

# KING'S THEORY OF GOAL ATTAINMENT EXEMPLIFIED FROM THE INTRAPARTUM NURSE'S PERSPECTIVE

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The model of nurse-patient transaction from King's Theory of Goal Attainment was employed to explore the impact of the nurse-patient transaction as it relates to primiparous patient satisfaction with the childbirth process. In this descriptive study, intrapartum nurses were interviewed regarding their perception of primiparous patient's childbirth experience. The interviews were reflected upon to develop a better understanding of the impact of the nurse-patient transaction on achieving patient satisfaction with coping strategies. The findings revealed that although only one-half of the patients had participated in formal childbirth classes, effective nurse-patient transactions were successful in goal attainment of satisfaction with coping strategies in labor and delivery.

KING'S THEORY OF GOAL ATTAINMENT: THE INTRAPARTUM NURSE'S  
PERSPECTIVE

by

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## **CHAPTER 1**

### **Introduction**

Pregnancy and childbirth are unique experiences in the continuum of health that have been medicalized in contemporary times. Through this medicalization certain aspects of the childbirth experience have been lost, particularly issues related to preparedness for the pain and pressure associated with the mechanisms of labor and delivery. Prior to the 21<sup>st</sup> century, as a patient prepared for the birth of her child she received guidance and support from her female family members and was attended in labor by a lay midwife (Svensson, Barclay, & Cooke, 2006). Industrialization of the United States led to distancing of families and loss of this form of preparation. Formal classes became a popular means of childbirth preparation with a focus on various coping strategies to manage the pain and pressure associated with labor and delivery. Participation in formal childbirth classes reached a peak in the 1960s (Haire, 1991; Zwelling, 2008) and has steadily declined through the turn of the century (Declercq, Skala, Corry, & Applebaum, 2006; Declercq, Skala, Corry, Applebaum, & Risher, 2002). This decline spurred the initial Healthy People 2010 and current Healthy People 2020 objective to increase the number of women participating in formal childbirth education classes (U.S. Department of Health and Human Services (USDHS), 2000, 2010).

Formal childbirth education classes provide opportunities for participants to practice coping techniques and receive immediate feedback from the instructor. These

experiences empower patients to understand labor and delivery and options available such as breathing techniques, visualization exercises, and both pharmacologic and non-pharmacologic pain management options. Formal education prior to labor has been reported to enhance the nurse-patient interaction related to guidance and reinforcement of coping techniques in labor (Perla, 2002). Therefore the nurse-patient interaction is the focus of this investigation to understand more about how the nurse-patient transaction (King, 1981) affects goal attainment of patient satisfaction with coping techniques in the labor and delivery process. King's Theory of Goal Attainment is the framework that guided this study with the basic premise that "the focus of nursing is human beings interacting with their environment" (King, 1981, p. 143). The 'focus of nursing' in this study is human behavior in the form of the nurse-patient transaction in an intrapartum environment.

## **CHAPTER 2**

### **Theoretical Framework and Literature Review**

King's Theory of Goal Attainment is a systems model derived from a conceptual framework of three dynamic interacting systems: the personal system, the interpersonal system, and social system (King, 1981). According to King (1999), "The personal system represents each person as a whole system, interacting with two or more individuals in various interpersonal systems within social systems...These three types of systems represent organized wholes in constant interaction in one's environment" (p. 292).

#### **Personal System**

The personal system consists of the individual as "a unified being, or self, who perceives, thinks, desires, imagines, decides, and identifies goals to be achieved" (King, 1981, p. 19). Assumptions related to the personal system include:

- Individuals are social, sentient, rational, reacting beings and
- Individuals are controlling, purposeful, action oriented, and time oriented in their behavior (McEwen & Wills, 2007).

Unlike other life stages pregnancy naturally allows for the time-oriented behavior innate in individuals. With a gestation of approximately 40 weeks the individual has a specific time-oriented goal of when preparation needs to occur. Mackey (1990) found women defined the ideal childbirth as a “fast, short labor in which they managed well” (p. 170). Managing well was described as being in control and an active participant in the labor and delivery experience. Participation in childbirth education classes is one way for a woman to be active in her own birthing experience. Childbirth education classes have been found to increase women’s confidence, control, decision-making ability, and improve overall coping techniques during labor (Koehn, 2008; Segeel & du Plessis, 2006). Enhanced knowledge (Hetherington, 1990; Hillier & Slade, 1989; Lee & Holroyd, 2009; Lumley & Brown, 1993; Segeel & du Plessis, 2006; Spinelli, Baglio, Donati, Grandolfo, & Osborn, 2003) and perceived control (Koehn, 2008; Segeel & du Plessis, 2006; Spinelli, Baglio, Donati, Grandolfo, & Osborn, 2003) gained through education assist patients in learning techniques to manage their pain (Hetherington, 1990; Ip, Tang, & Goggins, 2009).

Pain management techniques are learned through active participation in prepared childbirth classes (Brown, Douglas, Flood, 2001; Mackey, 1990; Schneider, 2001), and through alternative sources such as the Internet, books, physicians, family and friends, and mass media (Declercq, Skala, Corry, & Applebaum, 2006; Savage, 2006). These techniques give patients purposeful actions to achieve control. Additionally both Savage (2006) and Lamaze International (2007) propose that women possess an innate knowing



or inner wisdom regarding labor and childbirth correlating with the sentient nature of individuals King (1981) describes.

Finally, childbirth education classes may appeal to the social nature of individuals King refers to in the personal system (1981). Participants in childbirth classes have the opportunity to share common experiences, fears, hopes, and goals. This sharing allows individuals to form a social network. Classes held for a number of consecutive weeks allow participants to form relationships with other couples in similar situations (Schneider, 2001).

### **Interpersonal System**

The interpersonal system of King's theory consists of groups or individuals reacting with one another; specifically in relation to this investigation it would encompass the intrapartum nurse and primiparous patient. Defined concepts associated with this system include:

- Interaction: A process of perception and communication person and person represented by verbal and nonverbal behaviors that are goal-directed.
- Transaction: A process of interactions in which human beings communicate with the environment to achieve goals that are valued; transactions are goal-directed human behaviors.

- Communication: a process by which information is given from one person to another either directly in face-to-face meetings or indirectly. It involves intrapersonal and interpersonal exchanges.
- Stress: a dynamic state in which a human interacts with the environment to maintain balance for growth, development, and performance; it is the exchange of information between human and environment for regulation and control of stressors. (King, 1981;McEwen & Wills, 2007)

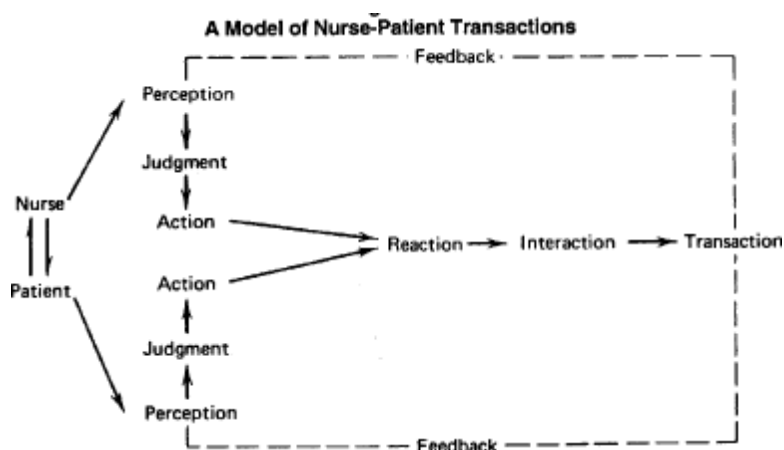
With regard to these nurse-client interactions, King believes that

- Perceptions of the nurse and client influence the interaction process.
- Goals, needs, and values of the nurse and client influence the interaction process.
- Individuals have a right to knowledge about themselves.
- Individuals have a right to participate in decisions that influence their lives, their health, and community services.
- Individuals have a right to accept or reject care.
- Goals of health professionals and goals of recipients of health care may not be congruent (King, 1981;McEwen & Wills, 2007).

The model of nurse-patient transactions (figure 1) is at the core of King's (1981) interpersonal system. This diagram depicts the nurse and patient individually bring perceptions, judgments, and actions and together experiencing reactions to each other, interactions with each other, and eventual transactions that can either help attain a preset

goal or hinder reaching that goal. The transactions in turn influence each individually again time through feedback and the cycle repeats.

Figure 1



Through transactions (King, 1981) the nurse assists the patient in moving toward the goal of achieving control during her labor and therefore experiencing pain management (Mackey 1990), as well as patient satisfaction (Brown, Douglas, Flood, 2001; Mackey, 1990, 1995; Schneider, 2001). Patients feel more satisfied with their childbirth experience when they are able to maintain control during this process (Brown, Douglas, Flood, 2001; Mackey, 1990, 1995; Schneider, 2001). Nurses can help the patient achieve a feeling of control by keeping them actively involved in decision-making, listening to their concerns, and offering additional education to aid in decision-making (Nordgren & Fridlund, 2001).

Numerous work sampling studies (Gagnon & Waghorn, 1996; Gale, Fothergill-Bourbonnais, & Chamberlain, 2001; Miltner, 2002) have indicated that intrapartum nurses spend the majority of their supportive patient care on instructional care and information giving. This is exemplified in a statement by Lisa Perla (2002), “the nurse can educate the patient on possible expectations for delivery and include opportunities for choice among procedures that might be necessary should complications develop. Education on the medications offered, when they will be offered, and why provide an additional opportunity for reinforcing patient self-efficacy” (p. 62). The nurse contributes medical and technical information to the interaction while the patient contributes personal, emotional, and subjective information (Perla, 2002). This exemplifies each bring different perceptions, judgments and actions to this interpersonal transaction as King (1981) describes with her diagram of the nurse-patient transaction.

The following propositions of conceptual relationships of the interpersonal system were identified by King (1981). She states,

- Nurse and client perceptions, judgments, and actions, if congruent, lead to goal directed transactions.
- If role expectations and role performance as perceived by nurse and client are congruent, transactions will occur.
- If role conflict is experienced by nurse or client or both, stress in nurse-client interactions will occur.
- If nurse and client make transactions, goals will be attained.

- If nurses with special knowledge and skills communicate appropriate information to clients, mutual goal setting and goal attainment will occur.
- If goals are attained, satisfaction will occur.
- If goals are attained, effective nursing care will occur. (King, 1981, p. 61, 149)

According to these statements, effective nursing care and a satisfying childbirth experience will occur when the nurse and client together attain previously set goals.

King (1981) stated that to reach mutual goal setting, the nurse and patient need to have a shared frame of reference such as “facts, beliefs, expectancies and preferences” (p. 82).

By encouraging patients to identify their beliefs and expectations surrounding their labor and delivery, communication between the nurse and patient can be enhanced ultimately reducing the patient’s stress and enhancing her satisfaction with the labor and delivery process. With the gestational time of approximately 40 weeks parents have the ability to gain preparatory knowledge and understanding with which to develop perceptions and judgments. They have the time and opportunity to gain the understanding to participate in their healthcare decisions and decide to accept or reject the care offered, which is a right described by King (1981). Adams and Bianchi (2008) stated that certain coping techniques utilized in labor, such as breathing patterns, are more effective if learned prior to labor. In this way, bedside education provided by the intrapartum nurse may not be the most effective method of education to attain effective transactions.

King (1981) believed that individuals have a right to knowledge about themselves and a right to participate in decision-making that affects their lives and health. Through

education a patient can achieve greater decision-making ability to manage their own health decisions (Johansson, et al, 2004). Accordingly, patients who have participated in childbirth education classes develop an understanding of the process of childbirth. This understanding enables them to enter labor prepared to make informed decisions related to their own childbirth experience.

### **Social System**

The social system in King's system theory (1981) consists of groups that make up society. Examples of social systems are religious systems, educational systems and healthcare systems. Tomey and Alligood (2006) also include the influence an extended family has on an individual as an example of a social system.

Social systems surrounding childbirth have changed significantly through the ages. In colonial America women typically gave birth at home surrounded by female relatives and neighbors offering support and encouragement (Mintz, 2007). Women were attended to by lay midwives and were given no medications to reduce pain. Pain medications were initially utilized in the mid-1800s and anesthesia in childbirth was universal by the 1920s. In this era there was a shift from delivering at home to delivering in a hospital where women were put into a twilight sleep and their infants delivered without their knowledge (Mintz, 2007). By the 1960s women desired to be conscious for birth, began to question the use of anesthetic agents, and actively sought knowledge through participation in formal childbirth education classes.

Childbirth classes educate women on aspects of labor and delivery empowering their decision-making ability. Svensson and colleagues (2006) relate, “social needs gained from structured and unstructured formal education sessions, such as antenatal education, are valuable for social support and confidence” (p. 26).

According to King (1981), “Although personal systems and social systems influence quality of care, the major elements in a theory of goal attainment are discovered in the interpersonal systems in which two people, who are usually strangers, come together in a health care organization to help and to be helped to maintain a state of health that permits functioning in roles” (p. 142). Therefore, this study focuses on the nurse-patient transaction model within the interpersonal system of King’s theory.

## **CHAPTER 3**

### **Methodology**

The sample for this study was drawn from two hospitals within the same healthcare organization. Each unit is considered a labor, delivery, recovery, and postpartum care unit (LDRP); they each contain 18-20 patient rooms. In 2009, the hospitals together reported a total of 572 deliveries to primiparous patients. No database indicating how many of these patients attended formal childbirth classes exists. Organizational records indicate 356 patients attended the hospital's formal childbirth education course in 2009; however some of these attendees may have been multiparous or possibly delivered outside that healthcare organization.

Primiparous patients were chosen as the sub-population for investigation as these patients are less likely to have first-hand experience with labor and delivery. Their knowledge is based solely on formal or informal education received prior to or during pregnancy. Nurses were interviewed after the care of a low-risk primiparous patient delivering a full-term gestation infant without any known congenital abnormality.

IRB approval was obtained through the University of Wisconsin Oshkosh and the participating healthcare organization. Experienced nurses were interviewed within 72 hours of caring for a primiparous patient in labor. Written consent was obtained from the nurse participants and interviews were conducted.



To facilitate the interview process communication techniques were utilized such as responsive listening, minimal verbal response, probing, reflecting, clarifying, summarizing, and silence (Segeel & de Plessis, 2006). To increase the reliability of the interviews, all were performed by the same nurse researcher and audio recorded, with consent from participants for accuracy and subsequent transcription analysis. There was no perceived potential harm to the participants other than loss of time due to participating in the interviews. Anonymity was maintained. No identifying patient information was gathered.

Following data collection, the nurse's statements were applied to King's nurse-patient transaction model. Interactions were analyzed for congruence and the outcome of positive coping techniques and attainment of patient satisfaction.

## **CHAPTER 4**

### **Results**

#### **Nurse 1, Patient A**

The interview with nurse 1 occurred immediately following care of patient A in labor. Nurse 1 has been an intrapartum nurse for 28 years, has never taught a formal childbirth class and is not credentialed as a childbirth instructor. Her perception and judgment of Patient A included that the patient was prepared, informed, and familiar with the expectations of labor and therefore appeared relaxed. Nurse A reported, “I thought she did very well. She seemed informed as to what we were doing and why we were doing [it]. She had some blood pressure issues which is why she was being induced. She seemed real calm and understanding about that.” Nurse 1’s perception of patient A was that she seemed prepared for the induction and understood the process. “You know sometimes with Cytotec it’s like they wonder when things are going to get going, but she, I thought, did extremely well and she did it without an epidural”.

The nurse reported Patient A used various coping techniques including breathing, position changes, and the use of water. These techniques were not taught by the nurse. Nurse 1 described patient A as being knowledgeable and independent in her coping techniques throughout her care in labor. It should be noted that this patient did not

deliver under the care of nurse 1. The nurse stated, “She was just starting to get uncomfortable when I left.”

According to Nurse 1, Patient A displayed the perceptions and judgments of understanding the complications of her pregnancy (hypertension) and the necessity of induction. Nurse 1 reported both Patient A and her husband, “had studied up on Cytotec and had a good understanding”. The actions that patient A exhibited during her labor were the coping techniques she utilized. Patient A had participated in formal childbirth education throughout her pregnancy, however it is unclear as to whether she learned her coping techniques through classes, through other methods of education, or if they were utilized more instinctually.

King (1981) states two propositions regarding outcomes of goal attainment. “If goals are attained, satisfaction will occur” (p. 61) and “If goals are attained, effective nursing care will occur” (p. 61). Patient satisfaction and effective nursing care were exhibited in this case. The patient maintained control, remained relaxed, and displayed positive coping techniques.

### **Nurse 2, Patient B**

Nurse 2 was interviewed 36 hours after caring for Patient B in labor. Nurse 2 has been an intrapartum nurse for 11 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. Upon initiation of intrapartum care between

this nurse-patient team the patient had already received an epidural and was nearing the pushing stage of labor. The nurse described a preconceived judgment that primiparous patients are unprepared for labor and delivery. She stated, “Sometimes you kind of know probably who has had the childbirth class and who hasn’t.” The nurse described Patient B’s preparedness as equivalent to other primiparous patients she’s cared for. Although the Nurse 2 was unaware if Patient B had participated in formal childbirth classes her perception would have been that she had not. Nurse 2 was unable to clearly define why she had this perception. Nurse 2 acknowledged that she may have been placing a judgment on the patient related to her “social background”. The nurse related, “We had grandpa in the room and grandma and dad and mom. So, it was interesting”. She was hesitant, however, to reveal any other specific examples regarding the patient’s social background or the basis of her judgment.

Interestingly, Nurse 2’s perception was that the patient coped well with labor. Nurse 2 described feeling as though the patient “relied on me as to ‘what do I do now’ because she was getting pressure and I just helped her in terms of what she needed to do next”. According to Nurse 2, Patient B did not display knowledge of coping techniques or pushing methods, however was receptive to the education provided.

Positive transaction between the nurse and patient was evident in this situation by Patient B’s receptiveness to Nurse 2’s bedside education. Although the nurse brought some preconceived judgments of the patient’s lack of preparedness for the labor process to the interaction, incongruence of goal attainment was not displayed. Transaction was

displayed as the nurse and patient working together mutually and effectively attained a satisfying labor experience.

### **Nurse 3, Patient C**

The interview with Nurse 3 occurred 24 hours after care of patient C in labor. Nurse 3 has been an intrapartum nurse for 14 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. Nurse 3 described no preconceived judgment of her patient prior to initiating care, however did describe an ultimate judgment that the patient coped well with labor. Nurse 3 discussed actions of needing to teach the patient breathing techniques. Patient C had family present to help with various coping techniques. The patient and family were described as receptive to the Nurse 3's education and guidance. Patient C did not participate in formal childbirth classes but had previously been present at her sister's delivery and was not "clueless" as the nurse described. Nurse 3 stated, "I would say she came into it not really knowing what to expect. She had a lot of family support that had experience with it. They were really right there with her doing massage and back rub. I would just kind of prompt them to remind her to breathe..."

The transaction between Nurse 3 and Patient C was positively displayed. Nurse 3 did not demonstrate preconceived judgments of the patient's preparedness. Nurse 3's actions appeared to be solely related to the demonstrated needs of the patient. From the nurse's perspective, the patient had a perception of what the labor process would entail

from participating in her sister's labor and delivery. The actions that the patient displayed were that of bringing family members that had more knowledge on coping techniques to help her through labor as well as the action of being receptive to the nurse's education and guidance. The nurse-patient reactions, interactions and transactions appeared to be congruently based on their individual perceptions, judgments, and actions. The goal of patient satisfaction was met as well as evidence of effective nursing care.

### **Nurse 3, Patient D**

The next nurse-patient interaction involved Nurse 3 again, however with a new patient, patient D. The interview with Nurse 3 regarding patient D occurred within two hours of care. Prior to interaction with the patient Nurse 3 had the preconceived judgment that Patient D would be somewhat unprepared for labor as she was a primiparous patient who did not participate in childbirth classes and had no documented personal experience with childbirth. Upon meeting the patient and observing her in labor the nurse's judgments differed greatly. In labor, patient D was noted to tolerate the contractions well and utilize her own coping techniques independently. Nurse 3 remarked, "She was coping super well. I had a hard time knowing when she had a contraction; I had to look [at the monitor]. She would kind of just wince a little bit and I would just tell her a couple of times to breathe, but she was doing it anyway. She did a great job".

From Nurse 3's perspective Patient D perceived she was prepared for labor. Nurse 3 related that Patient D described a history of very painful menstruation. The patient perceived and judged labor as similar to the amount of pain she experienced with her monthly menses except that the patient stated to the nurse 'it's constant when I have my period'. The actions the patient displayed in coping with the labor contractions (breathing, position change, massage) were noted to be independently utilized and not taught by the nurse. The nurse described her judgment that the patient was coping well and, in the nurse's perception, could have delivered the baby without an epidural; however that was not the patient's wishes. Through effective nurse-patient transaction the patient did receive an epidural per her wishes and did experience a satisfying childbirth; evidence of goal attainment.

#### **Nurse 4, Patient E**

The interview with Nurse 4 took place immediately following care for Patient E in labor. Nurse 4 has been an intrapartum nurse for 5 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. The transaction between this nurse-patient team was complicated. The nurse described her own preconceived judgments, as well as those of the patient's physician, that the patient would not independently go into labor and her pregnancy would result in a Cesarean section. The patient was post-dates and showing no signs of labor. Patient E did, however, present to the hospital in a labor pattern. The nurse shared her general

perceptions of primiparous patients, “when they’re younger they come in generally with less education, not prepared at all. [Patient E] seemed to fall into that category”. The nurse judged the patient as being unprepared for the labor and delivery process. She related, “She hadn’t taken any classes; didn’t really have an accurate picture of what was going to happen. [She] thought that the mild contractions she was having were going to be it and she was going to magically dilate. She had kind of an unrealistic expectation”. The nurse described multiple actions in regard to helping Patient E cope with the labor contractions. She described teaching and encouraging the use of breathing techniques, position changes, and the use of the whirlpool all prior to the patient receiving an epidural.

From the Nurse 4’s perspective the patient did not have an understanding of the discomfort associated with labor contractions. Patient E’s perceptions and judgments were unrealistic and she was described as “crying and begging for medication within half an hour of being in a real labor pattern”. Nurse 4 described Patient E’s actions as being receptive to her education, but unable to cope with the contractions.

Although not an ideal scenario, this nurse-patient interaction displayed evidence of positive transaction. The patient portrayed inexperience and lack of knowledge. The nurse described a lack of confidence in the patient’s ability to tolerate labor. However their mutual reactions and interactions were congruent. The nurse and patient worked together to achieve the goal of a satisfying childbirth experience. Positive transaction



was achieved and effective nursing care was evident as the patient did achieve relaxation with an epidural.

### **Nurse 5, Patient F**

Nurse 5 was interviewed 48 hours after caring for patient F in labor. Nurse 5 has been an intrapartum nurse for 23 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. The nurse described no preconceived perceptions of this patient prior to initiation of care and the only judgment she shared regarding Patient F was that she was very 'type A'. The nurse's perspective of the patient's perceptions and judgments regarding labor were that she was prepared for the labor process. The nurse related that the patient had taken formal childbirth classes as well as read books on the topic. The patient appeared knowledgeable regarding coping techniques and choices in labor, however was indecisive as to when to utilize them. Nurse 5 stated, "She agonized for several hours over when she would get her epidural. It just got to be trying. You know after awhile you just had to leave because...I repeated the same information all the time. And then finally we went with the epidural and it was all good". Prior to the epidural Nurse 5 described Patient F as using multiple coping techniques; for example breathing, positioning, the birthing ball, and counter pressure. Nurse 5 stated that Patient F displayed knowledge of these techniques from her childbirth class and required a minimal amount of reinforcement.

The goal of patient satisfaction with effective nursing care was not clearly evident in this nurse-patient transaction. Evidence of incongruence of nurse-patient transaction was displayed by the patient demonstrating indecision regarding her coping techniques. It was apparent that the patient was unsure as to when to get an epidural. She displayed a preconceived perception that she would require an epidural in labor, however could not feel confident in her decision. The nurse described “repeating the same information all the time” indicating the communication techniques she was utilizing were not effective with this specific patient. To achieve congruence of the nurse-patient transaction in order to help attain the goal leading to effective nursing care and patient satisfaction Nurse 5 and Patient F needed to attempt alternative reactions and interactions regarding their individual perceptions, judgments, and actions.

#### **Nurse 6, Patient G**

Nurse 6 was interviewed 24 hours after caring for Patient G in labor. Nurse 6 has been an intrapartum nurse for 27 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. Nurse 6 related that Patient G had not participated in formal childbirth classes and it was evident to the nurse that she was unprepared for the labor and delivery process. She related the perception that the patient was “not prepared at all and had no idea [of how to cope with contractions]”. The judgments Nurse 6 shared included “because she didn’t have any prenatal classes she had no idea what was to come” as well as “it probably would have helped her if she did have

some prenatal classes” and finally “she just wanted an epidural. She wanted the pain to go away. She didn’t want to go on”. The nurse’s actions included encouraging the use of breathing techniques, position changes, and the use of water via whirlpool or shower. She stated that the patient was not receptive to many of these interventions.

According to Nurse 6, Patient G’s perceptions and judgments were that she would instinctually have the tools to cope with the labor contractions. The nurse remarked, “She came in with the idea of ‘I have a high pain tolerance’ and [then] she just kind of lost it”. The actions displayed by Patient G were that of resistance. Nurse 6 continued to explain the importance of position changes and how they, along with the use of water, can help to decrease pain, however the patient “did not want to use the whirlpool. She did not want to take a shower. She was really resistive; she liked her left side. She did not like being repositioned”. Patient G displayed no preconceived knowledge or preparedness for the labor and delivery process. She did display an action of bringing along a coach that theoretically had advanced knowledge of the childbirth process, a friend that had previously given birth.

In regard to goal attainment in this scenario, patient satisfaction and effective nursing care were accomplished by Patient G obtaining epidural anesthesia for the labor. Patient G’s initial perception that she had a high pain tolerance and would be able to have a medication-free labor may have been inaccurate, however through education by the nurse, communication between the nurse, patient, and coach it was mutually decided the

patient should receive an epidural for pain tolerance. This demonstrates positive and congruent nurse-patient transaction.

### **Nurse 7, Patient H**

The interview with Nurse 7 took place immediately after caring for Patient H in labor. Nurse 7 has been an intrapartum nurse for 21 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. Nurse 7 described her initial perceptions and judgments of Patient H as being prepared and having good support for labor. Nurse 7 described her perception that Patient H was prepared by stating, “She did go to Lamaze and she has attended two of her sisters’ births...so she felt she had a pretty good idea of what was going on. She also mentioned that she is a nurse, so she had done some of her own studying too”.

Nurse 7 and Patient H specifically discussed Patient H’s birth plan. Nurse 7 related that Patient H had preconceived perceptions and judgments as to how her labor and delivery would proceed. Nurse 7 stated, “ She came in thinking that she was just going to use relaxation and breathing and she wanted to use Nubain if she needed it for pain”. Patient H required Pitocin during her labor. Nurse 7 described the action of attempting to educate the patient on Pitocin in regard to limitation of coping techniques such as the whirlpool and walking in the hall due to the requirement of continuous fetal monitoring. Patient H acknowledged previous understanding of these concepts. Patient H displayed actions of understanding coping techniques. She asked to use the birthing

ball before the nurse offered or suggested the use of it. Patient H's plan of an epidural-free labor did not occur. Even with the coping techniques she was prepared to use as well as continued education by the nurse and assistance from her 'good support' system the patient found them and Nubain to be ineffective to manage her discomfort. Nurse 7 stated, "...then she wanted something more. [The coping techniques] didn't seem like they were working for her. I think she was a little surprised at how intense labor was".

Although the Patient H's initial birth plan of utilizing breathing, relaxation, and possibly Nubain to manage the discomfort of contractions was ineffective, the nurse-patient transaction was effective. When Patient H's initial perceptions, judgments, and actions were ineffective it was through the nurse-patient reactions and interactions that they were able to find a different technique that was effective to manage Patient H's discomfort (an epidural). These interactions display effective nursing care and ultimately patient satisfaction.

### **Nurse 8, Patient I**

Nurse 8 was interviewed immediately following her care for Patient I in labor. Nurse 8 has been an intrapartum nurse for 7 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. Patient I and her partner were both teenagers who had participated in the hospital's teenage pregnancy program which includes education on childbirth as well as other topics such as infant feeding, infant care, and community resources. Nurse 8 described her judgment that patient I was well

prepared for labor and delivery. She judged the patient's preparedness by relating, "They asked good questions and I think they knew what questions to ask because of having taken the teen classes". Nurse 8 added, "[Patient I was] by no means out of control. When she was telling me she was very painful I had to go by what she was telling me, not by what I was seeing. Then I started to palpate her contractions and I firmly believed what she was telling me".

Patient I had a birth plan. From Nurse 8's perspective, Patient I demonstrated perceptions that she would require an epidural in labor. The actions that Patient I displayed in preparation for the labor and delivery process included participation in childbirth preparation classes, demonstration of familiarity with certain coping techniques in labor, and reception of bedside education provided by the nurse. Nurse 8's actions included reinforcement of certain coping techniques, specifically breathing techniques, position changes, and use of the whirlpool. The actions of the Nurse 8 were affected by the physician who encouraged an early epidural for the patient by stating, "I have time right now, let's do the epidural now". It is apparent that because this was Patient I's birth plan that Nurse 8 did not utilize further communication techniques or interventions to delay the epidural placement.

Effective nursing care and patient satisfaction were evident through congruent nurse-patient transaction. Nurse 8's perceptions and judgments of the patient and her partner being well prepared and receptive to the actions of the nurse as well as the patient's perceptions that she desired an epidural for labor and delivery and actions of

being familiar with her options lead to congruent reactions and interactions between the nurse-patient team.

### **Nurse 9, Patient J**

Nurse 9 was interviewed 48 hours after caring for Patient J in labor. Nurse 9 has been an intrapartum nurse for 10 years, has taught a formal childbirth classes in the past, and is not credentialed as a childbirth instructor. Nurse 9 perceived Patient J as coping well with labor contractions upon admission to the hospital. She appeared to have a good understanding of the labor process and appeared relaxed. Nurse 9 reported, “She seemed relaxed and comfortable. In between contractions she would smile, laugh; she was just kind of happy”.

Patient J shared her perception of labor as requiring an epidural for discomfort. Patient J’s preconceived perceptions and judgments were formed from her job, which was described as a “medical background” and viewing childbirth videos. This patient did not relate attendance at a formal childbirth class. The actions Patient J demonstrated were independent. Nurse 9 stated, “She was using breathing. She repositioned herself. She focused herself well”. The nurse did relate her own actions of encouraging those coping techniques and reinforcing their use. Patient J was receptive to bedside education and reinforcement of the coping techniques.

Goal attainment of patient satisfaction with effective nursing care was evident. Nurse 9 was able to clearly describe her own perceptions, judgments and actions, as well as effectively relate the Patient J's apparent perceptions, judgments and actions. Congruency of their mutual reactions and interactions was evidenced by the statement, "She was doing a really good job when she got here and she planned to get an epidural...when she could, we got her the epidural and she did great".

#### **Nurse 5, Patient K**

The final interview involved Nurse 5 and occurred 48 hours after caring for Patient K in labor. Nurse 5 has been an intrapartum nurse for 23 years, has never taught a formal childbirth class, and is not credentialed as a childbirth instructor. Nurse 5's perceptions of Patient K were that she was somewhat prepared for labor and delivery. Nurse 5 stated she could tell Patient K was prepared because of "her responses to questions". Nurse 5 acknowledged knowing "she had [childbirth] classes" and "she is a new graduate nurse, so probably had a little bit more exposure to teaching prior to arriving here than the average patient". In regard to judgment, Nurse 5 referred to a cultural stereotype, "she's Hispanic so she's a little bit more verbal". Additionally Nurse 5 judged the Patient K's husband as being "the driving force" behind the patient's pain relief choices.

Nurse 5 was not able to effectively verbalize the patient's perceptions or judgments of the childbirth process. Patient K demonstrated actions of utilization of



coping techniques, primarily position changes. Nurse 5 described needing to encourage the use of the coping techniques and reinforce their use, but that the patient was receptive to the education and very willing to incorporate their use into her labor.

Ultimately the goal of patient satisfaction was attained. Continued interaction and reaction led to a congruent nurse-patient transaction. Nurse 5 described having more interaction with Patient K's spouse regarding achievement of patient satisfaction than the patient herself. Through acknowledgment of the dynamics of this couple and working with both partners simultaneously, effective nursing care and patient satisfaction were achieved.

## **Discussion**

When relating King's model of nurse-patient transactions to the specialized area of intrapartum nursing this investigation revealed achieving the goal of patient satisfaction with effective nursing care is not dependent on whether the patient participated in formal childbirth classes. Within the 11 patients discussed, five participated in formal childbirth classes, five did not, and one nurse was uncertain as to whether her patient did or did not participate. One nurse-patient team did not achieve patient satisfaction or effective nursing care as evidenced by the patient demonstrating indecisiveness as to when to obtain epidural anesthesia. In this situation, the patient had participated in formal childbirth class, but the nurse and patient were unable to establish effective communication. The patient was unable to feel confident in her decision of

when to receive an epidural. Specifically regarding the ability to attain patient satisfaction and positive coping techniques, participation in formal childbirth classes did not have an effect.

## **CHAPTER 5**

### **Summary**

This descriptive study was designed to apply King's Theory of Goal Attainment to the nursing specialty of intrapartum care. Interviews were conducted with intrapartum nurses to ascertain their perspective of a primiparous patient's level of preparedness for the labor and delivery process. These interviews were then analyzed by the researcher to apply the nurse-patient interactions to King's theory and determine if goal attainment was achieved including positive coping techniques and patient satisfaction. An underlying comparison was also utilized to determine if the patient's participation in formal childbirth classes affected the nurse-patient transaction and goal attainment.

Positive transaction between nurse and patient were unrelated to the patient's prior participation in formal childbirth classes. Only one patient did not achieve positive nurse-patient transaction leading to goal attainment of positive coping strategies although half of the patients did not attend childbirth classes. This study displayed that through effective communication a nurse and patient can work together to attain goals independent of the patient's level of formal preparedness for the labor and delivery process.

## **Conclusions**

King's Theory of Goal Attainment has been applied to numerous patient settings. Application to areas of family nursing (Alligood, 2010; Sieloff & Frey, 2007), emergency medicine (Frey & Sieloff, 1995), adult orthopedic nursing (Frey & Sieloff, 1995), adolescent health (Frey & Sieloff, 1995), and short term group psychotherapy (Frey & Sieloff, 1995) have been published. The description of the nurse-patient transaction can effectively be applied to multiple different settings where the nurse and patient have the opportunity to set mutual goals that will help achieve patient satisfaction and effective nursing care.

This study demonstrated that King's theory is applicable in an intrapartum setting with primiparous patients in labor. As King (1981) has described, when the nurse and patient's mutual reactions and interactions are congruent based on their individual perceptions, judgments, and actions, attainment of the goal is possible.

## **Recommendations**

Research on coping techniques in labor and delivery focused on the perspective of the laboring patient. A paucity of research exists on coping strategies of primiparous patients from the perspective of the intrapartum nurse.

A limitation of this study is that the interviews involved only the nurses' perspective. A beneficial comparison would be to obtain the information elicited in this

study's questions regarding the nurse's perspective of the patient's perceptions, judgments, and actions and also interview the patient to elicit her own perceptions, judgments and actions and compare these perspectives. Ideally with effective communication these perspectives should be congruent and similarly identified by both.

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