of transaction and against involves mutual exchange with the patient, she was specifies that patients are requested to participate in decision making about goals and agree with it. Goals serve to guide nurses in the monitoring of the disturbances/interference patients and are alert for any new patient’s information.

Implementation
Implementation is activities to meet the goals, from King’s Theory of Goal Attainment. Implementation is a continuation of transactions made between nurse and patient. Transaction as a process of goal attainment in specific situation such in nursing care, and transaction are interactions nurse and patient who came together in nursing situation within a health care system (King, 1981, p.183). in nursing implementation nurse have function in professional role with expert knowledge and skills to provide health care to patient.

Evaluation
Evaluation involves descriptions of how the outcomes identified as goal are attained. King describe evaluation is not only speaks to attainment of the client’s goals but also to effectiveness of nursing care, communication, decision making, perception, interaction and transaction are importance thing for outcome. She also indicates that the involve concepts is goal attainment or if not, why not.

The nursing process base on King’s theory has interrelationship of concepts in King’s Theory of Goal Attainment and interrelated actions in the method that is a guide for nurse to develop the theories. In this paper authors focus to nursing assessment base on King’s Theory of Goal Attainment. Under the 10 concepts of King’s Theory OF Goal Attainment, we develop nursing tool specific in MI patient. Choosing MI patient to apply assessment tool base on King’s Theory of Goal attainment is need to get more information from MI patient and their family to support nursing process. The 10 concepts of King’s Theory of Goal Attainment are very closely with MI condition, if we use those concepts, we can get information we need.
The relationship between concepts and assessment MI patient base on King’s Theory of Goal Attainment

1. Perception
Patient’s perceptions important to their perception about MI, that perceive are general health, memory, emotional, anxiety when they have chest pain, self care practice during chest pain and perception about treatment plan. Patient and family express their reality: awareness of them, object, and events. Perception involves process and storing of information, transformation of energy, import environment energy organized by information, and export of information in overt behavior.

2. Interaction
Relationship between families’s feeling of patient when they have interaction with nurse and doctor. When they consult or talk with nurse and doctor. Process of perception and communication between patient and family with nurse and doctor, represent by verbal and nonverbal behavior that are goal direct. Every person brings difference knowledge, need, goal, past experience, and perceptions about MI, which influence the interactions.

3. Transaction
Association of patient and their families with nurse and doctor through the treatment planning include getting data and sharing information from each others. Transaction is viewed as the valuation of their interactions.

4. Communication
Process information from patient and their families to nurse and doctor or other health team is given by directly and indirectly way. Communication is the information component of the interactions between patient – nurse and or nurse – doctor/team.

5. Growth and development
Assessment about process that take patient from potential capacity, self actualization, function of genetic endowment, meaning and satisfying experience about chest pain concern with MI.
6. Space
Assessment about exiting in all direction or everywhere, physical area called territory, an area made up of length times width, defense of personal space can be observe.

7. Time
The time is duration between the occurrence of one event and the occurrence of other event. Time is continuous flow of events in successive order that implies change, a past, and future.

8. Role
A relationship between patient and family and other people interacting in specific situation for perception, purpose, rule, a position in the social system, a set of behaviors expected of patient.

9. Stress and Coping
A dynamic state is whereby patient interacts with the environment or people to maintain balance for growth, development and performance. Stress is energy that patient will response to person, objects, and event call stressors.

10. Self
Unified, complex whole, self who perceives, thinks, decision making and select means to achieve them. Self is a composite of thought and feeling of the patient, a system of idea, attitudes, values and commitment.
Example of Questions That Use to Ask MI Patient in Assessment

Perception
1. How do you think about your general health?
2. How do you feel about chest pain?
3. What is the cause of chest pain?
4. What do you think about your treatment?
5. Do you think your illness seriously problem?
6. How do you feel before you come to the hospital?

Growth and Development
1. Do you have experience to management your chest pain?
2. When do you have chest pain how do you manage with your chest pain and what is result?
3. What activity do you can do before your illness?
4. What activity do you can do after your illness?
5. How do you can think about your body weight change after your illness?

Space
1. How do you feel when nurse and doctor come closely you?
2. How do you feel when you stay closely other person?
3. Do you want someone to take care you when do you have chest pain?
4. Who do you want to stay with when do you have chest pain?
5. Do you have privacy when do you stay at the hospital?
6. Do you feel comfort in this room during hospitalization?

Time
1. How often that your worst chest pain occur?
2. When do you have the chest pain first time?
3. How many an hour do you use for work / sleep / rest / vacation?
4. Is there any affect your chest pain when you doing activity at difference time?
5. Is it the same with the chest pain first time?
6. Do you family enough time for you?
**Communication**

1. When you have problem do you tell to your family or another persons?
2. Do you tell to hospital staff when you compliance with system in the hospital?
3. When you stay in the hospital that is going to tell you?
4. Does the doctor give you information about your disease?
5. Do you clear about it?
6. Does the nurse discuss with you about process of nursing care?
7. Do you agree with it?
8. Observation on verbal patient
9. Patient communicative during communication process
10. Patient face expression
11. Patient contact eyes

**Interaction**

1. Do you have closely person that you express feeling?
2. How often do you interacting with your family?
3. How about your relationship with your family?
4. How do you feel when you contact with doctor or nurses?
5. Do you feel comfort when you interacting with other patient or person in the room during hospitalization?

**Transaction**

1. Do you want to know about treatment that the doctor and nurse provide?
2. Do you want doctor and nurse give any information relates to your illness?
3. Do you want the authority tell to you about the reason of the treatment before provide to you? Why?
4. Do you think the nurse must be discus with you during process of nursing care? Why?
5. How do you feel when the doctor and nurse discus about treatment? Why?

**Stress and Coping**

1. What is problem makes you stress?
2. How do you show your behavior when you stress?
3. Do you think that your illness make you stress?
4. Do you know about the factor stress can make you will chest pain?
5. If you chest pain, does it make you increase stress?
6. When the stress happen how the effect to your life?
7. Do you have coping to reduce your stress?
8. How can you cope your self when you stress about your pain?

**Role**
1. How do illness can effect to your role?
2. How do you manage your role?
3. How about your role with your children’s or your family?
4. Do the role of children and wife’s has effect to you?
5. What do you think about nurse and doctor role?
6. Do you think the health care team can do their role?

**Self**
1. What do you think about your self?
2. What do you think about innate character?
3. Do you think someone expect you? How?
4. Do you think that you are worth for your family and social?
5. How do you feel about self when you got illness?
6. Do you think your self can cover your problem?
Summary

Imogene M. King’s Theory of Goal Attainment was dividing from grand theory: conceptual framework that King made it to fit with nursing than grand theory. King’s Theory of Goal Attainment can use in nursing process especially in assessment because have concepts such as perception, transaction, interaction and other concepts that support and fit to use in nursing assessment. The nurses can use this King’s Theory of Goal Attainment in nursing practice, nursing education, nursing research, and nursing administration or other situation. The authors try to apply this theory into assessment patient with Myocard Infarct (MI) in form of development assessment tool and think that next time we will try to apply this theory in other disease.
Reference


King, I.M. (1989). Health as a goal for nursing. *Nursing Science Quarterly,


APPENDIX

Assessment Tool with MI Patient base on King’s Theory of Goal Attainment

Date……………………Time of arrival…………….HN………………
Name………………………………..Age……………years
Sex…………………☐ male ……. ☐ female
Height…………………………….cms…………….Weight……….kgs
Accompanied by :
☐ ambulatory ☐ family ☐ friend ☐ other………………
Admitted :
☐ wheelchair ☐ stretcher ☐ carried ☐ other………………
Severity :
☐ emergent ☐ urgent ☐ non-urgent
Informants :
☐ patient ☐ family ☐ friend ☐ other………………

VITAL SIGNS
Blood Pressure :
☐ Rt. Arm ☐ supine ☐ sitting ☐ standing ☐ not taken       BP……/……mmHg
☐ Lt. arm ☐ supine ☐ sitting ☐ standing ☐ not taken       BP……/……mmHg
Temperature :
☐ Oral ☐ rectal ☐ axillary ☐ not taken       T = ………oc
Pulse :
☐ apical ☐ radial ☐ other……… ☐ not taken       P =………./min
☐ regular ☐ slow ☐ rapid
☐ irregular ☐ weak ☐ barely perceptible
Respiration :
☐ regular ☐ slow ☐ rapid ☐ not taken       R =………./min
☐ shallow ☐ ceased ☐ cheyne-stokes ☐ deep ☐ labored
Chief Complaint:

..............................................................................................................................................
..............................................................................................................................................

Duration of this illness:

☐ ……hours  ☐ ……day  ☐ ……week  ☐ ……months  ☐ ……year

Characteristics of MI:

☐ discomfort  ☐ dull heavy pressure  ☐ constricting
☐ indigestion  ☐ crushing  ☐ burning  ☐ acting
☐ stabbing  ☐ tightness  ☐ …………  ☐ ……………

Location:

☐ substernal  ☐ precordial  ☐ across the chest
☐ around nipple line  ☐ ………………  ☐ ……………

1st chest pain

☐ < 20 yrs.  ☐ 20-30 yrs.  ☐ 30-40 yrs.  ☐ > 40 yrs.

Cause of chest pain:

☐ smoking  ☐ less exercise  ☐ old
☐ genetic  ☐ obesity  ☐ other………

Previous Hospitalization with MI:

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................

Other illness:

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................

Body weight change after your illness:

☐ None  ☐ lost……Kgs.  ☐ Gained……Kgs.

Your general health:

☐ Healthy  ☐ unhealthy  ☐ other………

How do you feel about your chest pain?

☐ severe  ☐ not severe  ☐ other………

You’re feeling before come to the hospital:

☐ healthy  ☐ chest pain  ☐ other………
Your chest pain after treatment:
- [ ] Decrease
- [ ] Increase
- [ ] other…………………………

How often that your worst chest pain occur (times)?
- [ ] 1 – 3
- [ ] 4 – 6
- [ ] 7 – 9
- [ ] > 9

Experience to manage with your chest pain:
- [ ] Yes
- [ ] No

How you manage with your chest pain:
- [ ] rest
- [ ] sit
- [ ] sleep
- [ ] drugs………………………….

Activity you can do before your chest pain:
- [ ] house work
- [ ] light activities
- [ ] middle activities
- [ ] hard activities

Activity do you can do after your chest pain:
- [ ] House work
- [ ] light activities
- [ ] Middle activities
- [ ] hard activities

Experience with Hospitalization:
- [ ] Met expectations
- [ ] did not meet expectation

Effect of this Hospitalization:
- [ ] Creates problem
- [ ] not creates problem
- [ ] Financial
- [ ] employment
- [ ] Child care
- [ ] insurance
- [ ] Other…………………………

Personal habits:

Skin:
- [ ] Clean
- [ ] not clean
- [ ] Warm
- [ ] diaphoresis
- [ ] other………..

Mouth:
- [ ] Moist
- [ ] stomatitis
- [ ] other………..
- [ ] See dentist every.............moths
- [ ] other………..

Eating Habits:
- [ ] usually eat 3 meal / day
- [ ] usually omits
- [ ] breakfast
- [ ] lunch
- [ ] dinner
Application of King’s Theory of Goal Attainment
in Miocard Infarct Patient

Allergies:

- [ ] drugs
- [ ] food
- [ ] other
- [ ] unknown

<table>
<thead>
<tr>
<th>Specify agent</th>
<th>Describe reaction (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
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Food likes:

- …………………………………………………………………………………………………
- …………………………………………………………………………………………………

Food dislikes:

- …………………………………………………………………………………………………
- …………………………………………………………………………………………………

Special diet:

- …………………………………………………………………………………………………
- …………………………………………………………………………………………………

Work:

- [ ] 1-4 hours
- [ ] 5-8 hours
- [ ] 9-12 hours
- [ ] > 12 hours

Vacation:

- [ ] > 1 week
- [ ] 1-2 weeks
- [ ] 2-3 weeks
- [ ] 3-4 weeks
- [ ] > 4 weeks

Sleep / rest:

- Usually sleep………hours.
- Difficulty sleeping [ ] yes [ ] no
- Use medication [ ] yes [ ] no

Time with family:

- [ ] 1-4 hrs
- [ ] 5-8 hrs
- [ ] 9-12 hrs
- [ ] > 12 hrs

Interact with your family:

- [ ] Once/day
- [ ] twice times/day
- [ ] Three times / day
- [ ] More than three times/day

Relationships with your family:

- [ ] Good
- [ ] Not good
- Because…………………………………………………………………………

When you have problem do you tell to your family or another persons:

- [ ] Yes
- [ ] No

Closely person :

- [ ] Wife – husband
- [ ] children
- [ ] friend
- [ ] other…….
Application of King’s Theory of Goal Attainment in Miocard Infarct Patient

Smoking

☐ Smoking……….pack/day   ☐ non smoking

Exercise:

Frequency

☐ Daily   ☐ weekly   ☐ several times week   ☐ none

Type of exercise……………………………………………………………………

Elimination :

Bowels

☐ Diarrhea   ☐ constipation   ☐ uses laxatives   ☐ regular

☐ Frequency daily………. Times

Bladder

☐ Nocturnal   ☐ dysuria   ☐ incontinence   ☐ other………..

☐ Frequency daily………. Times

Social History :

Habits

☐ Smoking   ☐ alcohol   ☐ drugs   ☐ eating   ☐ other……

Marital status

☐ Single   ☐ married   ☐ divorce   ☐ widow   ☐ other……

Children

☐ One   ☐ two   ☐ three   ☐ more…..

Social History (continue):

Occupation

☐ Governor   ☐ private   ☐ other………..

Education

☐ Primary   ☐ secondary   ☐ high school   ☐ other………..

Home situation

☐ Alone   ☐ with family   ☐ other……

How do you feel when you contact with doctor or nurse?

☐ Safety   ☐ Not safety   ☐ other………………

How do you feel when nurse and doctor come closely you?

☐ None   ☐ Un satisfaction   ☐ satisfaction   ☐ other……

How do you feel when do you stay closely other person?

☐ None   ☐ Un satisfaction   ☐ satisfaction   ☐ other……
Do you want someone take care you when do you have chest pain

☐ Yes  ☐ No

Who do you want to stay with when do you have chest pain?

☐ Patient  ☐ family  ☐ friend  ☐ other…………………..

Do you have privacy when do you stay at the hospital?

☐ Yes  ☐ No

You want to know about treatment doctor and nurse provide to you:

☐ Yes  ☐ No

☐ Because………………………………………………………………………

You want authority tell about reason of the treatment before provide to you:

☐ Yes  ☐ No

☐ Because………………………………………………………………………

You think the nurse must be discus with you during process nursing care:

☐ Yes  ☐ No

Your feeling when the doctor and nurse discus with you about plan treatment:

☐ Safety  ☐ Not safety

☐ Because………………………………………………………………………

You tell to hospital staff when you compliance with system in the hospital:

☐ Yes  ☐ No

☐ Who…………………………………………………………………………

When you stay in the hospital who is going to tell you?

☐ Nurse  ☐ Doctor  ☐ Others, who………………………………………..

Doctor gives you information about your disease:

☐ Yes  ☐ No

Do you clear about it?

☐ Yes  ☐ No

☐ Because……………………………………………………………………

Nurse discuss with you about nursing care:

☐ Yes  ☐ No

☐ Because……………………………………………………………………

Do you agree with it?

☐ Yes  ☐ No

☐ Because……………………………………………………………………
OBSERVATION NON VERBAL PATIENT

Patient communicative during communication process:

- [ ] Yes   - [ ] No
- Because...........................................................................................................

Patient face expression:

- [ ] Happy   - [ ] Unhappy   - [ ] Flat

Patient contact eyes:

- [ ] Yes   - [ ] No
- Because...........................................................................................................

How do illness can effect to your role?

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.........................................................................................................................

How do you manage your role?

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.........................................................................................................................

How about your role with your children’s?

.........................................................................................................................
.........................................................................................................................

How about your role with your wife’s?

.........................................................................................................................
.........................................................................................................................

Do the role of children and wife’s has effect to you?

- [ ] Yes   - [ ] No
- Because...........................................................................................................

What is problem makes you stress?

- [ ] Job   - [ ] Family   - [ ] Illness: pain

How do you show your behavior when you stress?

- [ ] Silent   - [ ] Angry   - [ ] Reject   - [ ] Other.................................

Do you think that your illness make you stress?

- [ ] Yes   - [ ] No

Do you know about the factor stress can make you will chest pain?

- [ ] Yes   - [ ] No
If you chest pain, does it make you increase stress?

☐ Yes     ☐ No

When the stress happen how the effect to your life?

........................................................................................................................................
........................................................................................................................................

Do you have coping to reduce your stress?

☐ Yes     ☐ No

☐ What................................................................................................................................

How do you copes your self when you stress about your pain?

☐ Tell to my family     ☐ Pray
☐ Discuss with friend     ☐ See the doctor
☐ Other what......................................................................................................................

What do you think about your self?

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What do you think about innate character?

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Do you think someone expect you? How?

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Do you think that you are worth for your family and social?

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How do you feel about your self when you got illness?

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