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Exploring the Legacy of Imogene King in the Making of a Nurse Educator, Leader, and Nurse Theorist

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LOYOLA UNIVERSITY CHICAGO

EXPLORING THE LEGACY OF IMOGENE KING
IN THE MAKING OF A NURSE EDUCATOR,
LEADER, AND NURSE THEORIST

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN NURSING

BY

MARGARET KOTOWSKI

CHICAGO, IL

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Figure 1. King's Dynamic Interacting Systems Framework

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ABSTRACT

Imogene King was a pioneer in the profession of nursing. Known primarily for her work as a nurse theorist, King's career encompassed a great deal more. King was a nurse educator who impacted the lives and careers of hundreds of students through her direct teaching, her mentorship, and generous spirit when it came to share knowledge. King was also a leader in the profession of nursing taking an active role in the various state American Nurse Associations (ANA) where she lived. The ANA awarded her with the prestigious Jessie M. Scott Award for her outstanding work in education. Also, an active member and prolific speaker for Sigma Theta Tau who honored King in the inaugural class of the Virginia Henderson Fellows.

This is a historical research dissertation that explores the life of Imogene King that primarily utilizes a biographical framework to describe who King was from her early and informative years growing up in a small town in Iowa along the Mississippi River to her work as a nurse educator, leader, and nurse theorist. Through this historical lens, I will argue the life experiences, such as the influence of her father, the Jesuits, Mildred Montag, and Teacher's College, Columbia University amongst others, of King that distinguish those particular points in her life that were influential on what made King, with particular attention to those things that influenced her to become a pioneer in nursing theory. Finally, the significance of the life achievement will be described in order to demonstrate the impact that King had on the profession of nursing.

CHAPTER ONE

INTRODUCTION

The world has been blessed with many leaders and scholars in nursing. Imogene Martina King, a nurse leader, theorist, and educator, is a prime example of one of these nurse leaders. Her conceptual framework and subsequent middle-range theory of goal attainment have touched the lives of many nurses and patients and have influenced the nursing profession as a whole. King's advancement of nursing knowledge to further the profession and the practice of nursing has inspired generations of nurses who in turn have used King's conceptual framework and theory to advance knowledge in the profession. The focus of this dissertation is the scholarship of Imogene King, and in particular, the people and experiences that influenced her to develop her significant body of work.

Imogene King in her roles of nurse educator and leader was also, unquestionably, a pioneer in the early years of the theory movement. However, King's greatest contribution to the nursing profession was her work to advance knowledge in nursing as a theorist. As a theorist, she created knowledge. As a teacher, she imparted her knowledge and encouraged students to push themselves to a professional level that they might have never envisioned on their own. King's demonstrated to others in the profession ways the intersection of theory and education can make a difference in the nursing profession. King's work as a theorist was demonstrated in her authorship of her two theory-based books, *Toward a Theory for Nursing: General Concepts of Human Behavior* (1971), which described a conceptual framework for nursing and *A Theory*

for Nursing: Systems, Concepts, Process (1981), that produced her middle-range Goal Attainment Theory. These propelled her to the acclaim in the profession that she would not have otherwise received. Inspired by her academic work at Teachers College Columbia University, King believed that she should contribute to the of emerging knowledge base in nursing through the development and advancement of nursing theory. Through this work, King hoped both to inform practice and to legitimize nursing as a profession. She sought to contribute to the body of nursing knowledge that was just emerging in the literature at the time. King believed that members of the general public did not appreciate the hard work and knowledge required of nurses in their work. King believed that members of the public oversimplified the work of nursing because they failed to understand the knowledge, skills, and the values that are required of nurses. She felt that she could best convey the essence of nursing through the development of the concepts and theory in nursing (King, 1994).

King began to develop her conceptualization of a nursing theory, in the 1960's, by reading all the nursing research studies that were available at the time. Because King realized that to understand theory development in nursing, she first needed to understand theory in a broader context, she researched theory in the disciplines of sociology and psychology. King immersed herself in the theoretical literature in those fields so that she could understand the process of theory development. At the time, few theories had been developed for the profession of nursing (King, 1994). King found inspiration for her work when she discovered a dissertation developed by Margaret Kaufman, who was a doctoral student at the University of California Los Angeles in the 1950's, that presented a conceptual framework for nursing. This work persuaded King to use Kaufman's methodology to develop a conceptual framework and later a theory for

nursing. King continued her study of theory in the fields of psychology and sociology, influences of which are evident in King's work. Thus, King developed the conceptual framework that provided the building blocks for the creation of her theory of nursing.

Conceptual Framework

King's (1971) conceptual framework consists of four major concepts that represent King's dimensions of nursing, they are: (1) social systems, (2) perception, (3) interpersonal relations, and (4) health. Within these concepts are three operational levels that represent the mutual relationship of human behavior and the environment. These operational levels are: (1) the individual, (2) groups, and (3) society. For example, at the social systems level of operation, the interrelatedness of these concepts are, according to King (1971), an organized group of people whose roles, status, interaction, and position are joined to achieve a common goal. The concept of health relates to the optimization of internal and external resources in order to optimize quality of life amongst the individual, group, and society. Perception provides a means or awareness of distinguishing the reality of the individual's experience. Finally, the concept of interpersonal relationships is the interaction between two or more people whose intent is the achievement of the same goal or purpose, mindful of the needs, expectations, and values of each individual. These concepts, within the structure of the conceptual framework's operational levels, provide a systematic approach understanding the substance and identity of nursing as a profession. Within this conceptual framework is an elasticity that is useful in nursing education (which will be discussed in chapter 5), nursing practice, and in the formation of nursing hypotheses that can expand knowledge for the profession through research specific to the profession of nursing (King, 1971).

Theory of Goal Attainment

King's theory of Goal Attainment, published in 1981, a decade after the publication of her conceptual framework, represents the logical extension of her conceptual framework, because it includes the same operational levels, now labeled: (1) personal systems, (2) interpersonal system, and (3) social system. In her conceptual framework, King referred to these as operational levels. However when she published her theory in 1981, King changed the terminology to refer to the similar concepts as "dynamic interacting systems" (King, 1981). The framework of the theory identifies concepts with systems "to represent the stage of development of each concept [because this] varies in the different phases" (King, 1981, p. 13). For example, personal systems contain the concepts of: (1) perception, (2) self, (3) growth & development' (4) body image, (5) space, and (6) time. On the other end of the spectrum, the social system includes the concepts: (1) organization, (2) authority, (3) power, (4) status, and (5) decision making. In addition, the Theory of Goal Attainment achieved a conclusion of what King considered an "incomplete theory", noted in the title of her original 1971 publication, *Toward and Theory for Nursing*. The work brings the concepts together into a complete theory that can be applied to nursing practice (King, 1981).

Figure 1. King's Dynamic Interacting Systems Framework

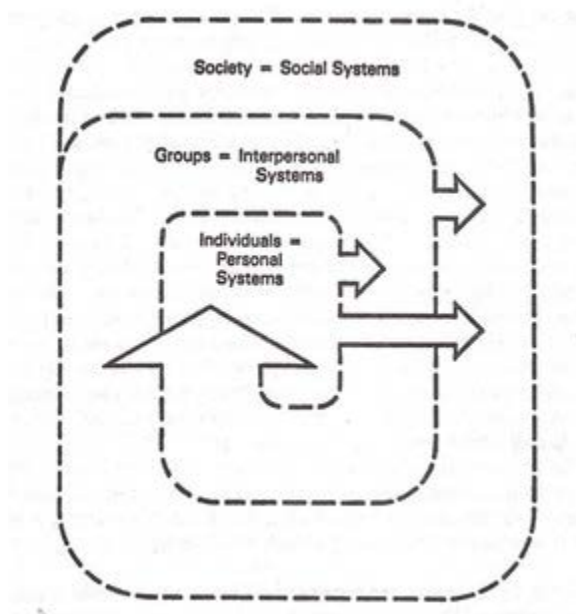


Figure 1. King's model of her Dynamic Interacting Systems Framework. Reprinted from *Toward a Theory for Nursing General Concepts of Human Behavior* (p. 20), by I. M. King, 1971, New York, NY: John Wiley and Sons Inc. Reprinted with permission from Loyola University Archives.

According to King (1994), the Theory of Goal Attainment's presentation of interactions provides information about the persons' communication. The value of what is being communicated is what King envisioned as a transaction. For example, when two or more persons interact, it is assumed that the transaction occurs because it is valued by the parties involved. It is further assumed that if the transaction were not valued, it would not occur. Therefore, it is essential that transactions are valued, or have significant meaning, for the persons involved in the process. This gives the transaction significance in the mutual relationship. King (1994) felt it was important that her theory demonstrated values, which she attempted to establish as part of

her theory. She felt that the transaction that occurs between the nurse and patient, viewed in the light of her Theory of Goal Attainment, is most effective when both the nurse and the patient value the information that is shared. An example is a nurse who believes that a self-care skill that they teach the patient is information the patient will need for health maintenance following hospital discharge (the optimal goal). The nurse can be an effective teacher, yet, the patient does not learn, and does not make the necessary changes to their lifestyle, because the transaction between the nurse and patient is not communicated in a way that the patient can understand. If the information is valued by both parties, then goals can be mutually set and can continue to be explored. Sharing information is a means to progress toward the goals that both the nurse and patient have sought to achieve. According to King (1994), this process made sense to nurses to whom she described her theory work. King felt her theory focused the nurse. Often goals are set for the patient by the healthcare staff members. Because the patient has not been informed about the goal, and has had no voice in setting the goals, does not respond in an anticipated manner. For example, when teaching a patient about smoking cessation, if a nurse simply tells the patient to stop smoking the patient will not consider the nurse's teaching, because the information conveyed it is not valued. The nurse and the patient participate the "goal Attainment" process when they mutually set a goal and formulate a plan for smoking cessation that is valued by the patient. Essentially, mutual goal setting helps the nurse view the patient as a learner instead of an individual with health problems (King, 1994).

The author will now explore the history of theory development in nursing from the influence of Florence Nightingale on the development of knowledge unique to the nursing profession to Hildegard Peplau's first independently published nursing theory. The author will

further explore the concept of nursing and the need for knowledge based in the nursing profession. This type of knowledge is preferred to knowledge that is “borrowed” from medicine and the social sciences. This work will continue with the theory development movement that began in the 1950’s and the importance of theory for the profession of nursing.

Background

The modern age of nursing began during the mid-nineteenth century with the work of Florence Nightingale. Believed to be the founder of modern nursing, Nightingale made great strides in the establishment of nursing as an integral profession in the field of healthcare. It can be argued that Nightingale’s most important contribution occurred during the Crimean War when she advanced the concepts of hygiene and sanitary conditions, thereby drastically reducing the death rate of soldiers fighting in Crimea (Deloughry, 1977). Nightingale continued to influence nursing with her publication, in 1859, of *Notes on Nursing: What it is, What it is not*, and the founding in 1860 of the first school of nursing, the Nightingale Training School at St. Thomas’ Hospital. Many believe that *Notes on Nursing* established the first theoretical foundation for the practice of nursing based on knowledge specific to the field of nursing (McDonald, 2010). Although not written with the intent of becoming a theory for nursing, Nightingale’s work proved to be a significant moment in nursing history because of her description of a distinctive practice that was based on the actual work that nurses performed in the care of patients. Although Nightingale’s pioneering work about hygiene in Crimea influenced the future of healthcare, her written work, *Notes on Nursing*, expanded that initial concept of hygiene to address the basic work of a nurse of the time. *Notes on Nursing* provided the underpinnings for the development of nursing theory because Nightingale’s work endorsed the nurse’s role through

its definition of concepts basic to nursing such as: ventilation and warming, pure air, pure water, and cleanliness. *Notes on Nursing* also addressed one of the most important of all nursing skills, that of “observations of the sick,” which endures as one of the most significant functions of nursing practice (Nightingale, 1949, p. 17). Unfortunately, nearly another century elapsed before nursing leaders continued Nightingale’s work in the establishment of a practice of nursing based on knowledge specific to nursing.

In 1952, nearly a century after Nightingale’s work, Hildegard Peplau published her book, *Interpersonal Relationships in Nursing a Conceptual Frame of Reference for Psychodynamic Nursing*. The publication of this book was significant because it represented the first time a nurse had published a noteworthy and scholarly work without the co-authorship of a physician (Forchuk, 1993; O’Toole & Welt, 1989). Although Peplau did not specifically set out to develop a theory for nursing, one did evolve from her work. Following Peplau, other nurse theorists emerged over the next several decades. The work of these nurse theorists will be discussed in chapter two.

During the 1950’s and 1960’s, the nursing profession and its knowledge base began to shift in emphasis away from the dominant emancipatory and ethical, or moral, ways of knowing to a foundation of knowledge that was predominantly empirical in nature (Chinn & Kramer, 2011). Before Peplau’s publication, nursing practice was dependent on “borrowed knowledge” from the natural and social sciences. The extent to which this “borrowed knowledge,” or theory is empirically adequate for the practice of nursing is debatable. However, this does not negate the fact that nurses used knowledge and innovation from other disciplines to inform their practice. Much can be learned from inter-professional collaboration within health care. What is important

is that nurses should be able to adequately articulate that nursing practice is based on knowledge and theories that are informed by the specific practice of nursing. However, when certain phenomena are effectually described and defined by other disciplines and can be placed in a context that is appropriate within the framework of nursing, the use of “borrowed knowledge” can be validated (Villarruel, Bishop, Simpson, Jemmott & Fawcett, 2001). In order to distinguish itself as a profession; to regulate the intellectual and technical activities of the practicing nurse; and to identify the extent to which nursing gives emphasis to research, theory, practice, and teaching, it is essential that nursing establish and maintain a distinct or unique body of knowledge (Rolfe, 2007; Scott, 2007; Thompson & Watson, 2006).

The nursing literature espouses many sources of nursing knowledge that influence the practice and development of the profession. Included in this list are tradition, intuition and tactic, culture, and clinical and reflexive types of knowledge (Mantzoukas & Jasper, 2008; Moule & Goodman, 2009; Schultz & Meleis, 1988). Chinn and Kramer (2011) describe five distinct domains of nursing knowledge. The first type, emancipatory knowledge, pertains to the recognition of social and political injustice, and the knowledge that something has to be done about a situation. This was the predominant way of “knowing” in the early half of the twentieth century. Chinn and Kramer describe ethical or moral knowledge as the second domain, which is concerned with values, and the ability to critically examine moral and ethical decisions that need to be made in nursing. The third domain is personal knowledge, which is concerned with the life experiences that influence one’s self-awareness. It refers to knowing the “self.” In nursing, this form of knowledge is difficult to characterize but can perhaps help explain the “gut feelings” that are a predominant feature in nursing practice. The fourth domain is aesthetic knowledge, which

is characterized as the very “art” of nursing, the ability to actively listen and empathize.

Aesthetic knowledge is based on the perception and meaning of the unique encounter. Finally, Chinn and Kramer describe empirical knowledge. This type of knowledge refers to the concrete, measurable, and experimental scientific knowledge that is overwhelmingly the basis for contemporary nursing practice and often forms the basis of nursing theory.

Theory, according to Dickoff and James (1968), is “essentially verbalized and hence communicable; ... a structuring proposed as a guide, control, or shaper of reality, and is not itself reality” (p. 198). In their definition, Dickoff and James suggest that, at the conceptual or theoretical level, the essential components are concepts, propositions, laws, a set of propositions, and the “linguistic expression” articulating the concepts, thus creating theory. Dickoff and James were significant influences on the work of King. Nursing theory, as defined by Fitzpatrick and Wallace (2006), is a constructed knowledge that represents the empirical elements of nursing practice. Theory explains phenomena or concepts, and ways nurses should think about and act on these concepts. Furthermore, theory, according to Fitzpatrick and Wallace, helps define the scope of practice for the profession of nursing. Meleis (2007) defines theory as a conceptualization of reality that is relevant to nursing by describing, explaining, predicting, and prescribing nursing care. Waltz, Strickland, and Lenz (2010) state that theory provides meaning by defining concepts in regard to other concepts; theory is the primary vehicle to communicate the meaning of these concepts. Ideally, these concepts should be consistently defined within the applicable discipline. Furthermore, theory is derived from common usage, varies in complexity, and may be borrowed from pre-existing theory or even be synthesized from literature and observation.

Imogene King (King & Fawcett, 1997) stated that the primary function of theory is to describe, explain and predict phenomena that are a set of interrelated concepts, definitions, and propositions. A theory also presents a process to garner an understanding of the essential elements and the specific relationships among variables in a particular field of inquiry. It can be surmised that theory is the structure or process of concepts and phenomena that is prescriptive of the assumed or true relationships of a stated concept or phenomenon. King believed that scientific knowledge was a necessary underpinning for nursing practice. She believed that nursing students needed coursework that provided a scientific basis for nursing practice. This approach would replace the apprenticeship model that was the predominant method of education for nurses when King entered the profession. King's contributions to nursing knowledge were particularly significant because they occurred at a time when nursing was firmly at work to establish itself as an authentic discipline in institutions of higher education. This movement was exemplified by the rise of Associate Degree Nursing programs and further demonstrated through the ANA 1965 position paper that called for a baccalaureate degree to be the requirement for entry level into professional nursing practice. King's work as a theorist was a significant contribution to this movement because it led to the establishment of a base of knowledge for nursing practice and education.

According to Imogene King (1968), theory is the basis for all of nursing practice. Theory allows for predictable outcomes based on established interventions grounded in nursing research to achieve an optimal state of health for the patient. This level of nursing practice is the culmination of significant work by researchers, educators, theorists, and everyday staff nurses, none of whom could achieve this goal without the collaboration of others. For King, knowledge,

particularly at the level of theory, is the essential component of nursing. This knowledge is created through research, which is based on theory that has been developed specifically for the nursing profession. In other words, theory informs practice. King saw this knowledge in nursing as something that is complex and requires skill in the understanding and processing of information. However, nursing theory is often criticized for being too abstract and therefore unable to inform practice without specific extrapolation of the meaning within theory.

Some critics asserted that theory was too complicated for nurses to use in practice without detailed explanation. King refuted these criticisms through her publications and her mentorship of students who were eager to incorporate King's theory in their own work. King's archives contain hundreds of letters, and later emails, from students who expressed excitement about the ease of the use and understanding of King's work. Many of these correspondents incorporated King's theory into their own work. One student shared with King that she used King's model and "particularly like[d] the congruence between pediatric values and the concepts as defined in your model." The student, who was working as an educator also noted that "I have the advantage of using models in both education and clinical settings which has improved my understanding of the utility of your model and my job satisfaction." (King, I, 1045-2007, V. McAllister to King, November 20, 1988). Over the decades King was very gracious and good-natured in her responses to students' requests for information about her theory. Correspondents sought to better understand and facilitate theory's application into their lexicon and practice (King, I., 1945–2007, C. Leuschen to King, February 26, 2002; King, I., 1945–2007, F. Freeman to King, February 2, 2002).

Unfortunately, today most nursing practice is not informed by nursing theory because theory is often perceived as disconnected and impertinent to the practice of nursing. Nurses tend to rely on implicit knowledge rather than on theory. According to Cowen and Moorhead (2010), this approach is too narrow in scope and limits a nurse's contribution to the promotion of health within society. Historically, leaders in nursing have developed theory based on analytic and scientific competencies while sacrificing the development of theory based on the critical thinking and skillful practice techniques that are most useful to most members of the profession (Sullivan & Benner, 2005). Although there has been some debate about whether Nightingale authored the first theory of nursing, this idea has been widely accepted as true. Peplau's work, published in 1952, is regarded as the first nursing theory of the twentieth century. Nurse leaders were slow to follow in Peplau's pioneering work. Over the next two decades, there were only six published nursing theories before Imogene King published her first work in 1971.

Unfortunately, nursing practice for too long focused on theory "borrowed" from other professions or created theory for the profession of nursing that was too complicated for the nurse to interpret and in turn use to inform practice. It is clear that nursing needs to re-examine its interpretive knowledge to make it more practical and useful for the nurse and the patient. King staunchly believed that the intent of theory is to inform practice. This was the belief on which she based her career. King repeatedly taught that this was the true importance of theory and a major contribution to the profession (King, 1994).

A critical examination of the development and dissemination of nursing knowledge and theory is necessary to minimize the perceived disconnect between theory and practice. Durbin (2007) suggested that nursing philosophers and theorists, those who create knowledge, should be

responsible for collaboration with those working in direct patient care in a deliberate effort to bridge this perceived divide. Sullivan and Benner (2005) assert that it is the responsibility of academia to develop programs that have a strong foundation in critical thinking and support pedagogies that enhance “practical narrative rationality” (p. 80). In other words, nurses in academe should support and educate “society” about the practical application of theory in practice. A realistic goal for nursing should be the statement of theory in words that can be readily applied in everyday practice, and that can be used effortlessly at the patient’s bedside. It is imperative that theory is created in collaboration with the members of society towards which it is directed. Furthermore, the responsibility of nursing education programs (from associate degree programs to doctoral programs) is to disseminate knowledge based on theory that is useful in nursing practice. The creation and propagation of nursing knowledge can have an enduring effect on the discipline and the profession.

There is evidence, particularly in the form of Magnet Designation, that the importance of theory for practice has once again become a topic of importance in the profession. Magnet Designation recognizes nursing excellence and a high standard of patient care by the American Nurses Credentialing Center (ANCC). One of the “forces of magnetism” recognizes the use of professional models of care and theory as a hallmark of excellence in nursing practice. To obtain the Magnet Hospital Designation, an institution must present evidence that the institution’s nursing practice and research being conducted within the institution are based on a nursing model (theory) (ANCC, 2017). Further evidence of the increased recognition of the importance of nursing theory is demonstrated by Bond et al. (2010). These authors completed a univariate descriptive analysis of five years of research articles. Using King’s theory as the theoretical

framework, they demonstrated an upward trend in research studies founded on a theory-based organizing framework. It is significant that these researchers chose King's theory as the foundation for their study to explore the importance of the use of an organizing framework based on theory.

The value of King's conceptual framework and later her Theory of Goal Attainment come from the derivation of the theory from empirical evidence found in the literature and from their ability to be easily understood and used in practice. For example, a current trend is the practice whereby the nurse greets the patient at the beginning of the shift and together, the nurse and patient mutually formulate a goal for the day. Although this practice is largely derived from King's work, particularly her Goal Attainment Theory, she is given little or no credit for this practice (Fernandez, Rajaratnam, Evans & Speizer, 2012; Lawler, Dowswell, Hearn, Forster & Young, 1999; Reyes, 2012). King's work can be explained easily to students and can be readily understood. Further, the theory translates well into practice in terms that nurses find both practical and reasonable for nurses.

Purpose

The purpose of this research is to examine the life of Imogene King, a pre-eminent nursing theorist, and her influence on the emergence of nursing as a profession. Utilizing the historical research method, this study traces the life of Imogene King from the days of her childhood and family influences through her years as a pre-licensure nursing student and a graduate student, to her doctoral work, King's work in academic settings, her work in nursing theory development, and her later work and contributions to the profession. Furthermore, this study discusses the activities of her later life and her enduring legacy. This research study delves

into King's work as both an academic and a theorist, and the evolution of her theory of nursing, which will be discussed in greater detail in chapter six. Further, this work considers her contributions as a nurse theorist. This study describes the ways her work have influenced the nursing profession, through the development of the body of knowledge that is unique to nursing, and the application of her work in practice today. This work provides a broader context and gives a richer meaning to the work of Imogene King through an exploration of the historical events surrounding her life and work.

Research Question

In her description of historical research methodology, Lusk (1997) recommends the use of a rather vague organizational framework based on research questions to allow for the development of a story that is rich and entertaining, while still conveying the essence of the subject. An organizational framework and questions that are too specific can lead to researcher bias and can limit the scope of the work. In keeping with these guidelines, the questions used to guide this research are as follows:

1. Who was Imogene King through her youth to her roles as educator, leader, and theorist?
2. What influences led Imogene King to become a nurse theorist?
3. What is the significance of Imogene King's contribution to the nursing profession?

Significance

As nurses, an understanding of our history leads us to an appreciation of who we are today. Without the study of history in nursing, we are unable to value where we have been and what we have accomplished. The history of theory and knowledge development in nursing is vast, yet very little research has been done to explore the processes that nurse theorists have used

in the development of their theories, the circumstances and influences that are the underpinnings of their theory development, and the lasting impact of their theories on the nursing profession.

Some nurses do not truly understand the contributions of theory to the development of nursing as a profession. Perhaps this is the reason that theory in nursing, is at times, considered irrelevant, especially among nurses in clinical practice. In correspondence between King and Jacqueline Fawcett, who was leaving her position at the University of Pennsylvania because they were eliminating the theory courses at the school, King and Fawcett discussed the decrease in the number of nursing programs teaching nursing theory at multiple levels (King, I., 1940–2007, Fawcett to King, September 28, 1999). Theory development is a creative process in which a nurse theorist describes the relationships and interactions among concepts that constitute the practice of nursing as it is understood and practiced in the profession. According to King (1968), theory is the basis for all practice. Theory allows for predictable outcomes based on established interventions grounded in nursing research to achieve an optimal state of health for the patient. Nursing practice based on theory is the culmination of a great amount of work put forth by researchers, educators, theorists, and staff nurses, whose cumulative efforts have proven the relevance of theory to practice.

Few attempts have been made to study the process of theory development from the perspective of a particular nurse theorist. The use of the biographical framework, and historical research methodology to explore one prominent nurse theorist's development of a conceptual framework and nursing theory is useful in understanding the process of theory development, the use of theory in current practice, and the possible use of theory to shape the future of clinical practice (Christy, 1975; D'Antonio, 2008; Lusk, 1997; Tosh, 2010).

Imogene King, a nurse theorist who developed both a conceptual framework and a middle range theory for nursing, led a remarkable life that contributed significantly to the profession of nursing. Little research has been conducted about the life of King, her influence on the nursing profession and her theory development process. King herself had approached various historians to write a biographical book of her life because of her contributions to the nursing profession (K. Egenes, personal communication, June 18, 2014). However, no such endeavor has been undertaken. An examination of the life of Imogene King and her work increases the base of knowledge about the historical progression of theory development in nursing and its impact on the nursing profession.

Overview of Organization of Dissertation

Organizing Framework

This dissertation is structured as a biography of Imogene King using a biographical and social framework that will be discussed in chapter three. The intention of the biographical framework is to garner an understanding of who Imogene King was as a person. The social framework is used to reinterpret the lives, experiences, and events of ordinary people through a lens that integrates race, class, and gender (Buck, 2008; Tosh, 2010). In particular certain events, such as the move away from the apprenticeship model in nursing education, or the beginning of the nursing theory movement in the 1960's, have influenced the work of Imogene King as she began and traversed her career to become a preeminent nurse theorist, a nurse educator, and leader in the profession of nursing.

The organizational structure of this dissertation is presented as a timeline based on the stages of King's life, and the particular influences of those times that contributed to her roles as

an educator, a leader, and most importantly as a preeminent nurse theorist. Throughout this work, it may be helpful to refer to King's Curriculum Vitae of 2007, which can be found in Appendix A.

The succeeding chapters will include the following: chapter two contains a review of literature that provides the background for the state of nursing education at the time Imogene King entered the profession. This discussion includes the development of nursing education and highlights the contributions of various nurse leaders to this process. The background information includes a discussion of the emergence of modern nursing, including the influences of Florence Nightingale on nursing education, a description of the apprenticeship model in nursing education, and the contributions of selected leaders in nursing education in the United States. The literature review includes reports authored by sociologists and others outside of the nursing profession who aimed to improve nursing education. These reports consist of the Goldmark Report, the Burgess Report, and the Brown Report. Also included are an exploration of nursing theory, the early phases of the theory movement in nursing, and the contributions of prominent nurse theorists who had personal and/or professional relationships with King, including Hildegard Peplau, Martha Rogers, Myra Levine, and Rosemarie Parse.

Chapter Three discusses the proposed use of the historical methodology as it pertains to the biographical examination of Imogene King's life. This chapter includes an extensive description of the primary and secondary data resources that were used to develop this comprehensive portrait of the life and contribution of Imogene King.

The fourth chapter is a biographical exploration of Imogene King's life. The chapter begins with her youth and describes King's education and preparation in nursing, as well as her

early years in the profession. The chapter then turns the focus on the early years of King's career in academia and the events that led to her interest in nursing theory development.

The fifth chapter explores the profession career of Imogene King as she entered and worked within the academic setting in institutions of higher education such as Loyola University Chicago, Ohio State University, and The University of South Florida. The chapter also includes the time that King spent in Washington D.C. during the late 1960s when she served as Assistant Chief, Research Grants Branch, Division of Nursing, Bureau of Health Manpower, Department of HEW. The chapter ends with a discussion of the King International Nursing Group, Inc. (KING) that was established to promote research for King's theory.

The sixth chapter summarizes the contributions of Imogene King to the nursing profession in her roles as nurse theorist, educator, and leader. It also describes the influence of these various roles on the development of the nursing profession.

Finally, Chapter Seven draws conclusions from the information presented in the prior chapters. The organization of this dissertation is appropriate for the purpose of presenting a biographical perspective of the nurse theorist, Imogene King, her life, work, and contributions to the nursing profession. This chapter will include summaries of the information contained within the study that answers the questions that guided this study.

The profession of nursing has undergone much growth and development in the last 150 years. From the early days of the profession, envisioned by Florence Nightingale, to the more contemporary work of nursing theorists such as Imogene King, nursing has emerged as a leader among the healthcare professions. Ways of knowing; empirical, moral, ethical, and emancipatory, have been defined. These drive research and the expansion of nursing knowledge,

as well as its application to nursing practice. According to King (1968), theory is the foundation of all nursing practice. Theory not only derives meaning from nursing practice but also informs practice. Theory-based nursing practice is grounded in explicitly researched interventions that provide predictable outcomes, consistent care and a higher standard of care. Unfortunately, many nurses practice without a solid understanding of the importance and influence of nursing theory and believe that theory is not easily translatable to their everyday work. This dissertation endeavors to humanize theory through the exploration of the life, influences, and process of theory development undertaken by Imogene King, one of the great leaders in the theory movement in nursing.

CHAPTER TWO

REVIEW OF LITERATURE

If one were to ask Imogene King what her most significant influence was in the nursing profession, she might have been expected to answer that it was her contribution to the theory movement that generates the knowledge that becomes the science of nursing. However, this researcher believes her answer would likely be that King considered teaching to be her greatest legacy (this will be further discussed in chapter seven). Although there is no direct evidence to support this assumption, it is surmised through her interactions with students and her dedication to nursing education throughout her professional career. King gave of herself quite freely and generously to nursing students at every level; the student enrolled in an associate degree program to one engaged in doctoral study. Reading the correspondence between Imogene King and students, who often inquired about her theory work, is like stepping into a classroom to find Imogene King in a discussion about theory and knowledge in nursing.

This chapter consists of a review of the literature that presents the background for modern nursing, describing the state of the profession preceding the birth of Imogene King and during the time that she was emerging in the nursing profession. Because nursing education was significant to the career and legacy of Imogene King, this literature review will focus on the evolution of nursing education. It will begin with the age of modern nursing that commenced in the mid-nineteenth century with the work of Florence Nightingale, who is widely regarded as the

founder of modern nursing. The work of Nightingale has influenced over a century of progress in the profession beginning with the publication of her work, *Notes on Nursing*. The chapter continues by presenting works about the progress of nursing education in the United States during the 19th and early 20th centuries with the founding of the first schools of nursing. These hospital-based nurse training schools led to the transition from the Nightingale School of Nursing to the apprentice model of nursing education that developed in the United States. A discussion about the major reports significant to nursing education from the 20th century will follow, including the Flexner Report, the Goldmark Report, the National League for Nursing (NLN) Curriculum Guides from 1917, 1927 and 1928, the Committee on the Grading of Nursing Schools, and the Brown Report. Because the early 20th century pioneers in nursing contributed to both the environment and ideas that influenced King, this work will briefly delve into the legacies of leaders in the nursing profession, including Isabel Hampton Robb, Annie Goodrich, and Adelaide Nutting. The evolution of schools of nursing from the hospital into the institutions of higher education will be discussed, including the impact of this movement. This chapter also considers the ramifications of both World Wars on nursing education prior to the start of King's own nursing education.

Because of the significance of King's contribution to knowledge in nursing through her pioneering work, an exploration of the nurse theory movement is important because as it ushered in the science of nursing that exists today. Concluding this work will be a brief presentation of several of the key figures in the theory movement, as well as King's contemporaries in the theory movement including Hildegard Peplau, Myra Levine, Martha Rogers, and Sr. Calista Roy.

The Early Influence of Florence Nightingale

Florence Nightingale is regarded as the matriarch of modern day nursing. She was born to an affluent English family who provided her with opportunities other women of the age were denied. Those privileges included things that are taken for granted today, such as an education and choice in her actions; a say in how she lived her life. Nightingale followed what she believed to be God's calling and dedicated her life to serving others as a nurse rather than succumbing to her parents' desire for her to live a life of leisure. In 1851, Nightingale enrolled in the renowned Kaiserswerth training school for deaconesses in Germany and began a career that would change the trajectory of the nursing profession.

After completing her training, Nightingale assumed the role of superintendent at the Institute for the Care of Sick Gentlewomen in Upper Harley Street, London. Ever efficient, Nightingale soon reorganized the institute and began collecting data that she would use to reform the conditions of care at the institution. Her zeal for data collection, and essentially for research, coupled with the poor conditions under which care was provided to the ill and infirm, significantly influenced her later work during the Crimean War.

In 1854, Sidney Herbert, the Secretary of War for the British government, allowed Florence Nightingale to travel to Crimea to care for the sick and wounded soldiers. Nightingale gathered together 38 nurses to serve with her in Crimea. To demonstrate the value of nurses in military hospitals, Nightingale offered them a contract and provided them with uniforms (Kalisch & Kalisch, 2004). While in Crimea, Nightingale's keen interest in data collection proved to be most advantageous. While at Scutari, the barracks in which injured soldiers in the Crimean War were treated, Nightingale collected data about the lack of hygiene and the high

rates of infection and death. When she implemented change in the practice of hygiene and the way in which the soldiers were treated, her data demonstrated a dramatic improvement in the outcomes of the patients. With this data in hand, Nightingale appealed to the British government to institute measures to improve the care of soldiers. In response, the Renkioi Hospital was built; an institution in which the death rate was less than a tenth of that at Scutari (Bullough & Bullough, 1969, Kalisch & Kalisch, 2004). Nightingale's ground-breaking research not only cemented her status as a pioneer in the profession of nursing but also earned her adulation from statisticians who praised the manner in which she presented the statistics she had gathered during the Crimean war. The "coxcomb," a variation of the modern-day pie graph, was developed by Nightingale to present her statistical information in a way that was both interesting and understandable to the layperson (Rehmeyer, 2008). Nightingale's influence and aptitude with statistics were an amazing gift to the ill and infirm of Victorian England. This approach soon benefited patient care in the United States as well. Nightingale was truly the first nurse researcher. Further, she made significant changes in patient care that are part of nursing practice today.

Upon her return to England after the Crimean War, while convalescing from a mysterious illness from which she never truly recovered, Nightingale spent time writing. Perhaps the most famous and influential of her works was *Notes on Nursing* (1859). This book was written as a means to guide the care of the ill and infirm and was intended primarily for those who cared for patients in the home setting. Soon after the publication of *Notes on Nursing*, Nightingale set about the creation of a nurses' training school that would be established at St. Thomas' Hospital in London.

The St. Thomas' Hospital Nightingale School for Nurses was founded in 1860, in part through a £45,000 donation from the Nightingale Fund, established at the behest of Sir Henry Herbert, a family friend, to honor the work of Nightingale for her work during the Crimean War. Despite her poor health, Nightingale was determined to establish a training school for nurses in response to the wretched hospital conditions and poor care of British soldiers that she had observed in Crimea. Nightingale specified that schools based on her model should be considered primarily institutions of education, rather than a source of cheap labor for the hospitals. Furthermore, she felt that schools of nursing, like medical schools, were to be the responsibility of the public, and that institutions of education should be supported with public funds. However, the Nightingale School did have its own private funding and was not dependent on "public funds," e.g., revenue generated by taxes. Nightingale asserted that if a school was required to support itself, then it could not remain a good school. This was particularly true when the school was responsible to the administration of the hospital, rather than solely to the board of the school of nursing. Nightingale believed that only an independent school of nursing could serve the interests of the students without interference. She also maintained that it was necessary that a school of nursing be administered independently of the hospital, despite its association with the hospital. This would require that the director of the training school be a nurse and not merely a hospital administrator. Because of the funding received from the Nightingale Trust, the Nightingale Training School at St. Thomas' Hospital was able to function independently of the hospital. Thus, the faculty, rather than hospital administrators, determined the school's curriculum. Nightingale relinquished control of the school of nursing to Mrs. Wardroper, a long-term employee of St. Thomas Hospital School of Nursing. This was an unfortunate decision

because Mrs. Wardroper was “neither a lady or a nurse” yet she was left to assume the responsibilities as matron of the training school for nurses. Under Mrs. Wardroper’s leadership, the hospital assumed control of the school of nursing and transitioned it from an educational institution to an apprentice like model in which the students now served as a source of labor to the hospital (MacMillan, 2012).

In general, the Nightingale model for schools of nursing found moderate success in the United Kingdom, but little to no success in the United States. Unfortunately, from the onset of nursing education in the United States, schools lacked independent funding and were financially dependent on hospitals. Therefore, towards the end of the nineteenth century, and the beginning of the twentieth century, both the United Kingdom and the United States saw a demise in the independent Nightingale like school model. The decline was mainly due to a shift away from the nursing school as an independent entity, towards a model that placed hospital administrators and physicians, rather than nurses, in charge of nursing education. In this model, the nursing students provided patient care in exchange for their education. Therefore, their clinical experiences were determined by the needs of the hospital (Kalisch & Kalisch, 2004).

Despite the absence of the Nightingale model of schools of nursing in the United States and the decline in this model in the United Kingdom, Nightingale herself left an incredible and lasting legacy for the profession of nursing. Her writings, particularly *Notes on Nursing*, laid the foundation on which the profession was built. Also, the values she infused into nursing such as duty, obligation, and caring have made nursing the courageous profession that exists today.

Florence Nightingale reformed nursing care as it existed through her development of a system for the education of nurses. *Notes on Nursing* was published in 1859, a time in which

only the very basic nuances of health and sanitation were beginning to be understood. Purported to be the first articulated theory for nursing, *Notes on Nursing* helped revolutionize the way nurses approached their practice and the care of their patients by emphasizing concepts such as ventilation, noise, environment, light, and cleanliness of the patient's room. Nightingale discussed the interrelatedness of these concepts and the ways they affected the health of a patient (Bullough & Bullough, 1969).

While there is no direct evidence of a correlation between the works of Nightingale and King, as a nurse of the modern era, Imogene King was undoubtedly influenced and inspired by her. King was an ardent student of history, in particular, nursing history. In King's archived materials are many of documents focused on nursing history. One can find outlines, notes, and ideas for history books that she had planned to write one day, but never completed. The work of Nightingale and copious notes about her work in King's handwriting are readily available in the King archives. It would be difficult to argue that King was not influenced by the work of Florence Nightingale because there are several documents contained within King's archives in her handwriting which note Nightingale's inspiration. King's annotations include comments about Nightingale's work *Notes on Nursing*, in addition, how Nightingale shared her knowledge to advance practice, and Nightingale's work in Crimea that included her work with statistics to prove her ideas on hygiene. These examples demonstrate Nightingale's contributions to the profession, and her probable influence on Imogene King.

Modern Nursing Training/Education

Hospitals and Medicine

To better understand the trajectory of nursing education in the United States it is imperative to discuss the origins of hospitals and physicians in the United States and to explain their influence and control in the shaping of the system of nursing education. The genesis of the American hospital did not necessarily begin as a charitable and altruistic endeavor. Indeed, the aim of the earliest hospitals in the United States, founded by physicians, was two-fold. First, they sought to provide care for the poor so that they would not, in their state of health, become too much a burden on society. Second, they sought to ensure that by the provision of care the employable poor could return to health in order to financially support themselves, and again not become a burden on society (Ashley, 1976). Although hospitals were primarily funded by patients who were able to pay for their care, the hospital administration also solicited funds from the wealthy, support from endowments, and aid from various religious institutions. A predominant number of the early hospitals, established in the nineteenth and the first decade of the twentieth century, were private institutions and “quite definitely profit-making, establishments operated by physicians” (Ashley, 1976, p. 6). Some of the earliest hospitals in the United States began as “alms houses” for the sick and destitute persons. These include Bellevue, in New York City, Massachusetts General, in Boston, and Cook County, in Chicago. This social economy model was a significant ideological tenet in the shaping of health care in the early United States that is relevant to the inequity in health care that continues today (Kalisch & Kalisch, 2004).

At this time, medicine was seen as both big business and a profession. Medical education in the United States began as an apprenticeship model in which the young men destined to be doctors were essentially indentured to a master physician for whom they performed menial tasks such as washing bottles and mixing drugs. The quality of their education depended on the “capacity and conscientiousness of the master” (Flexner, 1910, p. 7). During the late eighteenth and early nineteenth century, there was a shift in medical education to the more formal model of classes and demonstrations. However, these early medical schools typically were not associated with universities or a hospital, because many physicians themselves maintained a private practice and did little work in hospitals. Rather, medical schools were standalone commercial and proprietary institutions that had varying degrees of merit. Gradually, both physicians and hospitals came to see the value of medical education, particularly in those schools that came to be associated with universities. A shift to the university lent to the hospital and physician a certain degree of prestige by offering support to the true science of medicine (Ashley, 1976). Soon, an alliance between physicians and hospitals emerged that would spell the doom for the ideal of the Nightingale model of nursing.

The influence of the Nightingale model of nursing education insisted that nurses, not physicians or hospital administrators, control the nursing care and education of the student nurses. However, the circumstances of healthcare in the earliest part of the twentieth century, namely the capitalist for-profit business approach permeating healthcare at the time, led to the decline in the Nightingale influence in nursing education. In its stead, nursing saw the rise of a system that expected student nurses to be submissive and obedient while exploiting them as a

means of cheap labor for the hospitals. Because schools of nursing lacked independent funding, they lacked any defense against this model.

Apprenticeship Model of Nursing Education. At the dawn of the twentieth century, nursing saw a demise of the Nightingale influence in nursing education. This was not because the Nightingale model went out of vogue but rather the hospital/medical system in the United States had developed into a capitalist, for-profit business (Ashley, 1976). However, not all hospitals were under auspices of the for-profit mentality to health care. There were many not-for-profit institutions across the country that were established with funds from cities, counties, and religious entities (Kalisch & Kalisch, 2004). With the increasing number of hospitals, particularly those that were for-profit, schools of nursing across the country were soon absorbed into these hospital systems (Ashley, 1976). Not only was this change based on the belief of the economics of care and the absolute power and influence that physicians exerted in hospitals, but women were seen as unfit and not qualified to be scientists (Chinn & Kramer, 2011). The first female physician in the United States, Dr. Elizabeth Blackwell, had applied to 28 medical schools before being admitted to Geneva College (later absorbed into Syracuse University), which happened only with the recommendation of her patron Dr. Joseph Warrington, a prominent Philadelphia physician who also was an advocate for the education of nurses (Bullough & Bullough, 1969). Unfortunately, women were seen as a source of inexpensive and even free nursing labor that would provide an economic benefit for both the physicians and the hospitals.

Admittedly, the intent of the apprenticeship type of education was to provide young women opportunities for a vocation that would not otherwise be available to them. In essence,

this would provide them with the means for financial independence. Schools were able to provide students with room and board. Physicians delivered the educational lectures based on the medical model of care. A small stipend was provided in return for becoming a “cheap labor source and [providing] additional income [for the hospital] from fees collected when students were sent out to patients’ homes on private cases.” (Reverby, 1987, p. 61). Essentially, nursing students, under the apprenticeship model, were trading their work for a sub-standard education.

Physicians bolstered the shift to a hospital-based nursing education program early in the twentieth century. This included the introduction of a more disciplined approach to nursing education. The physicians preferred a routine task-oriented curriculum that essentially encouraged proficiency in technical skills rather than the development of the student’s intellect. Physicians were concerned that the social and intellectual development of nurses would lead to grievous results because women were viewed as intellectual inferiors. At an address delivered to the graduating class of the Philadelphia General Hospital Training School for Nurses in 1908, Dr. William Dorland expressed his belief that a nurse was not made but born. Furthermore, he encouraged nurses to embrace their “intellectual inferiority,” stating:

If a little knowledge is a dangerous thing in most avenues of employment, in nursing it is more than dangerous – it is fatal. Good nursing is not facilitated by too elaborate an education in professional matters; rather it is hampered or even rendered useless thereby. I believe that a superficial knowledge of physiology and anatomy, together with a thorough acquaintance with hygiene, will answer every purpose. (as cited in Ashley, 1976, p. 77)

The prevailing opinion about education for women was based on the Victorian belief that a women’s place in the domestic sphere in which the woman was to provide for the needs of the man, family members, and household servants. Women were seen as less capable than men and were therefore perceived as requiring a higher degree of guidance in their tasks. At this time in

nursing, this belief was demonstrated in the dominance accorded to the physician as opposed to the subservient role of the nurse. The apprentice model of nursing served to perpetuate this belief.

The oppressive nature of the apprentice model in schools of nursing served to reinforce the subordinate role of the women enrolled. Students were taught that all authority for the well-being of both patient and nurse lay with the physician. The system assured that students would be unpaid workers in the hospitals to which they had pledged loyalty and allegiance, as per the dictates and conventions of the hospital culture. Student nurses were never allowed to question the system and were expected to maintain the status quo or risk expulsion from the school. It was apparent that systemic changes in nursing education were necessary. Unfortunately, nursing, a female-dominated field, was in a poor position to make the desperately needed changes. Over the next several decades, several reports about nursing and nursing education were published in an effort to bring forth the needed changes.

Flexner Report

While not written specifically for nursing, the *Flexner Report* of 1910 kindled a dialogue within nursing about the state of nursing education and the need for reform in professional education. The focus of this work was medical education and the need to enact reform that would require higher admission and graduation standards, greater integration of science and research into the curriculum, and the need to move medical education from free-standing proprietary institutions to the university setting (Flexner, 1910). The report's author was Abraham Flexner, a social worker functioning under the auspices of the Carnegie Foundation. This report spurred a flurry of activity in nursing, which primarily included an objective analysis of nursing education.

In the ensuing years, a series of reports calling for reform in nursing education were published, including the Goldmark Report of 1923, the Brown Report of 1947, and the Lysaught Report of 1970.

The legacy of the Flexner Report on nursing was the establishment of the criteria for the characteristics of a profession. From the time when the earliest nursing schools were founded the term “professional” had been applied and accepted without question by nursing schools and their graduates. According to Flexner (1910), a profession is defined by: (1) its body of knowledge, which is organized, specialized, liberal, and systemized, which the public does not possess, and which is based on scientific principles that meet an indispensable social need; (2) a code of ethics by which members conduct themselves professionally; (3) a self-organized professional organization in which standards of practice are controlled by its members and exist to accomplish the goals of the organized group that could otherwise not be attained independently; and (4) the self-directing and autonomous nature of its practice, meaning that the practitioner is free to choose the nature and manner of their practice. Nursing continued to struggle in establishing itself as a credible profession for many decades, particularly struggling to conform to the criterion of a unique body of knowledge. Nursing was accused of borrowing knowledge from the social sciences and medicine.

Goldmark Report

The Goldmark Report was published in 1923, only three years after women had earned the right to vote. The feminist movement was very active at this time. Feminists of the early twentieth century tended to be well-educated women who recognized the social injustices that women encountered. However, they also had the somewhat distorted view that all women

shared their unfulfilled experiences and were bored with domestic roles. But, they did find colleagues of like mind in women from the lower socioeconomic strata who had been members of the workforce during World War I. The feminist view asserted that women needed to prepare themselves to be financially self-supportive and guard themselves against financial ruin. The drive for upward mobility had led women to inspire their daughters to move out of the factories and to seek a career as a nurse to achieve the financial security and social status they so desired (Matejski, 1981). The Goldmark Report and its findings emerged from this historical context.

Josephine Goldmark, a social reformer, was charged by the Rockefeller Foundation to study nursing education in the United States (Gebbie, 2009). Initially, her work, known as the Goldmark Report, was published under the name of *Nursing and Nursing Education in the United States Report*, was meant to address the problems associated with the education of public health nurses. However, it quickly became evident that nursing education in its broadest sense was in dire need of reform. Hence, the Goldmark Report reported the needed changes in nursing schools across the United States. At the time of the report, approximately 55,000 student nurses were studying in 1,775 schools of nursing that were graduating 15,000 nurses per year (Matejski, 1981). The Goldmark Report looked at the financial sustainability of schools of nursing, but more importantly, recommended ways to change the structure of nursing education. Some of the recommendations of the Goldmark study include the following: (1) decrease nurse education from a three-year course to a 28-month program; (2) eliminate irrelevant course content; (3) mandate that students entering nursing school have four years of high school and stipulate a minimum age requirement that would coincide with graduation from high school; (4) reduce the use of students as hospital staff and replace them with graduate nurses in order to give

the students's needs for education, priority over the patients' needs for care; and (5) develop the role of a "subsidiary worker", with a subsequent training program for those who would serve under the physician and the graduate nurse (Goldmark, 1923).

Unlike their reaction to the Flexner Report, many nurse educators agreed with the recommendations of the Goldmark Report. However, little change took place. Whereas by 1920, Flexner's report had prompted the closing of over two-thirds of medical schools in the United States, very few schools of nursing closed in response to the Goldmark Report. It appears that the far-reaching and dramatic impact that Flexner's report had on medical education was not matched by the response to the Goldmark Report. While nursing leaders did take notice of the recommendations put forward in the Goldmark Report, nonetheless, initially little action or change occurred from its recommendations. However, nursing did begin to see the movement of schools of nursing into institutions of higher education. For example, Yale University opened its school of nursing in 1924 as an independent department with a separate budget (Kalisch & Kalisch, 2004).

The number of schools of nursing that transitioned away from hospitals and into colleges and universities was a mere trickle compared to the transitions medical schools seen in the Flexner Report. Possibly, one of the biggest impediments in mounting a response to the Goldmark Report's recommendations was the control that hospitals held over nursing education. At the time of the report, nurses were overwhelmingly educated through diploma programs sponsored independently by hospitals. This structure served to perpetuate the idea that the nurse was subservient to the doctor. The apprentice archetype of education, modeled after the nineteenth-century medical education programs, met the staffing and monetary needs of the

hospitals by viewing student nurses as labor for the hospital first and only second as students of nursing. It can be concluded that the Goldmark Report languished, despite a desire by nursing leaders to act on its recommendations, due to the financial burden and loss of workforce that hospitals would face if they were to comply with the standards of nursing education suggested by the Goldmark Report.

However, the Goldmark Report (and to a lesser extent the Flexner Report, because it had been written for medicine rather than the nursing profession) did influence the progress in nursing education. There is little evidence that there were any great changes in the profession, mainly because of the constraints on nursing education imposed by hospital administrators and physicians who treated students and practicing nurses as handmaidens. However, these national reports did ignite conversation and a movement towards the transition of nursing education into institutions of higher education,

Imogene King, who was born the same year that the Goldmark Report was published, came of age in nursing at a time when the leaders in nursing education recognized that change in the way nurses were educated was inevitable. During the preceding years, schools of nursing gradually had been shifting away from the archetypical apprenticeship model of nursing education to a diploma program that was still housed and managed by the hospital. In the diploma nursing education program, emphasis was placed on the education of the nursing student. Although, the student nurse continued to serve as a staff member on the wards, this service was in a limited capacity. King attended a diploma program at St. John's Hospital School of Nursing in St. Louis. However, she enrolled at the St. Louis University almost immediately after graduation to earn a bachelor's degree in nursing for nurses who were already registered

nurses. Her perceived need to further her education possibly was influenced by these reports and a shift away from apprentice model of education. This was certainly an interesting time in the history of nursing education because the match had been struck and change was possible.

Evolutions of Institutions of Higher Education for Nursing

Twentieth Century Nursing Pioneers. The work of nurse leaders like Adelaide Nutting, Isabel Hampton-Robb, and Lavinia Dock was crucial in transforming nursing education because of their conviction that nursing education must be under the full guidance and direction of nurses. They argued that the arbitrary curricula taught by physicians in hospital-administered programs were inadequate to meet the educational needs of nurses and that physician-led curricula failed to meet the needs of nurses and the public at large (Ruby, 1999). Furthermore, nursing leaders surmised that the movement of nursing education into institutions of higher education would lead to the development of graduate nursing programs.

Yale University is widely recognized as the first university-based nursing school to open in the United States. However, the University of Minnesota's School of Nursing, opened in 1909, was, in fact, the first university-based school. Associated with the School of Medicine, the University of Minnesota's School of Nursing curriculum followed the three-year program structure offering a diploma degree at the end of the course of study. Although, the school faced programmatic limitations, it was the beginning of a movement to bring nursing education into the university (Chitty & Black, 2010). Upon its opening, Dr. Richard O. Beard, who had urged that a nurse's preparation be comparable to that of members of other professions stated, "the university education of the nurse and university control of the training school for nurses as a department of instruction is an accomplished fact" (Nutting, 1912, pp. 46–47). Other universities

soon followed this trend, and by 1916, 16 universities offered similar programs. It was typical in this model that the student would be admitted after the completion of high school and after having undertaken two years of general “liberal” studies in a college or university. The student nurse would then enter into two years of training in a hospital diploma program followed by a year of clinical specialization (Kalisch & Kalisch, 2004). While this was the beginning of a significant change in pedagogy in nursing education, the movement was slow in gaining widespread acceptance.

In 1924, the first independent school of nursing offering a bachelor’s degree in nursing, with its own operating budget was established as the Yale University School of Nursing. With a five-year grant from the Rockefeller Foundation providing the financial means for an independent school of nursing, it was the first of its kind. Started under the leadership of Dean Annie Goodrich as an experiment in nursing education, the Yale school was so successful in meeting its original objectives that the Rockefeller Foundation awarded the school a one million dollar endowment, cementing its tenure in nursing education (Kalisch & Kalisch, 2004). While laying an excellent foundation for nursing education in the university setting, schools that followed this model experienced slow growth because physicians and hospitals largely opposed the model.

Thus, after the publication of the Goldmark Report, nursing did see the advent of university-based nursing programs, although on a very limited basis. Imogene King, of course, was a huge proponent of higher education in nursing. In fact, in an interview with Jacqueline Fawcett (2001), King was asked what she saw as the entry level of nursing education. King responded that the entry level should be a master’s degree. King argued that the scope of

knowledge required for nursing could not be adequately taught within two, three, and four years of pre-licensure nursing education. King was disturbed by the limited breadth of education that nurses received for entry into practice. King supported a two-tier nursing system within the profession; one level of nurses in technical roles, requiring less education, and another level of the “professional” nurses that would demand at least a baccalaureate-level education. However, she did note that Associate Degree in Nursing (ADN) education was sufficient for the technical nurse, just as her mentor, Mildred Montag, had proposed in the 1950s. King, like other leaders in nursing education, advocated for nursing education in institutions of higher education. Other highly acclaimed and respected nurse leaders preceded Imogene King in their assertions about the need for rigor in nursing education. Pioneering leaders such as Isabel Hampton Robb, Annie Goodrich, and Adelaide Nutting who undoubtedly influenced the work of Imogene King will be discussed below to highlight their importance to nursing education.

Through her studies of early leaders in nursing education, that is documented in her archives, King’s attitudes toward and work in nursing education were influenced by women such as Isabel Hampton Robb, Annie Goodrich, and Adelaide Nutting. Isabel Hampton Robb was the superintendent of the Illinois Training School at Cook County Hospital. During her tenure there, Hampton Robb instituted several reforms that have had a lasting effect on modern nursing education. She developed a graduated system of clinical experience and classroom work, which required students to progress through certain courses to move on to the next level. Hampton Robb also developed relationships with other hospitals in the area so that students would be able to gain experience in nursing specialties that were not otherwise available to them at the Cook County Hospital. After three years at the Illinois Training School, Hampton Robb moved to the

Johns Hopkins School of Nursing, serving as the first principal of its training school (Dolan, 1968; Kalisch & Kalisch, 2004). While there, she continued to make significant advancements in nursing education by setting limits on the number of hours student nurses spent working in the hospital and granting students personal time away from nursing duties. Hampton Robb also published several books that were influential in both the profession of nursing and nursing education. The first, published in 1893, was *Nursing its Principles and Practice for Hospital and Private Use*, a nursing text that was the first of its kind. The book touched on topics such as a three-year nursing education curriculum; the economics for the hospital ward; hygiene for the ward that included ventilation, temperature light, proper disposal of bodily waste; and the use of dressings. Robb's book was used to train nurses across the country for many years (Hampton Robb, 1893). In 1900, she published what was to become the first nursing textbook, *Nursing Ethics*. Hampton Robb knew at the time that women entering the profession of nursing were not familiar with the necessary behaviors for an ethical nursing practice. Her book, *Nursing Ethics*, outlined the obligations of the nurse, physician, and institution to practice ethically (Rushton, nd). The *Education Standards for Nurses and Other Addresses* was published, in 1907, shortly before her early and tragic death (Noel, 1979). This book, according to Hampton Robb (1907), was a compilation of articles she had written about various nursing topics, with special attention to the three-year nursing curriculum. In addition, the book discussed essential content about the management of a school of nursing, such as the economics of a school of nursing, the benefits of affiliations among schools of nursing, and improvement of nursing education, nursing care, and student experiences.

Another nurse leader was Annie Goodrich. A pioneer in nursing education, Annie Goodrich served as the first dean of the Yale School of Nursing and as the first female dean at the University. Soon after her graduation from the New York Hospital Training School for Nursing, Goodrich became the superintendent at the New York Post-Graduate Hospital. She was appalled at the meager entrance requirements for nursing school, which at the time included only that the student be 25 years old, and be able to demonstrate maturity, ability, and culture. Furthermore, Goodrich established the high school diploma as a prerequisite for entrance to nursing school (Schiff, 2011). In 1900, she moved to St. Luke's Hospital in New York City, where she created the "primary care" model of nursing that required nursing students to provide care for fewer patients. This allowed nursing students more time and opportunity to devote to their education. She began a part-time position at the Teachers College, Columbia University (TC) in 1904, teaching an economics course that was so successful it led to the establishment of a curriculum for nurses who aspired to supervisory positions. (Deloughry, 1977; Griffin & Griffin, 1965).

Adelaide Nutting is known as the first professor of nursing. A graduate of the first class of Johns Hopkins School of Nursing, Nutting followed in the footsteps of Isabel Hampton Robb, becoming Superintendent at Johns Hopkins when Robb left. In 1907, Nutting was appointed a faculty member at the Teachers College, Columbia University, where she remained until her retirement in 1925. Among her many accomplishments include raising the standards of basic nursing education by establishing a three-year curriculum and an eight-hour workday for nursing students. Nutting also promoted the endowment of schools of nursing convinced that nursing education was hampered by the lack of proper funding or endowments and the control of

education by hospitals and physicians, Nutting strove for the independence of nursing education. To propel the movement toward financial independence for schools of nursing, Nutting authored *A Sound Economic Basis for Schools of Nursing* (1926) and *The Educational Status of Nursing* (1926) (Goostray, 1958; Griffin & Griffin, 1965). Perhaps her lasting legacy as an author came with the publication of the four-volume *History of Nursing* (1907) which she co-authored with Lavinia Dock in an attempt to preserve nursing's storied past.

These three nurse leaders Hampton-Robb, Goodrich, and Nutting, were pioneers in nursing education. Their priorities not only included the welfare of the student but also the safety and well-being of the patient. They advocated for eliminating practices from nursing education that were detrimental to the student and by extension to the society at large.

Committee on the Grading of Nursing Schools. The report of the Committee on the Grading of Nursing Schools was the culmination of an eight-year research project was published in 1928. Three separate reports were submitted as one volume by the Committee on Grading of Nursing Schools, authored by nurse researcher May Ayers Burgess. The report was sponsored by the National League for Nursing Education (NLNE). The NLNE was an organization whose purpose was to foster the development of standards for nursing education. NLNE later evolved into an accrediting agency for schools of nursing in the United States (Kalisch & Kalisch, 2004). The Committee's report studied three areas covering the costs, the quantity, and the quality of nursing schools. Members of the Committee on Grading Nursing Schools recognized the primary impediment to progression in nursing education was the fact that nursing schools existed to supply the hospitals' workforce and thus were beholden to hospitals' administrators. Radical changes were needed to reform what was seen as an excess of poorly trained nurses. This was

understood to be the unfortunate result of the over-reliance of the hospital administrators on the use of student nurses for the staffing of hospitals. This situation was ultimately a detriment to the profession of nursing that was experienced by no other profession.

The Committee's report identified three classifications of nursing schools. The first was a group of very few schools that could be considered "good" nursing schools when compared to comparable schools of other professions. The second classification of school was labeled as "mediocre" schools that were primarily responsible for meeting the needs of the hospital. The final classification of school was "grave," so ineffective at educating the students that the recommendation was made for closure as soon as possible. The committee felt that the health of the American people was at risk because of the poor quality of training received by so many nurses. Based on the status of the schools that the committee identified, the recommendation was made for accreditation of schools of nursing to be implemented to ensure that schools met a minimum set of standards. The committee members concluded that the recommended improvements needed in nursing education were vital to the health of the American public. Burgess (1928) further saw improvement in nursing education as an opportunity to influence the American educational system as a whole.

The Committee on the Grading of Nursing Schools was one of the first critical analyses of the nursing profession undertaken by a group that included nurses. In its wake followed hope that there would be an immediate and significant response to the recommendations for nursing profession made by the committee, and that this would result in sweeping reforms in nursing education. Unfortunately, much like the reports on nursing that preceded this publication, the Committee's Report appeared to have little effect. As the committee noted in its report, schools

of nursing were too stringently under the control of hospital administration whose goal was to reduce costs. Cutting costs was accomplished by use of student nurses to staff the wards, providing nursing care for patients. Until nursing education was severed from the hospital-based system in which it was entrenched, little progress would be made in the improvement of nursing education (Burgess, 1928).

National League for Nursing Education's Curriculum Guides

Standard Curriculum for Schools of Nursing (1917). In 1917, the National League for Nursing Education's (NLNE) Committee on Education convened with the intent to design a standardized curriculum that would be acceptable to nursing schools across the country. The committee found that the main difficulty in the establishment of these standards was the lack of a clear description of a nurse's duties and responsibilities. Some of the initiatives outlined in the 1917 guide included aligning credit for nursing school courses with credit awarded for courses in other disciplines of higher education, in a manner which "credits" are given for defined areas of study. This change would allow for better evaluation of the theoretical nursing courses and perhaps allow students to use or transfer these earned credits to further their education in an institution of higher learning. However, translation of the "practical experience" of student nurses proved to be an impediment because of the difficulty in determination of the equivalence of the students' practical work experiences to the actual credits that could be accepted by an institution of higher education. The committee, whose work predated the Goldmark Report, also included required standards for students who sought admission to schools of nursing. These included four years (or the equivalent) of high school and a minimum age of 20 years (with 19 years as an exception). Committee members believed these standards were necessary because

the responsibilities the nurse would be expected to assume would require a certain level of maturity. The committee members made the curricular recommendation that the medical/surgical nursing course precede other practices and specialty courses, such as obstetrical nursing. The committee also recommended that schools incorporate social science courses into the curriculum (NLNE, 1917). These recommendations are of interest because of the priority that medical/surgical nursing still occupies in nursing programs across the country today.

A Curriculum for Schools of Nursing (1927). The National League for Nursing Education's Committee of Education published a revision of its 1917 guide for nursing education curriculum in 1927. One of the significant issues that continued to plague nursing and nursing education was the unclear definition of duties and responsibilities of a nurse. Also, there was a need for a definitive statement of practical objectives that all those involved in nursing education would understand and be committed to achieving. The guide addressed the function and role of the nurse by defining and listing the nurse's responsibilities. However, the committee failed to articulate a definitive statement of practical objectives and instead allowed the individual schools to define their objectives using the *Curriculum for Schools of Nursing* as a guide (NLNE, 1927). However, the definition of the role of the nurse proved to be a significant move forward in the establishment of standards in nursing education.

A Curriculum Guide for Schools of Nursing (1937). In a final revision of the *Curriculum Guide for Schools of Nursing* published in 1937, the committee, composed of representatives from both the NLNE and, also, the American Nurses Association and the National Organization of Public Health Nurses, addressed issues such as delegation of nursing activities by nurses to other health care providers with the expectation that the nurse would

remain responsible for the entirety of the work. This guide also discussed concepts and ideas that are still widely considered to be essential elements in nursing education today. These concepts or trends in “modern education,” as described in the 1937 curriculum guide, included critical thinking, a greater consideration of individual differences in learning, professional growth, principles of learning, and student involvement in co-curricular activities.

The principles of learning that are described in the 1937 curriculum guide include the following: (1) the focus of learning experiences within a situation should help a student learn to adjust to various physical, social and psychological situations; (2) case studies should be used to encourage study through a problem-solving approach; (3) there should be a correlation of theory and practice; (4) the nursing student should be exposed to new experiences and situations; (5) programs of education should be organized so that facts, principles, skills, and attitudes are sequenced so that students can relate the classroom material to the clinical situation and have the skills to solve problems related to those; and (6) there should be unity, consistency, harmony, continuity, and sequence to the curriculum. Likewise, the principles of learning discussed in the curriculum guide also describe five areas of requisite knowledge for student nurses. These include biological and physical science, social science, medical science, nursing and the allied arts, as well as language arts, fine arts, and humanities (NLNE, 1937). This final iteration of the curriculum guide represented a significant move forward for nursing education because it established an academic standard that had the potential to mimic the education that students in other professions received in institutions of higher learning.

The NLNE guides represent the evolution of nursing education over 20 years. The first was a relatively simple guide that involved minimal input from the profession. The subsequent

volumes involved increased input from various agencies and leaders in nursing education. Each represented a significant evolution from the prior edition, with increasing specificity in curriculum and recommendations for nursing education. As the 1940s began, changes were enacted in the educational standards for all school-aged children and, the country saw both a significant rise in the number of students attending school, and an increase in the number of high school graduates. Concurrently, the movement for the accreditation of schools of nursing was advanced.

Although Imogene King is perhaps best known for her pioneering work in nursing theory, nursing education was another of her interests. Her doctoral dissertation concerned the establishment of a graduate nursing curriculum. King was also quite proud of her 1986 book, *Curriculum, and Instruction in Nursing: Concepts and Process*, created to guide both associate degree and baccalaureate programs in curriculum development. Her work described a curriculum process, which included the formation of a mission statement and philosophy for the school, determination of teaching processes and theories, and the creation of a curriculum based on program outcomes. Although it is difficult to determine the extent to which this book was used in schools of nursing in development of nursing curricula. This illustrates King's dedication to the education of future nurses.

The Impact of the World Wars on Nursing Education

World War I

During times of war, the world sees great innovation. This was also true in nursing education. During the First World War, many nurses from the United States willingly volunteered for service in the Red Cross because they were needed overseas to care for the sick

and injured soldiers. This resulted in an acute shortage of nurses on the home front. To fill this shortage, the General Medical Board Committee launched a publicity campaign that filled the media with pictures, posters, speeches, pamphlets, and even motion pictures to improve the image of the nursing profession as an attempt to attract more nursing students. In addition, the Board appealed to schools of nursing across the country to expand the number of students their programs could accommodate (Kalisch & Kalisch, 2004). Throughout the war, the country continued to seek solutions to the shortage of nurses. Leaders in nursing began to look towards college-educated women to enter nursing through an accelerated educational program. As a result, Vassar College developed an accelerated program in nursing education that was named the Vassar Training Camp. The program sought to attract college-educated women to nursing, the Committee on Nursing decided to make a bold move and pilot an intensive three-month preparatory program at Vassar College (Sarnecky, 1999). The success of the Vassar Training Camp was long-lasting because graduates of this program assumed roles of leadership in nursing over the next several decades. One example is Katherine Densford Dreaves, later became the Director of Nursing at the University of Minnesota (University of Minnesota, 2017). Another leader to emerge from the Vassar Training camps was Dorothy Rood, (1941) who later became the Director of Public Health Nursing at Loyola University Chicago. The lasting impact of the Vassar Training Camp experience demonstrated that nursing education could and should take place in a university setting, leading to positive outcomes for nursing education and the profession.

Adelaide Nutting, who had led an evaluation of military hospitals and exposed the appalling conditions within the Army Nurse Corps, proposed the Army School of Nursing

(Kalisch & Kalisch, 2004). This school would be an entity under the surgeon general's office and would be supervised by Dean Annie Goodrich. This model of nursing education, established in 1918, was based on the standards of the curriculum outlined in the 1917 *Standard Curriculum for Schools of Nursing*. The students were taught by qualified nurses and were given ample opportunity to learn theoretical nursing practice, participate in laboratory work, and have practical experiences that did not interfere with their classroom learning. This idea was quite revolutionary for the day. By December of 1918, 1,578 students were enrolled in the program. Due to budgetary constraints, the Army School of Nursing was discontinued in 1931. However, the program graduated 937 students in the intervening years, including Mary Phillips and Rudy Bryant who later served as Chiefs of the Army Nurse Corps. Virginia Henderson, a noted nurse educator who later would develop a framework for nursing, was also a graduate of the program (Jamme, 1918; U. S. Army Medical Department, 2009).

Intervening Years Between the Great Wars

As the first World War was drawing to an end, the Great Influenza Epidemic decimated the population of the entire world during the years of 1918 and 1919. Nurses were faced with the increasing everyday demands of life and death. Physicians, during the epidemic, were often unavailable and it was the nurses who led the fight against the devastating epidemic. Many nurses died from influenza, which further decimated the number of nurses available to care for the ill (Kalisch & Kalisch, 2004).

As the 1920's began, the United States was faced, yet again, with an acute shortage of nurses because of the strain of both the war and the influenza epidemic. Schools of nursing faced long closures due to the extended absences of faculty members. Furthermore, while the

number of applicants to schools of nursing increased during the war years, by 1920, it is estimated that the United States faced a shortage of nearly 55,000 trained nurses. The National Organization for Public Health Nursing concluded that over 70,000 babies died in the United States due to lack of proper prenatal and postnatal care. The problem was exacerbated by the inability of schools of nursing to recruit enough students to fill their classes. Unfortunately, during the 1920's nursing faced an image problem. Nursing was no longer perceived as the prestigious position that it had garnered during the war (Kalisch & Kalisch, 2004). The 1930's proved to be equally devastating for the nursing profession. The Great Depression struck America, and millions lost their jobs. It was estimated that 8,000 to 10,000 qualified nurses working in the public health and in private care were out of work and were required to seek employment in the hospitals, the site that had historically been staffed by the nursing students. (Kalisch & Kalisch).

The Impact of World War II

As the United States' involvement in World War II became imminent, the nursing profession prepared for its role in the war. In 1940, the Office of Civilian Defense and the American Red Cross initiated a campaign to train 100,000 people as nurse's aides to augment the anticipated need for help in hospitals. However, at the time, schools of nursing were facing a deficit of 5,000 applicants. In response, federal funding was sought to augment the costs of nursing education. While improvements in the health of the nation had been evident through the first three decades of the twentieth century, during the early years of the war, the United States saw a decline in the care and outcomes of hospitalized patients because of the shortage of nurses (Kalisch & Kalisch, 2004).

To deal with the dearth of nurses to care for both the troops overseas and also civilians on the homefront, in 1943, the U.S. Congress passed the Bolton Act that established the US Cadet Nurse Corps. The US Public Health Service, which funded the Cadet Nurse Corp subsidized the entire education of a nurse, including tuition, room and board, books, and monthly stipends. In return for the subsidized education, students were required to work in the nursing profession, wherever it was they were needed, for the duration of the war. The Bolton Act also reduced the length of nursing education from 36 months to a 30-month long program. While valiant efforts were made to increase enrollment and graduate nurses to ease the demand, the United States continued to see a significant shortage (Kalisch & Kalisch, 2004).

On April 29, 1945, the Secretary of War, Henry L. Stimson recommended to President Franklin Roosevelt legislation that would enact a draft for nurses. However, it was determined by May 7, 1945, that enough nurses had volunteered for active duty to serve both overseas and in American hospitals, which averted the need for legislation to draft nurses into military service (Feller & Cox, 2001). Although Imogene King entered nursing school during the war years, she was not a member of the Cadet Nurse Corp. This decision was made because of her uncle, a physician, encouraged King to enter the St. John's Hospital School of Nursing diploma program and in return he paid for her education. Therefore, King was not in need of the funding the government would have provided.

In post-World War II, the United States faced a nursing shortage of epic proportions. Citing poor working conditions and meager pay, nurses opted to leave their profession for careers in non-health-related fields. Nursing's decreasing popularity as a profession after World War II was thought to be related to a number of factors: (1) poor pay and harsh working

conditions; (2) authoritarian conditions in which student nurses were subjected to severe discipline; (3) competition for positions in other fields that offered better pay and work-life balance; and (4) an overall decline in the satisfaction of being a nurse (Kalisch & Kalisch, 2004). Returning military who had become accustomed to the autonomy and responsibility afforded to them during the war were disillusioned with hospital-based nursing (Deloughery, 1977; Kalisch & Kalisch, 2004). A combination of these factors contributed to a post-World War II nursing shortage and declining enrollment in schools of nursing across the country.

Brown Report

In 1943, with financial support from the Carnegie Corporation, the Russell Sage Foundation published a study by Esther Lucille Brown, a social scientist. The “Brown Report,” (1947) as the document would come to be known, sought answers to the following questions; “who should organize, administer and finance professional schools of nursing” (p. 12). The report focused on the anticipated health care needs of society in the latter half of the twentieth century. With an emphasis on society’s needs, the Brown Report addressed challenges within the nursing profession relating to the best practices of nursing care in order to optimization to protect and promote health (Gebbie, 2009).

According to the Brown Report (1947), nursing education was one of the central problems with nursing as a profession. The author recommended a far-reaching examination of all the nursing schools, much like the survey that had been undertaken by Flexner for his report about medical schools and Goldmark’s 1923 report. However, Brown acknowledged that realistically there were too many schools of nursing across the country to embark on this project. Therefore, she suggested that the profession establish an accreditation process for schools of

nursing that would include a periodic re-examination of the schools to ensure that schools would continue to meet the defined criteria. The results of the accreditation would then be published nationwide with the expectation that weak schools of nursing would close. In addition, it was hoped that accreditation would also result in the movement of the education of nurses away from hospitals and into colleges and universities. Brown found that many of the hospital-based programs provided subpar education and continued to use student nurses as the means to staff underfunded hospitals with free labor (Brown, 1947). This practice still existed in 1947 despite the recommendation of the Goldmark Report of 1923.

The Brown Report (1947) report also addressed the professional role of the nurse. During and after World War II, hospitals increasingly used “auxiliary staff” to provide care for patients. Because Brown found this practice to be inconsistent with her goal of optimizing health for society, Brown recommended that the title of professional nurse be reserved only for those who assumed the greatest responsibility for the provision of care for the patient and who had received the highest level of education. This idea ultimately led to the creation of what is now known as the career ladder, which includes various levels of hierarchy, accountability, and responsibility in nursing (Gebbie, 2009).

Ultimately, the lasting effects of the Brown Report (1947), in the words of the author, helped to bring about the following change:

...to make the nursing profession more attractive to college women than almost any other. Here is the opportunity to pioneer in clinical nursing as a specialty; to witness and also influence growth, development and change not only in childhood but during all stages of life; to observe and treat the never absent but infinitely variable emotional component of disease; to be a participant in community efforts to protect health and to condition persons in the maintenance of health. (p. 192)

These results would offer the opportunities for the profession of nursing to improve and to better meet the needs of society.

Mildred Montag

Grappling with the nations' increasing need for nurses and responding to Brown's call for nursing education to be placed solely in institutions of higher education, the Teachers College of Columbia University formed a committee in 1949 to explore educational paths for the practical and professional nurse. The committee worked under the leadership of Dean Louise McManus and was chaired by the sociologist Eli Ginzberg, whose work sought to explore educational paths for the practical and professional nurse. Intrigued by the work of Ginzberg's committee, Mildred Montag, a doctoral student at the Teachers College, Columbia University, proposed in her dissertation *Education for Nursing Technicians* that a two-year curriculum for the practical nurse be offered in the newly established community colleges. Funded by a grant from the Kellogg Foundation, Montag was able to conduct a research project encompassing four states to determine the feasibility of her proposal. Montag's research led to the development of the Associate Degree in Nursing (ADN), the only nursing degree program that was researched and proven to be successful (Kalisch & Kalisch, 2004). This spark launched the associate degree program in nursing that has, to this day, educated the largest number of nurses. Although, the initial intent of Montag's work was to create an education for a leveled practical or technical nurse this goal became lost in the education boom that followed the program's creation. However, the associate degree program has served as a valuable conduit to bring a nursing degree to an incredibly diverse population who otherwise would not have been able to pursue a nursing education at a four-year university.

With the advent of modern nursing, a monumental change in both the profession and education of nurses had advanced the profession. Florence Nightingale, the pioneer of modern nursing, laid a firm foundation on which the profession could prosper. The sound guidance for the practice of nursing formulated in *Notes on Nursing* and Nightingale's vision when she established the framework for nursing education in the Nightingale School left a legacy that inspired generations of nurses. Waylaid by the lack of funding and the domination of hospital administrators and physicians who prioritized low-cost delivery of patient care over the proper education of nurses, nursing education faced a staggered period of growth at the beginning of the twentieth century. Buoyed by several reports about the state of nursing education, nurse leaders such as Isabel Hampton Robb, Annie Goodrich, and Adelaide Nutting transformed nursing education. Their work resulted in the creation of tolerable conditions for nursing students by limiting hours spent in clinical practice and increasing the time spent in theory courses. Leaders further encouraged a movement towards the standardization of nursing education with the publication of the curriculum guides of 1917, 1927 and 1937. They further supported a Flexner-type exploration into schools of nursing to expose the strengths and weaknesses of nursing schools. Recognizing the need for well-educated women to join the ranks of the profession, the Vassar Training Camp was established during World War I to accelerate the nursing education of women who already held college degrees. This model was so popular that several other universities, such as Western Reserve, the University of Cincinnati, the University of Iowa, the University of Colorado, and the University of California, began similar programs during the first world war (Kalisch & Kalisch, 2004). Recognizing the contribution of nurses to the nation's efforts in World War II, the federal government funded a comprehensive program that paid the

entire tuition, room, and board for student nurses. The Cadet Nurse Corp. also paid stipends for those who were willing, at the completion of nursing school, to serve in the military during the war.

The preceding are the events that led to the state of the profession of nursing and nursing education when Imogene King began her education at with a diploma in nursing from St. John's Hospital School of Nursing in St. Louis in 1945. This history shaped King's career in nursing academia. Without the efforts of those who came before her in nursing and nursing education, the profession could have been an inhospitable place for a pioneering woman such as Imogene King. However, the labors of her forebears shaped the profession and nursing education to a point that was ripe for the innovation and logic that King was able to contribute, thus marking and advancing the advent of nursing as a science.

Knowledge in Nursing

Knowledge/Theory Movement

At the core of any profession, and particularly in nursing, is a mission based on a set of values, assumptions, and perspectives that lead to the growth of a vibrant profession able to respond to the constantly changing needs of society. The role of theory in a profession such as nursing is to facilitate the profession's response to its needs. Theory, in this sense, is needed to provide a roadmap that will guide leaders and practitioners in the profession (Tomey & Alligood, 2013). To better understand ways a theory can guide nursing in its quest to serve society, one must first understand the journey nursing has taken in its quest to establish itself as a science, a legitimate profession, and an academic discipline with a foundation based in theory.

Historically, nursing knowledge was borrowed from other professions. The medical profession was the predominant provider of knowledge that guided nursing practice in its earliest days, particularly because physicians were the primary teachers of nursing students. Nursing, however, soon began to borrow from the social sciences to inform practice. Unfortunately, borrowed theories often failed to adequately inform nursing practice because of their lack of empirical evidence in support of nursing practices (Villarruel, Bishop, Simpson, Jemmott & Fawcett, 2001). Fortunately, nursing soon began to recognize that to support nursing as a profession, and as an academic discipline, theory based in nursing practice was necessary.

Florence Nightingale is considered by many to be the first theorist in nursing, *Notes on Nursing* provided a basis for nursing care based on environmental factors. Although *Notes on Nursing*, was meant to be a comprehensive guide to instruct lay people, particularly female heads of households and their servants, in the care of family members, it was later espoused by nursing and labeled a theory (Nightingale, 1949). It was not until nearly a hundred years later that nursing witnessed the emergence of a movement to establish nursing as a science. Why was there such a long period between Nightingale's guiding work and the realization of nursing as a science? Meleis (2012) suggests that the barriers to theory development in nursing were nurses themselves. Student nurses were historically taught and socialized under a patriarchal framework that encouraged "squenching curiosity, replacing it with conformity and nonquestioning [sic] attitude" (Meleis, 2012, p. 42). The qualities required for theory development, such as inquisitiveness, thinking, and reflection, were quite often neglected in nursing education. Therefore, nursing itself did not produce nurses prepared to create a scientifically established base of knowledge.

With a shift in nursing education from the hospital-based diploma program to institutions of higher education, the 1960s saw the emergence of a movement to establish nursing as a science. Perhaps the initial impetus for moving nursing forward was the publication of *Nursing Research* in 1955, a professional journal that contained research on nursing by nurses (Meleis, 2012). The Teachers College at Columbia and Yale University were influential in educating nurse scientists. A number of pioneers in nursing theory were graduates of those two universities. In 1965, the American Nurses Association (ANA) identified the development of nursing theory as a significant goal, assigning it the highest priority. Further, the ANA secured monetary support from the federal government that was used to hold a series of conferences for nursing scientists

In 1969, the first of three Nurse Scientist Conference on the Nature of Science in Nursing was held. These conferences were a series of interactive workshops, several days in length that aimed to “examine the nature of science in nursing” (Leinenger, 1969, p 388). The participants represented nurse scientists from 23 academic institutions across the United States. Each participant explored Nursing Theory with the resources available for nurse scientists at the time to explore theories that would be useful for nursing (Norris, 1969a). Those present included Imogene King, Margaret Kaufman, Hildegard Peplau, and Madeleine Leininger among the nurses who represented a core group who wanted to “support a scientific discipline and a body of knowledge which can be subjected to scientific and humanistic appraisal by nurses” (Leininger, 1969, p. 388).

The second of this series of conferences was held later that same year and focused on building theory. Nurses used two approaches, inductive and deductive, in theory development.

Further, the nurses brought forth their ideas on the nature of theory as a guide to nursing practice. The panels in which Imogene King was involved explored situation-producing theory and general systems theory as a means to develop a nursing theory (Leinenger, 1969; Norris, 1969b). The final conference in the series of three occurred early in 1970 and focused on nursing research and theory construction. Of particular interest was a discussion of the relationship between synthesis and theory, which generated much discussion, but did not result in a definite conclusion. As expected, the nurses participating in these conferences returned to their academic institutions and began their work on theory development, as did Imogene King, who was serving as the Director of the Ohio State University School of Nursing (Norris, 1970). These nursing conferences, held in the late 1969 and the early 1970s and sponsored by various universities, sparked both productive debate and useful ideas for the construction of nursing theory.

Dickoff and James

Another noteworthy contribution in the early days of the theory movement in nursing was made by the publication of the work of two philosophers, Dr. James Dickoff and Dr. Patricia James. Although not nurses, Dickoff and James wanted to guide the nursing profession in the development of theory for the nursing professions. To add credibility to their pursuit they employed Ernestine Wiedenbach, a nurse, to validate their work for the nursing profession. Their contributions to nursing began in the late 1960's with the goal of helping the theory movement in nursing through the publication of a series of articles (Dickoff & James, 1968; 1971; Dickoff, James & Wiedenbach, 1968a; 1968b). The intent of their initial work had several purposes. They planned to define theory in practice and explain the importance that research plays in theory development. Their publications emphasized the authors' beliefs and values that

theory is a significant contribution to a practice discipline (Ohashi, 1985). Their work achieved a reasonable degree of acceptance by nursing, albeit, with some reluctance on the part of nurses. It could be hypothesized their success in exerting their influences in nursing was because, in the 1960's, nursing was not in a position to reject their help. Nursing, at this time, was attempting to establish a theoretical foundation for the profession and, one could argue, needed as much help as could be mustered from other disciplines. Although Dickoff and James collaborated with nurse Weidenbach when they embarked on their work, as they established credibility amongst members of the nursing profession they no longer seemed to need her input (Obashi, 1985). Because they are still widely referred to in nursing theory development and in nursing graduate programs, it would be safe to surmise that they were, and still, are widely accepted by the profession.

Ultimately, Dickoff and James' work was significant to the nursing theory movement because it established the importance of theory to the practice of nursing. Furthermore, Dickoff and James's work confirmed that theory is essential to the practice of nursing because it provides a plan of action or a set of rules that prescribe a nurse's actions. Also, and perhaps most importantly, their work confirmed that nurses were indeed capable of developing and publishing theories for nursing (Dickoff & James, 1968; 1971; Dickoff, James & Wiedenbach, 1968a; 1968b). The work of Dickoff, James, and Weidenbach promoted the legitimization of nursing as a profession and also inspired leaders in the nursing profession to continue their pursuit of nursing theory to provide a scientific basis for the profession of nursing.

Since the 1960s, nursing has made a deliberate effort to define and establish itself as a profession through the development of knowledge based on the theory and research. Florence

Nightingale created the environment in which nursing could prosper, but unfortunately, over one hundred years elapsed before the movement toward the development of theory garnered momentum. The movement was accepted by the leaders and visionaries who recognized the importance of theory in nursing. The following discussion of nurse theorists is important because these persons were pioneers of nursing science and colleagues or contemporaries of Imogene King who shared her goals. The importance of their inclusion in this discussion is pertinent to both their work in the development of nursing theory based in the practice of nursing and also to their relationship and implicit influence on the work of Imogene King.

Hildegard E. Peplau

While known as the “mother of psychiatric nursing,” Peplau’s contribution to the professionalization of nursing transcends her contribution to psychiatric nursing. Peplau began her work as a nurse after her graduation from Pottstown Hospital School of Nursing in Pennsylvania. She received a bachelor’s degree in interpersonal psychology and worked side-by-side with renowned psychoanalysts Erich Fromm, Frieda Fromm-Reichmann, and Harry Stack Sullivan, whose publication acted as the primary influence for Peplau’s work. Her first book, *Interpersonal Relations in Nursing* (1952) is regarded as the first instance of a theory developed specifically for the profession in nursing. This work is credited with changing nursing from a skilled discipline to a true profession. However, the book, which Peplau completed in 1948, was not published for four years because, at the time, it was considered “too revolutionary” for a nurse to publish a book independent of a physician as co-author. Peplau is ascribed with the introduction of advanced practice nursing by teaching graduate level classes in psychiatry at the Teachers College in the early 1950s. Peplau later started a graduate-level program for clinical

specialists in psychiatric nursing while she was a member of the faculty at the College of Nursing at Rutgers University (1954–1974). Peplau was an advocate for graduate-level education because she thought it was integral for nurses to be able to develop a truly therapeutic relationship with their patients in the mental hospitals of her era (Calloway, 2002).

Peplau's theory of interpersonal relationships was ground-breaking for the profession and was the first book published with what would become described as a nursing theoretical perspective. Her work transformed the specialty of psychiatric nursing from the provision of custodial care to the patients in mental institutions to the first specialty in the nursing profession that was based on theory (Forchuk, 1993). Her work impacted the field of psychiatric nursing and the ways nurses interacted with their patients. The central concept of the work includes the role the nurse assumes in assisting patients to identify their needs. Through the interactions with the nurse, both the nurse and the patient advance through their respective roles (Parker & Smith, 2010).

While it does not appear that Peplau's initial intent was to create a theory for nursing, a decade later, her work was lauded as one. In 1958, the International Council of Nursing (ICN) released a statement to define the nursing profession. This definition included the need for knowledge and theory to be founded in the nursing profession itself. Peplau's work met that criteria, because her work showed that the work of a nurse could be articulated in the form of theory for nursing (Meleis, 2010).

Peplau was a prolific writer and speaker who promoted innovative practice standards for the psychiatric specialty of nursing. Her legacy is the publication of the first theory for the

profession of nursing, which ultimately transformed nursing with the publication of the first theory for the profession of nursing.

Hildegard Peplau was a dear friend of Imogene King throughout their lifetime. They continued to correspond with letters and Christmas cards, that can be found in King's archived materials. Peplau played an integral role in helping Imogene King publish her first theory book. After several cutting peer reviews of King's book, it was Peplau who lent her expertise and guided King through the revisions that led to the publication of *Towards a Theory for Nursing* in 1971.

Myra E. Levine

Myra Levine had a long and illustrious career in nursing practice and education. Her work as an educator included the publication of the textbook *Introduction to Clinical Nursing* (1969 & 1973). Influenced by the work of Florence Nightingale, among others, Levine published her *Conservational Model* for nursing in 1967. Levine's model emphasized the adaptation and promotion of wholeness through conservation of energy, structure, and personal and social integrity (Tomey & Alligood, 2006). This model guides a nurse in the care of a patient with a focus on stabilizing the "orgasmic matter," based on conservation of external forces. Concepts included in this framework include response to fear, response to stress, inflammatory response, and the perceptual response. The goal is to maintain the wholeness of the patient, or state of health of the organism (Parker & Smith, 2010).

Levine was first and foremost an educator. Among the many positions, she held in nursing education and nursing science included her service on the faculty at Loyola University Chicago (LUC) from 1967 to 1973. Imogene King was also a member of the faculty during

Levine's final years at LUC. While both served on the faculty at LUC King and Levine's relationship is what has been described at times as argumentative. This was the experience of others, students included, who witnessed the two theorists argue about the propositions of their respective theories of nursing.

Martha E. Rogers

Martha Rogers has been known for her radical thoughts about nursing. She spent most of her clinical career as a public health nurse. Rogers found this role provided greater independence than that given to a typical staff nurse in a hospital. This belief would later influence many of her ideas about nursing and the concepts of health and prevention that are included in her theory. From an early stage in her life, Rogers had been passionate about gaining knowledge. A prolific reader, as a child she read almost every book in the library of her hometown Knoxville, Tennessee. At an early age, Rogers became interested in aeronautics after visiting an airfield with her father. After completing her diploma at Knoxville General Hospital and a bachelor's degree in Public Health Nursing at George Peabody College, Rogers went on to graduate school in Public Health at Johns Hopkins. While at Johns Hopkins, Rogers began to compile her ideas about nursing which would eventually become incorporated into her theory of nursing, which is known as the "Theory of Unitary Human Beings." This theory considers both the art and science of nursing in which the human being is integral to the universe and the purpose of nurses' work is to promote the health and wellness of all individuals (Tomey & Alligood, 2006). Although Roger's theory is quite abstract, complex, and somewhat difficult to understand, its ultimate intention is an enviable goal for the nursing profession.

When her career began at the New York University, Rogers noted a significant lack of any substantive nursing knowledge; certainly, not enough on which to build a graduate program. Rogers soon endeavored to transform the graduate curriculum at NYU to emphasize research about the nursing process rather than studies about the functions of nurses (Hektor, 1989). She was a champion for building and expanding knowledge for both the profession and the education of nurses, as evidenced by her extensive publications, speaking engagements, and work with the nursing associations. Roger's relationship with Imogene King began early in King's career. King was interested in publishing her work in a journal, *Nursing Research*, of which Rogers was the editor. Rogers and King had both a professional and friendly relationship that lasted throughout their lifetimes and was influential in the support they provided for each other. This is evidenced by the affectionate memories that King shares in her 1994 interview with Messmer.

Rosemarie Parse

Rosemarie Parse is an influential figure in nursing theory and is also a well-respected educator and leader in the profession. While she held positions as a professor at the University of Pittsburgh, Duquesne University, and Loyola University Chicago, Parse was a mentor to many students. She is a prolific dissertation chair and mentored over thirty doctoral students. This involvement with graduate students led to the development of the International Consortium of Parse Scholars (ICPS) whose focus is to promote Parse's Human Becoming paradigm in nursing practice, research, education, and administration (Parker & Smith, 2010). Also, Parse has contributed to nursing research and nursing theory development through her leadership as the founder and editor of the highly-regarded *Nursing Science Quarterly* journal that focuses on contributions to nursing research and theory.

Perhaps Parse's most significant work was the development of her theory, which was first published in 1981. Her theory was originally called the Man-Living-Health Theory. In 1992, the name was changed to the Human Becoming Theory to make the title reflective of the intended meaning of the theory, a reference to theory for all of humankind. The theory explores the phenomena of humans and health. It explains that humans are continuously evolving through their interactions with the environment. Health is a process of adaption that is neither fixed nor static but is constantly evolving. It has been critiqued as a rather esoteric theory that is refreshing in its usefulness in education and practice and distinguishes itself as a paradigm for nursing (Walker, 1996). However, critics assert that it has limited applicability in nursing because it does not utilize the nursing process (Billay, Myrick, Luhanga, & Yonge 2007; Walker 1996). Regardless of these criticisms, Parse continues to be a significant leader in the development of nursing theory.

Although both Parse and King served on the faculty of the School of Nursing at Loyola University Chicago, their tenure there did not overlap. King left in 1980, and Parse joined the faculty in 1996. King was a productive contributor of scholarly work to Parse's *Journal Nursing Science Quarterly* throughout the years. King fondly recalled throughout her 1994 interview the amicable friendship that she and Parse had despite the occasionally contentious professional relationship. Notwithstanding some differences, it is apparent they had mutual respect for each other's work. Parse is included in this work because of the contributions each made to the others life.

Each of these theorists has had a significant impact on the science, practice, and art of nursing. Through the work of each in the development of a unique collection of knowledge, the

nurse theorists provided nursing with a foundation on which to build the profession. Nursing theorists have influenced the practice of nursing by providing purpose and direction to a profession that was somewhat undefined for many decades. Their work has allowed nurses to practice with a solid scientific foundation and with a sense of purpose defined by values that are conducive to a thoughtful, effective, and caring practice. Nurse theories also provided frameworks to guide the conduct of nursing research.

The history of knowledge in nursing and the tradition of nursing as a science has been relatively short when compared to other disciplines whose traditions are centuries old. However, the development of knowledge through the development of theory to guide the practice of nursing has been a productive endeavor. Theory development began slowly, initiated with the work of Florence Nightingale in the nineteenth century; yet not addressed again until nearly a century later with the publication of Peplau's work in 1952. Another influence on knowledge in nursing was the shift of nursing education that had been based in the hospital moving to institutions of higher education that fostered critical thinking through the liberal arts that would promote knowledge development. The leaders in the nursing profession, that have been discussed throughout this chapter, began a movement that transformed nursing education and nursing practice. The 1960s marked a time when leaders and educators in the nursing profession united to set an agenda that aimed to legitimize nursing as a profession through the development of nursing knowledge and nursing theory that was not only specific to nursing but also based on the practice or work of nurses. Nursing was aided by the work of James Dickoff, Patricia James, and Ernestine Wiedenbach that demonstrated the importance of theory as the underpinning of practice in the profession of nursing. The unification of knowledge and theory in nursing

engendered by nursing leaders such as Martha Rogers, Rosemarie Parse, Myra Levine, and Imogene King, among others, changed the substance of the nursing profession.

CHAPTER THREE

METHODOLOGY

Change is a constant in the natural and social world and can best be understood by thoughtful reflection of who we are as humans, our actions, and our understanding and analysis of our past through the study of history, a process known as a historiography. Sarnecky (1990) defines historiography as a process by which data and artifacts from the past are studied and analyzed to draw unified inferences that will be useful to explicate the present and inspire our actions in the future.

Historical research has been much maligned in the nursing profession. Skeptics of the historical research methodology question its validity as a research tool, its intellectual merit, and its rigor. Furthermore, critics of the historical research method suggest that it is a mere “chronology” of past events, people or ideas (Sarnecky, 1990). Christy (1975) suggests that perhaps the nursing profession prefers a more straightforward approach, such as that taken in empirical research. Perhaps nurses view the historical methodology as a quest for knowledge rather than a true research effort. Criticisms of historical methodology in nursing research might have evolved from a narrow viewpoint of research in the nursing profession. Fortunately, there is now a wider acceptance of historiography in nursing as a method of research.

There is increasing evidence that the historical method of research is finding a place of its own within nursing, as demonstrated by increasing numbers of studies that are published and the

growth in dissertations using historical methodology (Sarnecky, 1990). This trend benefits the profession by furthering cohesion and pride and an awareness of a professional identity (Lusk 1997; Lewenson & Hermann, 2008; McDowell, 2002). Adelaide Nutting (1931) once said, “I have but one lamp by which my feet are guided, and that is the lamp of experience. I know of no way of judging the future but by the past” (p. 1389). The historical method not only illuminates the past but also views the present that is shaped by the past and offers a lens through which to view the future. The present is shaped by the past; nurses have learned to become who they are as professionals through the past experiences of the profession.

This chapter begins with a discussion of the methodology used by this researcher in the exploration of the life, influences, and contributions of Imogene King. Documents and other historical information, from both primary and secondary sources (including the oral histories from those who knew King), will provide stories. The data will help answer and affirm the questions posed in this research. The validation of the data (called criticism in historical methodology) will also be explored and examined by internal, external, positive, and negative criticisms. Lastly, this researcher will discuss the process of data analysis and conclude with an explanation of the application of historical methodology to the study of the life of Imogene King.

Historical Research Approaches

Methodology

There is a “peculiar inexactness” among historians when it comes to defining, demarcating, and bolstering their historical research methodology (D’Antonio, 2008). While there may be a lack of consensus among historians in general, in nursing there is a somewhat standard approach to the methodology in historical research.

Sarnecky's (1990) methodology approach is used in this research study. The six phases of Sarnecky's method include the following: (1) selection of a problem or area of study that is well defined and amenable to the historical research process; (2) identification of the data sets necessary to study the problem area identified; (3) determine if the desired data is available (oftentimes there is inadequate data that can be found, and the researcher needs to understand that the research will be confined to the limits of the data); (4) collection and validation of the data through internal and external criticism as well as primary and secondary sources; (5) synthesis of the data, a process that involves analysis, integration of the themes, and organization of the data; and (6) application of the research so that one can better understand how past events frame the current state of affairs (Sarnecky, 1990).

There are some drawbacks to Sarnecky's (1990) historical methodology. For example, it can be argued that Sarnecky focuses too much on the discovery and collection of data. Although her method places a strong emphasis on the validation of the data, it downplays the importance of the actual writing or delivery of the final product. Sarnecky's methodology was chosen for the purposes of this research because of the importance it places on the validation of the data, a step necessary to support and confirm biographical research with sufficient vigor; the synthesis of the data that draws on themes found in the documents; and the use of the data to better understand the historical implication of the study and how it impacts how the profession of nursing is understood today.

Having studied King's theory during graduate school, and having had the opportunity to archive King's documents during a research practicum, this researcher felt that undertaking the biography of Imogene King would be a worthy discourse, a step that should be considered of

utmost importance in the research process. Without valid data to support the research, the conclusions drawn will not be of significant rigor.

Following the first phase of Sarnecky's (1990) methodology, the biographical account of Imogene King was selected as the topic of this dissertation. In addition, Sarnecky's phases two and three were easily fulfilled since King donated her papers to the Loyola University Chicago Archives, and were readily available to the researcher. The second through sixth phases of Sarnecky's method will be discussed in greater detail in the subsequent sections of this chapter. This approach to historical methodology will be used to address the research questions, which are repeated below:

1. Who was Imogene King through her youth to her roles as educator, leader, and theorist
2. What influences led to Imogene King becoming a nurse theorist?
3. What was the significance of Imogene King's contribution to the nursing profession?

Organizing Frameworks

Often, the identified areas of interest within historical research can be quite broad. The use of an organizing framework can help narrow the focus of the research, keep one within the scope of the task when collecting data, and organize the content (D'Antonio, 2008; Lusk, 1997). According to Lusk (1997), critics of the use of frameworks assert that they influence the author to view the data from the particular perspective and therefore might cause the researcher to intentionally overlook certain data sets, or even misinterpret the data, so that it is consistent with the chosen framework. The use of frameworks is a bit controversial in historical research because some scholars believe that frameworks cause researchers to self-impose limitations on their approaches to the topic. Therefore, critics assert that it is better to approach the research with an open mind that is not constrained by too many questions or a specific framework. Buck

(2008) suggests that all researchers are influenced by their personal biases, backgrounds, and worldviews. She proposes that the research framework is not an unyielding or static mechanism but instead is one that reciprocally guides the questions and research (Buck, 2008). There are many different frameworks in historical research; this dissertation will use the biographical and social frameworks as they pertain to research about the life of Imogene King.

The Biographical Framework. Since the intention of the proposed research is to garner an understanding of who Imogene King was as a person, the biographical framework is most appropriate for this purpose and will be the primary framework used throughout the research. A biographical framework focuses on the life and contributions of one particular individual. One weakness of the biographical framework is that too much of a focus is placed on one person, at the expense of the environment, events, and social trends. Traditionally, nursing has suffered a similar pitfall. Although, history has focused on the “great white man,” historical nursing approaches have focused on the “great woman” in nursing history, such as Florence Nightingale, Margaret Sanger, or Clara Barton. However, there is now a movement within nursing to explore the practices and lives of the everyday nurse who works in the trenches, and not just that of the significant historical figures (Grympa, 2008). Despite this renewed interest, there is a dearth of biographical study in nursing. Ross Kerr (1994) suggests that this gap occurs not only because historical research is not well respected in the nursing profession but also because there is a gender bias associated with nursing. Because women comprise the majority of nurses, there is little interest in biographical accounts of nurses, both the famous and the average nurse.

The biographical exploration of nurses presents the historian with a unique research opportunity for the study of nurse leaders and lesser-known nurses. This researcher endeavoured to research a thorough a biographical account of Imogene King, to seize this opportunity through

data collection and analysis, from primary and secondary sources, as well as through interviews with people who knew Imogene King. Acquiring an understanding of who King was as a person is integral to the discernment of her work and contributions to the profession of nursing.

However, it is important to acknowledge that the portrait of who Imogene King was as a person is too elusive to be easily found in the literature. Patricia Messmer, “the preeminent King historian” according to Clark, Killeen, Messmer, and Sieloff, (2009), has written about King. Messmer’s work will be discussed in greater detail in chapter four. However, little has been written about King’s process for the development of both her theory and conceptual framework (Frey et al. 1995; Stevens & Messmer, 2008). Because this researcher seeks to examine the life of King as well as her influences on the nursing profession, both her theory development and her conceptual framework will be included. Although the primary focus of this research is Imogene King as a person, included within the framework is a discussion of the factors that influenced King’s work and her continued impact on the profession of nursing.

The Social Framework. Social history is a framework that reinterprets the lives, experiences, and events of ordinary people through a lens that integrates race, class, and gender (Buck, 2008; Tosh, 2010). The social history framework guides the researcher in the telling of a story of how a particular moment or event in history unfolded through its effect on the lives of everyday people. Imogene King’s work was influenced by social events of her day. Therefore, utilizing the social-historical framework will be appropriate for conducting research about Imogene King because it will provide greater context to her life through a description of the ways and the time in which she lived and how it influenced her work. For example, during King’s early tenure in the profession of nursing, there was a social shift in nursing education from the model of apprenticeship, in which students essentially learned through their work as

hospital staff members, to the placement of nursing education in the institutions of higher education. Much of King's work was focussed on the construction of knowledge in nursing. Therefore, this significant change in nursing education is a paradigm shift that influenced the profession for generations to come.

Research Procedures

Data Collection

The decision upon and definition of a particular area of interest that will keep the researcher engaged is an important step in the research process. However, while the choice of a topic is a significant step, the finding, validating, and synthesizing the data in order to tell the story are equally important endeavors in the process.

Sources of data. The historical researcher searches through many sources of data to piece together a story. Data, for the purposes of this historical research, was found in a multitude of places. The archives in the library at Loyola University Chicago was the first venue to be accessed and was the primary source of primary documents (Lewenson, 2008; Lusk, 1997; Williams, 2012). Although there is an ever-increasing amount of archival material available worldwide, one of the pitfalls, or challenges, in the historical research process is that one is limited to only what can be found; in other words, one cannot create "new" historical documents or artifacts. Historians are limited to what they can find; any incomplete data can complicate the research process. King's archives at Loyola University Chicago contained little personal information about King's family members or friends. In historical research, the condition of the documents can also pose a challenge to the researcher. Artifacts might be so old that the ink has faded to an imperceptible level, or the page may be ragged and missing key sections. For the most part, King's documents were in good condition, although some were faded to the extent

that they could be read only with some difficulty. It is important to utilize all sources of data available to the historian, such as primary and secondary source materials, as well as oral histories. Fortunately for this researcher, the documents and artifacts in King's archival collection were created during the past 60 years and thus are in relatively good to excellent condition.

Primary. Primary source documents are central to the historical method. These include the documents of the actual participants in the events of the subject's life. Primary sources can also be artifacts or images from the event, time or person that is being documented. Often, primary source documents are unpublished and housed in the archives of a library. Primary source documents consist of diaries, letters or personal correspondence, minutes of meetings, or drafts of speeches. Even a direct quote from a book or article is considered a primary source document (Howell & Prevenier, 2001; Lewenson, 2008; Lusk, 1997; Williams, 2012). Whenever possible, Christy (1975) suggests that primary sources be used in the pursuit of historical knowledge. This ensures an accurate interpretation that is not otherwise influenced by another's perspective, such as would be found in a secondary source accounts of the event. This researcher was fortunate to have a plethora of primary source material available for use. King donated all her papers to the archives of Loyola University Chicago where there was an abundance of material in the archival collection that could be used to create a biography of King. While one does not want to discount the importance of any of the materials found in King's archival collection, there are particular items that were of greater significance than others. Archived materials that were beneficial primary source materials included, but were not limited to, copies of speeches that King had given between the years of 1965-2007. These were an excellent resource for the identification of themes in her work, and for the discovery of the ascendance and

decline of these ideas over the course of her life. Another source was King's general correspondence dating from 1968. Additional correspondence of interest was that from her publishers, students (with whom she particularly enjoyed corresponding), and practitioners who utilized her theory in their work or dissertations. Copies and drafts of King's articles were other excellent primary source documents. Teaching materials that King developed for her courses were a good way to understand the ideas that were most important to King, as evidenced by the content she wanted to impart to her students. The awards she received provided insight into her professional activities and contributions. Academic papers, such as King's bachelor's thesis, and photos in King's archival collection, created a unique perspective of the Imogene King story. All of these items were readily available in the archives of Loyola University Chicago.

Documents analyzed for this work primarily came from the Imogene King Archives Collection at Loyola University Chicago. The Ohio State University Archives in Columbus, Ohio proved to be an excellent source of information as well. Interestingly, when the University of Southern Florida was contacted this researcher was told they only kept the published works of their former faculty members in their archives. Because this researcher had access to those documents online there was no reason to pursue that source further. Finally, the transcript from the Messmer audio interview with King that had been donated to University of Virginia School of Nursing Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, provided context and substance to this work (King, 1994).

It can be argued all the materials included in the archives could be considered primary documents. Those items that King included in the collection describe her as a person. For example, there are many conference agendas or proceedings of the meetings that King attended. The agenda demonstrated information regarding King's areas of interest that influenced her

thought. Even the locations of the conferences provide insight into King, such as her love of travel to a particular national or international destination, or her general interest in travel to new places. All of the information contained in the archives has relevance because these materials shed light on Imogene King as a person. That is the purpose of this dissertation. All the materials that comprise the collection needed to be explored, as a whole, to provide a complete picture and a contextual understanding of King. However, not all the documents, and particular aspects of King's life and work, were used in this study. For example, King's papers revealed a keen interest in informatics, which will not be explored in this work as it appeared to represent more of a passive interest rather than an authentic passion. Others, such as her interest in the history of nursing will be touched upon only briefly. Also discovered was an entire section about her interest in humor; apparently, something she utilized to add interest to her speeches. However, this aspect of King will be discussed in only slight detail. When these papers were viewed independently they initially seemed to have no relation to King's work. However, when they were considered in relation to other materials, themes emerged. For example, one could conclude that King's interest in informatics could shed light on her theory, which is based on transaction and therefore on language. These materials also relate to King's theory because they reveal King's interest in the standardization of language in nursing practice.

In addition to the archived materials, there are other primary source materials that are of interest, such as articles and books written by King. In an informative video, Jacqueline Fawcett interviewed Imogene King as part of the series *The Nurse Theorists: Portraits of Excellence* which was published by the Helen Fuld Health Trust (1988). A subsequent article authored by Fawcett (2001) includes a transcript of a follow-up interview with King 12 years later. Both of

these works provide a unique perspective of King's experience, in regard to her theory, stated in her own words.

Another substantial source of primary source of information for this dissertation was the discovery of an interview from 1994, conducted by King's good friend, colleague, and King historian, Patricia Messmer. It was an interview conducted in King's home in Tampa Bay, Florida that took place over three days in June, 1994 that was audio recorded. This interview proved invaluable to this researcher because it included personal stories that provided context for much of the data in King's archived collection. The papers contained within the archives tell a one-dimensional story. However, the interview brought Imogene King to life and informed the reader of King's own perspective. Inclusion of quotes from this work allows the reader to better relate to King and her work. While a possible over-reliance on this interview was a limitation of this research, the data provided too many questions that emerged during the review of archived materials. This interview, which had been donated to the University of Virginia School of Nursing Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, provided a framework from which to interpret many of the archived materials. This interview was later transcribed into a 165 page document. The purpose of this interview was to collect data for a chapter on King that Messmer had been asked to write to be published in Vern Bullough's 3rd edition of *American Nursing a Biographical Dictionary* (personal communication, K. Egenes, June, 2018).

Oral History/Interviews. Another form of primary source material is the use of interviews. Interviews were conducted with people who knew Imogene King, and in this instance, served as secondary sources. For the purposes of this research, the oral histories were used to validate data already collected, rather than to create a history or analyze themes that emerged from subject's experiences with King. Thus, five interviews with persons who worked

with King in different capacities was appropriate. These interviews helped create a more authentic portrait of Imogene King (Portelli, 2006). The sampling was purposeful because this researcher sought stories from particular subsets of groups of importance to King.

Following the guidelines of the Oral History Association participants were first asked to consent and then were provided with a sample of questions prior to the interview. A total of five interviews were conducted. The first interview was by providence when this researcher was attempting to validate information she came across in the archives and happened to connect by telephone with a Sr. Mary Jeremy Buckman, RSM, who had been a student, colleague, and lifelong friend of Imogene King. As this interview was by no means anticipated there was no opportunity either to request Sr. Mary Jeremy's consent or to provide her with a list of the questions prior to the interview. This researcher discussed the situation with the dissertation advisor who agreed to allow the interview to stand given the unique situation. Three of the subsequent interviews were conducted by telephone, the participants were emailed the materials prior to the telephone conversation. The final interview, with Patricia Messmer, was held in person when Messmer was on a visit to Chicago during the summer of 2016. This was a particularly important meeting because Patricia Messmer has been considered, in effect, King's historian. Messmer had interviewed King over three days in 1994, an interview that would serve as singularly one of the most important research documents for the purposes of this dissertation.

When conducting an oral history, the researcher must consider the biases and prejudices of the person(s) being interviewed. Oral history has attracted some controversy because of its reliance on a person's memory of the event and his/her subjective interpretation of what has occurred. Portelli (2006) suggests that the oral history approach is not about lies or truth, but rather about whether or not each person's recollection of the event is accurate in that person's

mind. This is part of the historical inquiry. The oral history method does not pertain to the creation of factual documents, but rather to the source as a document in the subject's experience (Sugiman, 2006).

The questions that were provided to the participants before the interview included:

1. Personal History
 - a. Name
 - b. Some basic background history, where are you from, etc.?
2. Nursing History
 - a. Your educational background?
 - b. Your employment background?
3. Relationship with Dr. King
 - a. Initial contact with Dr. King, where and in what year (approximately)
 - b. Reason(s) for affiliation with Dr. King
 - c. Nature of relationship with Dr. King
 - d. Anecdotes about Dr. King
 - e. Activities/projects you engaged in with Dr. King
 - f. Most meaningful contributions made by Dr. King to you
 - g. Influence of Dr. King on your practice of nursing/professional role
4. Summary
 - a. What is your most significant memory of Dr. King?

Secondary. Secondary sources are documents that provide depth to the topic at hand by providing context and understanding. However, it is a secondary account of the phenomena in question, by someone who was not present. Secondary sources provide context to the subject and

assist the researcher in presenting the story within the setting and time period in which it occurred (Howell & Prevenier, 2001; Lewenson, 2008; Lusk, 1997; Williams, 2012). In addition, secondary sources are useful in refining the research question, providing direction for the research, and providing a greater understanding of the subject (Lewenson, 2008). In short, secondary sources consist of books and articles written about the events and people that are the focus of the historical inquiry process.

Secondary sources utilized for this research about Imogene King include articles written about her theory. Other examples of secondary source materials include the few articles or chapters written about King, such as: (1) the Messmer (2000) contribution to *American Nursing: A Biographical Dictionary; Volume 3*. a chapter about King; (2) the Fawcett and Desanto-Madeya (2012) chapter on her conceptual system in their *Contemporary Nursing Knowledge: Analysis and Evaluation*; (3) McEwen and Willis (2002) *Theory for Nursing*; Reed, Shearer, and Nicoll (2004) *Perspectives on Nursing Theory*; and (4) Tomey and Alligood (2006) *Nursing Theorists and Their Work*. There are also articles that include critiques and descriptions of the actual use of King's theory in practice and research, as well as several biographical articles about King. It should be noted that the researcher has reviewed these secondary source materials. Further, they have played a role in revealing more details about King.

Some secondary sources, while not of particular relevance to King, are useful in providing context to the time and incidents through which she lived, which may have influenced King indirectly. Publications such as the Goldmark Report (1923), the Brown Report (1947), the Lysaught Report (1973) were also useful in this research process because they were influential in establishing a foundation of the academic setting that King entered and within which she began her career. It was the responsibility of this researcher to review all the potential information

sources, both primary and secondary, to determine which highlights to include in this work that examines Imogene King as a person, nurse, and researcher who exerted a significant influence on the profession of nursing.

Validation/Criticism

Once the data was collected, it underwent a thorough process of validation. One of the criticisms of historical research in nursing is that it is not as rigorous as the experimental research process. Instead, the process of validation in historical research is an exacting method that closely scrutinizes the data sources for accuracy and authenticity (Christy, 1975; Lusk, 1997; Sarnecky, 1990). The methods of validation include internal criticism, both positive and negative, and external criticism.

Historians utilize three mechanisms to organize and assess the data collected: corroboration, sourcing, and contextualization. The corroboration of the documents requires the researcher to compare documents with other records, such as manuscripts, to determine if they contain similar or identical information. This process was done by comparing drafts of manuscripts, notes that King had made, and published works. This process assists the researcher in determining the accuracy and authenticity of the document. Sourcing evaluates the physical authenticity of the document itself in terms of the author's identity and the document's origin, thereby answering pertinent questions about the document's authenticity. As noted previously there was a variety of documents that spanned almost seven decades and the type of paper, typeset, and tone was consistent with the various decades that they represented. King's early work was typed on "onion paper" commonly used in the 1940's, 1950's, and 1960's. Her early teaching materials were made on transparencies and housed on slides for a projector (Tosh, 2010).

The Loyola University Chicago Archives accepts donations of papers and materials from many sources. These include the personal materials of noteworthy individuals as well as those from relatives, organizations, foundations, and even from other archives that are being consolidated and can no longer manage their archival materials. In each case, the donor signs a deed of gift giving the collection to the university. After the deed is drawn, the donor sends their materials to the university for archival processing. Archiving, in this context, is a process by which materials of historical significance are thoroughly cataloged and placed in special acid-free folders and file boxes to preserve the papers/materials so that they can be used for research purposes. The archives at Loyola University Chicago are not put through a validation process. Instead, all materials received are “taken on good faith” as materials created by the donor, or as materials that donor received from other (K. Young, personal communication, June 2, 2014).

External validation/criticism. External criticism validates the document’s authenticity. A researcher must examine any document to be sure that it is original and not a copy, or that it was truly written by the person to whom it is attributed (Christy, 1975; Lusk, 1997; Sarnecky, 1990). If it is a typewritten document, the researcher can look for clues in the linguistic style, which may or may not be consistent with the author is a question.

The archived materials of Imogene King include sources that are both handwritten and typed. It was fairly straightforward to assess and compare the handwriting in the various documents. In other instances, this researcher compared the style of writing in the handwritten documents with those that are typewritten, for another level of validation. There were academic papers in the archives that did not include the name of the author. The researcher did not include those papers in the review of the archived material because the authenticity of the author could not be made. Other academic papers very obviously contained the handwriting of an unknown

person. Those too, were excluded from examination. Many of King's communications consist of printed copies of email messages that were sent and received by King. A review of these messages in her archived materials shows that she was quite scrupulous about printing copies of email messages and maintaining them in her files. Fortunately, these copies have both the sender's and the receiver's email information, which aid in verification.

Once external criticism of King's archived materials had been established, the researcher moved to the internal criticism of the documents.

Internal validation/criticism. Internal criticism of the primary source documents is a means to establish that the material contained within the document is reliable; in other words, it determines if the information contained in the document is accurate (Christy, 1975; Lusk 1997; Sarnecky, 1990). There are two phases to the internal criticism process: positive criticism and negative criticism.

Positive criticism. Positive criticism refers to the responsibility of the researcher to understand the statements included in the primary document. Personal bias, expressed by theories or hypotheses of the event, and a misinterpretation of the meanings of words or colloquialisms of the era, can interfere with the correct interpretation of the document (Christy, 1975; Lusk, 1997; Sarnecky, 1990). This researcher made all attempts to avoid these pitfalls when analyzing the data in King's archives. Positive criticism could be achieved because the researcher was not involved with Imogene King in any way and therefore could maintain an unbiased perspective on the data. While interviews with people who knew and worked with King were utilized as part of this research, those interviews were not conducted until after the data was collected and analyzed. Therefore, even the opinions shared through these interviews did not interfere with this researcher's exploration of King and her work.

Without making any assumptions, the researcher compared meanings of specific words in various samples of King's work (Howell & Prevenier, 2001). Historical examples of documents can include of jargon from the time and might have little or no meaning for the reader. Furthermore, the meanings of words can change over time. A historian needs to understand the word's meaning at the time the document was created. The researcher needs to define words appropriately that are contemporaneous with the historical documents rather than defining them according to modern day interpretation.

Negative criticism. Negative criticism seeks to clarify the trustworthiness of the statements made by the author of the document. This form of criticism can be achieved by assuring that the author was a first-hand witness to the phenomena under study. Also, the facts presented must be corroborated by the facts presented in other documents. Ideally, two independent primary source documents should be used to verify the authenticity of the data contained in each of the documents (Christy, 1975; Lusk, 1997; Sarnecky, 1990). This process of negative criticism was accomplished through comparison of various documents as part of the external validation and the positive criticism processes discussed above.

Analysis

After obtaining and validating the collected data with internal and external criticisms, the researcher began the process of data analysis. The data analysis process involved the selection, synthesis, and organization of the data. At this point, the researcher began to make connections among the data sources, to interpret the data, and to formulate a cohesive story.

Synthesis of data. In a description of conceptual issues that are the underpinnings of the historical methodology, D'Antonio (2008) illustrates a process that, while not specifically intended for this purpose, is quite suitable for the synthesis or analysis of data. The concepts that

D'Antonio describes are the interconnectedness of variables, manipulation of variables, the contextualization and causation, judgments, and ambiguity. They are described below in relation their use in the synthesis and analysis of the data.

Interconnectedness of variables. At the core of the historical research is the process of making connections between and among the variables in the data to define the specific phenomena for study. This is undertaken in a manner that does not prioritize the importance of the variable but rather places emphasis on the interconnectedness of the variables to explain the event in question (D'Antonio, 2008). To develop King's "story", a term often used in biographical historical research, this process was of great importance. There was a vast number of documents that needed to be organized and analyzed. In the opinion of this researcher, the Messmer interview contained the information that was of greatest significance to King, and therefore, are the topics that were chosen to include in this work. After 1994, those items that King intentionally included in her archived materials, such as her correspondence, and records of her experiences with the King International Nursing Group (KING International) indicated the importance of these items and events in her life.

Manipulation of variables. In order to decide which variables in the data are significant to the research, D'Antonio (2008) suggests theoretically manipulating the variables in relation to their position in time and place. This practice allows the researcher to determine the significance of the variables in their relationship to the phenomena under study.

Contextualization/causation. Rather than simply describing an event, historians need to use the variables to explain the "why" of the event so that greater understanding of the phenomena can be achieved. This process was accomplished by placing the variables from the data within the context of the place, event, or person in order to demonstrate the relationship

between the data or variables. This process helps to illuminate the background or context of the phenomena of interest (D'Antonio, 2008). Various anecdotal stories throughout this work demonstrate the contextualization of King and her work

Judgments. Making judgments about the data or variables is an important part of the analysis process. During this process, the researcher strives to remove biases, judge the data objectively, and draw conclusions from the relationships identified among data sources. Judgment is used to determine the data's meaning and significance (D'Antonio, 2008). As previously discussed, this researcher strove to minimize bias by limiting conversations with those who were contemporaries of Kings to the oral interviews conducted with deliberately identified subjects. This researcher was able to judge the materials objectively based on the significance of their meaning to King's life.

Ambiguity. The ambiguity of historical research has been identified as one of the significant limitations of this research method. Missing data leave a mist of uncertainty with the total understanding of the phenomena. The historical researcher needs to develop a certain level of comfort with the holes that will exist in the "quilt" of their story (D'Antonio, 2008). In this researcher's opinion, the ambiguity of the data was ironically, part of the King's story. It appeared to this researcher that items personal in nature were intentionally omitted from King's archives because she preferred for those parts of her life to remain hidden. This is exemplified by her lack of use of names of personal friends and the deliberate exclusion from the archives of all personal correspondence, although there is much correspondence with students. It is evident through King's remarks in her recorded interview and through references in her archives she had friends and family with whom she corresponded regularly. Yet her archival records are devoid of those types of documents.

Analysis in process. The key to the analysis of the data is to remain objective. Adeoti and Adeyeri (2012) suggest that historical objectivity is a bit of an illusion because rarely is new historical evidence found. Thus, historical data is fragmented at best. There is no way to definitively verify one's conclusions drawn from the data in the manner that a scientist can reproduce the results of an experiment. Because the historian selects certain materials to be included in the research, personal biases and prejudices can limit objectivity. Adeoti and Adeyeri (2012) recommend overcoming the issue of objectivity by authenticating sources and documents, by using only genuine documents that have undergone the scrutiny of the internal and external validation process, and by adhering to the stringent methodology of historical research. The interviews with various people who knew King in different capacities aided in this process.

Following the review and analysis of the data, a draft of the dissertation manuscript was written. At this point, in order to validate the data, a selection of various subjects were interviewed. The first interview happened purely by providence when this researcher was trying to validate some information about the time Imogene King taught at St. John's Hospital School of Nursing in St. Louis. After many attempts to locate anyone with access to the archival material for the school, this researcher happened to connect by telephone with an archivist at Maryville University in St. Louis, which had absorbed the St. John's School of Nursing in the 1960's. Working with the archivist was a Sr. Mary Jeremy Buckman, RSM, who had been both a student and later colleague of Imogene King. She was able to validate information in this work by answering my questions that pertained to the St. John Hospital School of Nursing and provided insight into the professional life of King with whom she had remained lifelong friends.

During an interview with Patricia Messmer, a long-time friend and colleague of Kings, it became apparent that Messmer enjoyed reminiscing about her good friend Imogene King. Messmer was able to validate a vast majority of the information contained within this work. Of particular interest was her perspective of the KING International dissolution which was consistent with the account found in the archives. Pat Donohue, a student, colleague, and lifelong friend of King's from Ohio State University validated that King was a mentor to her and always represented the epitome of the quintessential nurse educator in many of their interactions. Maryann Noonan, a student, and colleague at Loyola University Chicago affirmed that King was a mentor, leader, and the consummate nurse educator. Lee Schmidt, a former student of King's from the University of Southern Florida, concurred with Noonan's opinion of King. Schmidt also had a unique perspective of King's work because of his role as the director of the Intensive Care Units at Tampa General Hospital where King's model was being used as framework for nursing practice and research. Throughout the course of this researchers work, the conversations with this dissertation chair, Karen Egenes, who knew King in a professional capacity also added to the validity of the work based on her personal experiences with King.

In order to adhere to the process laid out previously it was fortunate to have many sources of material from which the data was able to be analyzed for accuracy. This included the King (1994) interview and over 12,000 documents collected. Furthermore, the interviews, particularly with Patricia Messmer, King's historian and biographer, were invaluable in the validation of the data. The sheer number of documents both archived and published were crucial in the validation of this work.

The greatest obstacle to the completion of this research was the organization of the vast amount of information and data that had been collected. Over 12,000 documents were collected

and reviewed for this research. Of those, about 92% were in electronic, or picture form. Finding a system in which comments could be made and the pictures organized was a challenge.

Another complication was the fact that most systems will only support 15 megabytes of data.

The documents used in this study far exceeded that. After consulting with several people, viable options were explored. This researcher opted for the use of a simple handwritten index of the data. While initially some of the data had been organized in electronic folders, this proved to be a cumbersome and extremely time-consuming process. This researcher then sorted through the documents that were stored in the electronic files that were dated. The pictures of the documents each had a corresponding number. This researcher wrote the file date, corresponding number to the documents, and a description of what was contained in the documents. This process mimicked that of the archival process. However, rather than a short description of the documents contained in the broader file, the index that was developed for this research purpose reached down to the level of each individual document contained in the larger file. This process allowed for the researcher to simply reference the list to locate the necessary documents. It also served as another opportunity for the researcher to dwell with the material and delve deeper into the research.

The nursing profession has a long and storied history and tradition that has defined what we know as nursing today. The slogan for the Illinois Holocaust Museum and Education Center in Skokie, Illinois reads “Remember the past – Transform the future.” Nursing would do well to follow the direction of this slogan; to learn from its past and to apply those principle to the future of the profession. For example, for the past sixty years, nursing has been mired in issues, such as the debate about the level of education required for entry into professional practice. The issue remains unresolved. The use of historical research methodology can benefit the profession by

exploring the past and applying principles gleaned from this exercise to help reflect upon and seek answers to the problems of today. The historical research process is a valid and essential tool in nursing research because the profession cannot understand the challenges or problems of today without the awareness, appreciation of, and discernment of the origins of these issues. Those who do not see the validity of the historical methodology or are skeptical of its intellectual merit do not understand the inordinate measures that are involved in historical research. The validation, criticism, and analysis of the data are a rigorous, systematic, and an exhaustive process requiring multiple steps to validate data and weave together the story of the person, or moment in history, that guides the understanding of today. Furthermore, it is a fulfilling endeavor to uncover and share with the world the stories upon which the nursing profession is based.

CHAPTER FOUR

EARLY LIFE AND NURSING EDUCATION

Perhaps one of the most fascinating aspects discovered in the archived documents of Imogene King is not what is included, but what is not. King seems to have been a fiercely private person. Her archives contain very little information about her private life. There is no personal correspondence except for a few Christmas cards from another nurse theorist. There is little mention of her family. She referred to friends in very vague terms, particularly in correspondence in which she wrote, as an example, “I am staying with friends while in town.” This is the extent of personal information regarding King in her archived materials. Dr. King appears to have protected her biographical information. In reference to two of the questions guiding this work, “who was Imogene King through her youth to her roles as nurse educator, leader, and nurse theorist?”; and “what were the influences that led King to become a nurse theorist?”, it is challenging to find that personal information is not available while other seemingly unimportant or irreverent information is readily available. For example, in writing this chapter about King’s early life, the researcher sought the names of King’s parents and siblings. While there is a brief reference to King’s sister Mercedes in the archives, the names of her parents and her brother were more elusive. It took a considerable amount of time to uncover this rather straightforward information about Imogene King.

This chapter focuses on the early life of Imogene King, from the time of her youth through her nursing education, and the beginnings of her role as a nurse and a nurse educator. It

will end with the completion of King's doctoral education at Teacher's College Columbia University. Interwoven is a discussion of some of King's first professional nursing experiences as well as her first position as a nurse educator at St. John's Hospital School of Nursing. This experience is included because it follows the chronology of King's life. She held this position after she completed her baccalaureate degree, before she embarked on her graduate education. This chapter will focus on events in the early life of King that influenced her later roles as a nurse educator, leader, and as a theorist. Often the experiences of one's youth can significantly influence the journey of one's life. While some of the events of Imogene King's early life may seem insignificant, it could be argued that they are important because they formed the foundation of the person Imogene King would become.

The documents that will guide this first chapter include, but are not limited to, the following primary and secondary sources: (1) the limited autobiographical data that was found in the King archives at Loyola University; (2) a video interview of King by Jacqueline Fawcett from 1985 and the subsequent follow-up interview and article by Fawcett from 2001; (3) an audio recording of an interview conducted over three days by a friend and colleague of King, Patricia Messmer; (4) an autobiographical account of King that is included as a chapter in *Making Choices Taking Chances Nurse Leaders Tell Their Stories*, a chapter written by King herself, and a copy whose manuscript is included in her archives; (5) a chapter from *Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession, Volume II* written by Hauser and Player that is based on interviews and other materials submitted by King to the authors; and (6) the Messmer (2000) contribution to *American nursing: A biographical dictionary; Volume 3*, a chapter about King.

Because the name Patricia Messmer will be one often seen throughout this work, it is important to identify her relationship to Imogene King. Patricia Messmer and Imogene King became close friends during the 1980's in both a professional and personal sense. When King first moved to Florida in 1980 and began her work there, Pat Messmer was Director of Nursing Research at Tampa General Hospital where the King theory had been adopted as a model for nursing practice and research. King and Messmer were also leaders in the Florida Nurses Association together. According to Messmer (personal communication, July 13, 2016), she asserts that she was a confidant of King, who shared personal information that she revealed to few others. Messmer was pivotal in the documentation of King's life story because of the Messmer's audio interview that was conducted with King over three days in 1994 (King, 1994). The transcript of the audio recording of Messmer's interview has proven to be an essential document in this research process because it has provided the essence of Imogene King's persona. This was the interview that Messmer conducted for the chapter in Vern Bullough's book *American Nursing: A Biographical Dictionary; Volume 3*.

The differences in the two published autobiographical accounts discussed in this chapter are quite interesting. The first written by King herself is limited in respect to personal details. However, the Houser and Player (2007) account includes many of King's personal anecdotes. It seems that these authors were able to elicit more personal information from King than she was able to write by herself. Included in the archives is correspondence between Hauser and King in which Hauser asks for more personal stories and anecdotes to include in the chapter. King seemed reticent to supply additional information and contributed only one additional story about her clinical experiences, however, King failed to mention whether the experiences described occurred during her time as a student or as a teacher.

Imogene King, from the Beginning

Born on January 30, 1923, in West Point, Iowa, Imogene Martina King was the youngest daughter of Daniel A. and Mayme E. (Schroeder) King. She had an older brother, Stanley L., and a sister, Mercedes M., who were older than her by four and five years respectively (Schorr & Zimmerman, 1988; Truesdell, 1931). King's weight of nine pounds at birth was somewhat of a relief to her family because her older siblings had both been premature, each weighing less than three pounds at birth. Thus, in the early 1900's King's birth weight was above average. However, this large size was an ominous start to her life; one that would be omnipresent with Imogene through her adolescence. Although the issues of her weight troubled King throughout her childhood, yet, at the same time, she also seemed to somewhat revel in them. Referring to her weight, King stated:

I was born fat... and I was fat until I reached puberty... unless one is fat growing up, you do not realize how mean people are, and especially their own peer group. They laugh at you, they call you fatty, they call you all sorts of names... And I don't know that it ever had an effect on me, but I swore up and down that if I ever lost that, I'd never get fat again. (King, 1994, p. 4)

Perhaps King's weight in childhood explains the protectiveness of her private self. Perhaps she did not want to expose herself again to embarrassing criticism. This might also explain King's somewhat improbable perception of her childhood based on her accounts of her upbringing.

West Point, Iowa, is a quaint farming community nestled in Lee County and located about nine miles from the Mississippi River. During the 1920's the town had a population of 591 (Truesdaell, 1931; West Point, n.d.). While living in West Point, Imogene's father worked as a farmer for 50 years. King (1994) depicted her mother as the typical housewife and mother who was always around doing "nice things" for her family. As described by King, life in West Point was idyllic. King stated, "My father was considered one of the wealthiest southeastern Iowa

farmers at the time” (p. 3). However, the family did not live on the farm. Instead, they resided in what King described as “the biggest house in town, and the farm was two and a half miles out.” (p. 3).

As a child, Imogene spent weekends on the farm. Her father often took her, her siblings, and other children from town to the farm for horseback riding on “Old Dan” (co-incidentally her father’s name). The children helped to drive the wagon that pulled the hay around the farm and then jumped into those bales of hay from the hayloft. The times, King described, were from an era when “you had a good feeling. Everybody seemed to be happy. Even though it was hard times in terms of making a living.” (p. 4)

However, those happy times in an idyllic childhood soon came to an end. In 1929, the Great Depression struck the heart of America, with millions losing their life savings and an unprecedented number of people losing their jobs and livelihoods. Imogene’s life in West Point was not immune to the destruction brought about by the Great Depression. Her father quite literally “lost the farm.” In addition to the loss of the farm, the local banker in West Point, according to King (1994), embezzled money from the bank that held her father’s life savings, leaving her family destitute. King’s parents kept their devastating financial setback to themselves, and it was not until much later in her life that King fully understood the tremendous financial problems that her family had endured (Houser & Player, 2004).

Family

When she was nine years old, Imogene King’s family was forced to move from West Point, Iowa, to a larger town nine miles away so that her father could find work. In Fort Madison, Iowa, situated on the Mississippi River with a population of 13,779 in 1930, life was a step down in status for the King family (Houser & Player, 2007). They had moved there from

what King (1994) considered the “biggest and most beautiful house in West Point” to a duplex from which they walked everywhere because they no longer could afford a car for transportation. Fortunately, King’s father was able to find work at the state penitentiary because those were the only jobs available at the time for someone of her father’s age. Daniel A. King spent the remainder of his life working at the Iowa State Penitentiary and eventually became the “Turnkey.” An employee in this position admitted a prisoner to the penitentiary and was the officer who would turn the key in the door, thus admitting the inmate (King, 1994).

King (1994) portrayed her family life as one that was quite happy; family members spent time in prayer and played together. As King described, “we supported each other” (p. 4). It is clear that King’s father held a very special place in her life above all others. Her father had perhaps the single greatest influence on the success of her later life. She described her father as the educator in the family. “He used to make sure we were doing our homework. If we were having a problem he would sit down and make us reason through; think that through” (King, 1994, p. 5). Her father was perhaps one of the most significant influences in King’s later work and life because he instilled in King what was perhaps the most important quality in her life’s work; an unquenchable thirst for knowledge (Houser & Player, 2007).

Imogene King (1994) believed that she was very similar in character to her father, which is seen in their close relationship. King described her father as “[Someone] who had a hot temper” (p. 18). Although he was not often angry on those occasions, when he was, King became fearful. King remembered that “when I left home, he prayed for me every day because he said I had a temper that was as bad as his. It’s true. Oh, I was a hothead.” (p. 18). King (1994) described her father as an old man because he had been forty when he first married. “He was from an old Irish family, and he and his brother took care of their mother until she died.

After their mother died, they both married” (King, 1994, p. 6). King herself never married and, as her father did for his mother, she took care of her mother from the time of her father’s death in 1952 until the time of her mother’s death (King, I., 1942–2007, M. Foglesong to P. Messmer, February 15, 1995). King held her father in high esteem for being an upstanding husband and father (Houser & Player, 2007). King (1994) described him as “one of those men that... if my mother just wasn’t feeling quite well, he’d scrub the kitchen, do the dishes” (p. 18). King also recalled the stories her father told according to King, some of them “a little off-color”. Daniel King collected jokes, and at the time of his death, Imogene King collected all the jokes he had saved. As late as her 1994 interview, King still had her father’s collection of jokes in her desk drawer. Contained within King’s archives is a significant amount of material about jokes, telling jokes, and the use of humor to improve a speech. It is hard for this researcher to imagine King as a person who enjoyed sharing jokes because her persona appears to be so somber. However, it is easy to surmise that King was fortunate to have a strong father figure who promoted academics and, in particular, critical thinking, which indeed set the stage for King’s success.

King’s other immediate family consisted of her mother, Mayme E. (nee Schroeder), brother Stanley, and sister Mercedes. King did not discuss her mother as extensively as she did her father, although her mother lived with her after her father’s death in 1952 until the time of her mother’s death in 1967 (WikiTree, 2018). During King’s childhood she remembers her mother as being somewhat sickly. However, King seems to have accorded little importance to her illness. According to King (1994), her mother suffered from a thyroid condition After undergoing surgery to reconcile her thyroid condition, King described her mother as having returned to her old self and being the mother that she used to be, however, what kind of mother that was, apart from being kind, is unclear. King’s statement implies that those times were a

significant hardship on her family, although King tended to downplay the circumstances surrounding her mother's illness. King discussed little about her mother. It was as if Imogene saw her father as a very strong, capable man and viewed her mother as a more "unassuming" figure in the family; one who did the "nice motherly things," such as cooking, rather than dispensing instruction, education, and discipline.

Imogene King's siblings were very important to her. During the more difficult periods of her mother's illness, it was Mercedes, Imogene King's older sister, who acted more of a surrogate mother managing the household and was very supportive of both King and her mother. Memories that Imogene King shared of her brother, Stanley, while somewhat rare, typically revolved around athletics. He taught her how to play golf and tennis, which would become lifelong leisure activities for King (Helene Fuld Health Trust, 1988). She had a great deal of respect for her brother, much, in the same manner as she held her father in esteem.

Daniel King ruled a house that stressed the importance of open communication, respect for one another, and honesty. Imogene King remembered that no matter how hard life became, "we always were respectful of one another" (Houser & Player, 2004, p. 107). Her father was a very strict disciplinarian. As a child, if King (1994) were caught in one "little white lie" her father's response was to give her a verbal lashing. She quoted him as saying "There will be no lying in this house! You will be severely punished if you lie, but if you tell me the truth, I'll go easy on you" (p. 11). He also reminded her of the "spanking" her brother had once received after he had told a lie. King saw this as one of the reasons for a perceived harmony in her household and why they treated each other openly, honestly, and with such great respect. King, like many, had a very idealized memory of her childhood. Perhaps her childhood was this idyllic, however, the few references to her mother's illness and the manner in which King downplayed its impact

on her childhood are telling of her steadfast persona. King was hard-driven and somewhat unemotional, yet fierce, as a teacher (personal communication, Mary Ann Noonan, August 26, 2016).

In addition to King's immediate family, she had some extended family members that were influential in her life as well. Her father's brother, John, suffered a similar fate as her father, losing his farm and life savings in the Great Depression. On her mother's side, King had an aunt who was a nurse and who often came from St. Louis for visits. Her mother's other sister was married to a surgeon. They also lived in St. Louis. These relatives later had a significant influence on King's decision to pursue the profession of nursing (Hauser & Player, 2007; Schorr & Zimmerman 1988).

King was fortunate to have an extended family that took an interest in her well-being. Her father, in particular, encouraged his children to live up to their potential and succeed in fulfilling the high expectations that he had set for them. More importantly, however, he did not expect them to achieve success entirely on their own. He was always there to help and support them in all their endeavors.

Education

Grammar School

King's education, until the time of her doctoral studies, occurred exclusively in Catholic schools. Early in her education, she was taught by the Sisters of Notre Dame, a strict group that, according to King (1994), excelled at teaching skills. In addition to the traditional curriculum of a Catholic grammar school, that included reading, writing, and arithmetic, King also had opportunities to participate in the debate program. This experience contributed to King's spirited nature in her work as a theorist, educator, and leader. King (1994) recalled a particularly

memorable debate in fourth grade in which the topic was “Should there be an international language and, if yes, should it be Esperanto?” King argued in favor of the use of Esperanto (Schorr & Zimmerman, 1988). Esperanto is a language derived from the chief European languages and is meant to serve as an international form of communication (Omniglot, n.d.). The Sisters of Notre Dame emphasized respect for others, which was apparently ingrained in King’s persona, as evidenced by her later work and her collaboration with colleagues and students.

While in grammar school King experienced a major life event that significantly influenced her life’s work and particular interest in the exactness of language, principally as it related to theory (this will be discussed in greater detail in chapter six). In the seventh and eighth grades, students were required to take “orthography,” class that focused on the science or study of words. They were taught the origin, pronunciation, definition, and spelling of words (Houser & Player, 2007). On Fridays, the teacher tested the students’ orthography skills in a “girls against boys” format. One day King beat one of the boys in the class in what was apparently his only loss. King recalled a meeting that she had with this classmate when they had both become adults. He told her “you’re the only one who knocked me down. And you only did it once” (King, 1994, p. 11). King fondly recalled those days, particularly the lessons in vocabulary, as one of those “fun things in life.” (p. 11).

This class helped to lay the foundation for King’s conceptual thought, and perhaps, her work with nursing theory. Later in life, King was very particular about the preciseness of language used in nursing theory and was often frustrated when students and faculty alike were inaccurate in their terms included in the nursing theories. The incorrect use of words vexed her for much of her life.

High School

Throughout her archival records, there are indications that King's life plans did not include nursing as her career. Rather, she saw herself becoming a teacher, which she ultimately did; just through a more indirect route. King's proclamation "I never wanted to be a nurse" can be found in several sources (Hauser & Player, 2007; Schorr & Zimmerman, 1988) and scattered throughout her archival records. Because her goal was to become a teacher, King carefully selected her high school curriculum accordingly. Her high school allowed a student to choose between a vocational type of program or a college preparatory track, which required four years of a foreign language (Schorr & Zimmerman, 1988). The only language option at the time was Latin, which was taught by Sr. Rennel who had come from St. Louis. Sr. Rennel was a favorite and influential teacher for King (King, 1994). She made learning fun through a variety of strategies, such as the use of songs, to teach Latin. Unbeknownst to King, their paths would cross again when they were both students enrolled in the graduate program at St. Louis University. They become lifelong friends.

Raised in small-town Iowa, King described school and church as the center of her life. Growing up Catholic, in what appears to be a town of many Catholics, her father emphasized the importance of education and respect for their faith, because these would guide them throughout their lives. King was a devout Catholic her entire life, and her faith was significant in her choices for her experiences in higher education that ultimately would have an impact on her work as a theorist, educator, and leader. She chose St. John's Hospital School of Nursing (a Catholic institution) for her nursing education, and St. Louis University (a Catholic Jesuit institution), for her bachelor's and master's degrees. She eventually was employed at Loyola University

Chicago (LUC), a Jesuit university, and bequeathed her papers to the LUC archives (Hauser & Player, 2007; Toomey & Alligood, 2006; Schorr & Zimmerman, 1988).

King was an eager learner with an ever-inquisitive mind, traits that she had been honed under the influence of her father and her formal educational experiences. The cognitive skills that she developed in early childhood, including reasoning, problem-solving, and decision-making, translated into her work as a theorist and educator in her adult life. As King noted in her manuscript for the Schorr and Zimmerman book (1988), “It is amazing how much past experiences really influence future events in one’s life” (p. 152). This was an ironic statement from King who was so protective of her personal life. Perhaps at first, she failed to recognize, the importance of her early life experiences in shaping her later work.

Like most women of her era, King thought that she would be married after high school. When asked if she planned to attend college after graduation from high school, her simple response was “No, I plan to be married.” (King, 1994, p. 3). According to King (1994), her high school boyfriend, who she never names in any of the documents contained in the archives, wanted to marry her. However, by the time King’s high school career ended, the United States had joined in World War II. Her boyfriend enlisted in the Air Force and became a pilot. By the time he returned home, King was a second-year nursing student and was not in a position to marry. The rules of her nursing school, like those of most nurse training schools of the era, forbade nursing students to marry and viewed marriage as a cause for dismissal.

Nursing Education

For most, education is one of their most influential life experiences and a potential predictor of future success. Imogene King was quite fortunate to come from a family that held education in high esteem, particularly at a time in history when advanced education for women

was not the norm. King's educational experiences were undoubtedly some of the most powerful and influential events in her life that contributed to her success in becoming a pioneer in nursing theory, a nurse educator, and a leader in the profession of nursing.

When Imogene King graduated from high school, the one statement that King boldly reiterated was, "I never wanted to be a nurse" (Hauser & Player, 2007; Schorr & Zimmerman, 1988). And then the Japanese bombed Pearl Harbor.

King's uncle, a surgeon in St. Louis, advised her to do something with her life beyond becoming a secretary in "a small town now devoid of young men" (King, 1994, p. 2). He suggested that she attend nursing school. However, King's response was always the same; she did not want to be a nurse. Her uncle persisted, offering to pay her tuition for nursing school and to provide her with a small monthly stipend for living expenses. Her aunt, a nurse in St. Louis, also encouraged King to move to St. Louis and pursue nursing. King eventually acquiesced and decided to attend nursing school. She began to review her options for different nursing programs. The choices included a five-year program at St. Louis University or a shorter, three-year diploma program at St. John's Hospital School of Nursing (Houser & Player, 2007). At this time, King still had plans to marry and start a life beyond school, and she thought that "five years in a school of nursing is too long a time" (King, 1994, p. 2). Thus, the decision was made to enroll in the St. John's Hospital School of Nursing. Ironically, despite wanting to complete nursing school in the most expedient manner, King would spend many of the next 20 years of her life as a student (King, 1994).

St. John's School of Nursing, Diploma, St. Louis, MS

King's decision to attend St. John's was made in May of 1943 just after her high school graduation, only months before the start of the fall semester. Traditionally, the application

process for this school of nursing took almost a year. However, to expedite the admission process, King's uncle accompanied her to St. Louis where her aunt had made appointments for King to meet with the director of the School of Nursing. The entire process for King's enrollment took approximately one week. King was somewhat perplexed at the efficiency of her application process. King began to wonder even more how she had managed to be accepted in such a short period of time. She later discovered that her aunt, the nurse who had arranged the interview and appointments, had a close relationship with the Religious Sisters of Mercy who administered the school. When the nuns from the Religious Sisters of Mercy had arrived in St. Louis after emigrating from Ireland, they knew very little about America, and King's aunt had helped them to become acclimated to their new country (King, 1994)

On King's first day in the nurses' dormitory, she found a room with three beds, one dresser, two closets and a bathroom. King selected a bed for herself and also chose one of the closets. Later in the day, a posh young girl arrived at the room. King recalled thinking to herself "Oh, what I am getting into here?" (King, 1994, p. 23). However, soon Bert, the stylish girl, King, and their third roommate, Betsy, became fast and lifelong friends. (In fact, Bert is one of the rare names included in King's records).

Nursing school and the work that was required of the students was quite difficult. As a student, King did well enough in her nursing classes but was particularly intrigued by the theology classes. Because St. John's School of Nursing was affiliated with St. Louis University (SLU), a Jesuit came to teach a theology class to the nursing students. King thoroughly enjoyed engaging with, and perhaps even more, challenging the Jesuit scholar on various issues. She recalled a particular instance in which she questioned the concept of predestination simply "because I can't rationally think through what it all means" (King, 1994, p. 24), This logic

conformed to all that she had been taught by her father about the process of learning and acquiring knowledge. However, King persevered through her theologic studies; a triumph that would serve her well as a nurse theorist.

Perhaps this was the time when King's great appreciation of the Jesuits began. She was undoubtedly deeply influenced by Jesuit philosophy. King (1994) related the following:

St. Ignatius Loyola founded the Jesuit order for two reasons... to train priests and teachers. Teachers of men, not women. The Jesuit universities would not admit women for a century probably. The first women that they began to admit were nursing students. And they seem to have a lot of respect for them for some reason (p. 25).

This belief appears to be the justification for King's positive view of the Jesuits. However, history does not support this assertion. As a reference, St. Louis University first admitted female students to its Institute of Law in 1903, and it was not until 1928 that the school of nursing was founded at SLU (Hogan, 2005). King was not necessarily concerned about the lack of availability of education for women early in Jesuit history. In fact, there is little evidence that she became involved in any particular feminist movement during her lifetime.

While a student nurse during World War II, most of King's classmates joined the Cadet Nurse Corps, which paid for their education and provided a monthly allowance. In return, the students were expected to enlist in the army upon graduation and serve the soldiers fighting overseas (Sarnecky, 1999). King and her two roommates were the only students in the school who were not members of the Cadet Nurse Corps. King did not join because her education was being financially sponsored by her uncle. Nor did her roommates, because they came from families of means. Therefore, none of the three were in need of the financial incentive that the Cadet Nurse Corps offered.

The time that Imogene King spent at St. John's Hospital School of Nursing contributed to her later work as an educator and leader. One of King's significant memories of her days as a

nursing student was the camaraderie of the students and the nuns who were their teachers. Later King referred to the nuns as “beautiful people.” King related that she and her classmates worked side-by-side, convinced that they “just knew we were the best nurses that St. John’s had ever graduated” (King, 1994, p. 27). King ultimately felt that the process of becoming a nurse forced her to become more mature and truly made her a better person.

King recalled her first student clinical experience. She was assigned a patient on a ward with 12 beds. Her first patient occupied a separate bed called the “13th” bed, which was off to the side of the ward. The patient did not want to be bothered and responded to King brashly “I don’t want a bath right now.” (King, 2003, p. 2). Using the skills in “therapeutic communication” that she had been taught, King asked the patient what she would like done for her. The patient asked her if she knew any Irish songs, King responded that she knew “Danny Boy” and “My Wild Irish Rose.” King then suggested that they quietly hum the songs to avoid disruption of the other patients. When the Sister in charge came to inquire about the humming from the room, the patient told the Sister that King was taking good care of her. When the Sister left, the patient allowed King to provide her morning care. At the end of the shift, the patient asked King to return every morning because she was the first person who had not forced her to take a morning bath. Because this was King’s first experience with patient care, it made a lasting impact on her career and influenced her theory work that emphasized the need for a caring and trusting relationship between the nurse and patient (King, 2003).

One regret that King had as a student at St. John’s was that she did not acquire enough theoretical knowledge. “I didn’t get enough knowledge, and I think that’s why I went back to school right away.” (King, 1994, p. 23). King felt that her assignment while a student to night work on the wards hampered her ability to acquire a true nursing education. An unfortunate

consequence of the diploma program's apprentice type-training that was prominent in the early half of the twentieth century was that students sacrificed their education to care for the sick in the hospital wards. The morning after working the night shift in the hospital, King arrived late for a class taught by a Jesuit (no name mentioned) faculty member. He chastised her for her late arrival stating, "...you know this class is for you and you are late" (King, 1994, p. 24). King responded to him, "Sorry Father but I was ordered to take care of sick people all night" (King, 1994, p. 24). King also lamented that physicians taught a majority of her classes. Later, King became a staunch advocate of nurses teaching nursing students. When the opportunity arose a few years later, she accepted a teaching position at her alma mater, St. John's Hospital School of Nursing.

At the time of King's graduation from St. John's Hospital School of Nursing in 1945, the statutes for nursing licensure required graduation from a state approved school of nursing and the achievement of a passing grade on the licensure examination. King sat for the state boards in 1945; hers was the first class across the country to take the "pool" type test, that is a test bank or collection of test questions. This is now known as the National Council Licensure Examination (NCLEX), or standardized testing. King later recalled that she was part the group that validated the exam. She was dismayed at the score of 77 she achieved on the exam and referred to this score as "terrible." Most of her classmates had scored within the same range, and all passed the exam (King, 1994).

King's graduation from St. John's School of Nursing coincided with the end of World War II. Upon graduation, the Director of Nursing at St. John's Hospital suggested that King consider returning to school for a bachelor's degree. In 1945, the Director at that time was very forward-thinking and felt the value of the diploma degree in nursing would diminish in the near

future. Although few diploma programs in nursing remain today, they had continued to be a prominent system for nursing education for several decades after King's graduation (Helene Fuld Health Trust, 1988). Ironically, several months before graduation, when King and her classmates worked as staff for the wards in the hospital she recalled thinking "...if I ever went back to school again, it would be a long, cold day" (p. 31). However, only one month after her graduation, King heeded the advice of the Director of Nursing and enrolled in a baccalaureate program. Although her degree would ultimately be awarded from St. Louis University, King opted for a year at the Maryville College of the Sacred Heart, a quasi-boarding/finishing school for women.

Maryville College of the Sacred Heart

Because finances were strained for King's family, she knew that enrolling in St. Louis University (SLU) was not an option at the time. While at home in Iowa after graduation, she heard from a cousin that the Maryville College of the Sacred Heart was seeking a nurse to care for their boarding students. She applied and was accepted for the position. At Maryville, in lieu of payment, King was provided with a private room that included a bath, and full tuition that allowed her to complete the general education classes she would need for her bachelor's degree. Initially, King tried to blend in with the students, because few, if any, were aware that she was a nurse for the school as well as a student. This anonymity ended when a student fainted in the cafeteria during lunch and required King's intervention (King, 1994)

King fondly recalled her time at Maryville College of the Sacred Heart. She was treated like any other paying student and attended the school's formal dinners each night. Because the dinners were a formal affair her aunt bought her a beautiful dress. In addition to her role as "student", King was required to attend to any medical needs of the students at these formal

dinners and recounted an incident in which a student came to her with a high fever. Based on the student's other symptoms, King suspected that the student might have pneumonia. King called the student's mother and received permission to take the student to see a doctor locally because the student was too sick to travel to her home in Ohio. The local doctor merely advised that the student be allowed to rest. King watched and cared for the student for several days, but the fever persisted. Her intuition told her to send the student home for better care because the local doctor was not responsive to the needs of the patient/student. King arranged for the student to return to her home where a physician diagnosed her with pneumonia and provided the proper treatment. King felt immense pride because this was the first time she had applied her assessment skills in a professional capacity. It also exemplified the application of her father's advice to "reason it out." At the conclusion of the academic year, King left Maryville College of the Sacred Heart for a nursing position at St. John's Hospital and enrolled in the BSN completion program at St. Louis University (King, 1994).

Bachelor of Science in Nursing at St. Louis University

While completing the remaining two years of study for her bachelor's degree at St. Louis University, King continued to work as a staff nurse at St. John's Hospital, and also as a private duty nurse. Students in the baccalaureate completion program worked towards a major in education and were required to select a minor in either physiology or chemistry. Despite a dislike of science, King opted for the chemistry minor and achieved only C's in those courses (King, 1994). Students enrolled at St. Louis University (SLU) were also required to minor in Philosophy. King enjoyed her philosophy courses, stating that she "couldn't get enough of it." She felt that her education at SLU was "amazing" (Helene Fuld Health Trust, 1988). The philosophy classes and the dialogues she had with the university's philosophy faculty, all

members of the Jesuit order, laid a foundation for the analytical and innovative thinking that would influence King in her work as a nurse theorist.

Jesuit influence. The Jesuit based education that King received at St. Louis University for both her baccalaureate and her master's degree had a substantial impact on King's knowledge formation and influenced the ways she would use that knowledge to promote the profession of nursing. Specifically, King was influenced by the Jesuit philosophy and the Ignatian pedagogical paradigm that emphasizes life and educational experiences and reflection on those experiences in order to go out and be purposeful in their actions to influence the world. It is this Ignatian influence that compelled King to "think" at a higher level, influenced her understanding of theory, and helped her learn about the importance of perception. King's education was solidified by the Jesuits who encouraged King to take a position and then defend that position. The Jesuit ideals of education include being critical in thought and challenging assumptions, examining attitudes, and analyzing motives. These ideals also encourage one to be disciplined in study and adept in critical thinking (Traub, 2008). King's exposure to the 400 year tradition of Jesuit liberal arts education in addition to King's father encouraging her to "think it through", or in other words, reason the problem out, encouraged King to make an impact on nursing education and knowledge through theory.

The culmination of King's baccalaureate education included a thesis entitled "To plan and implement a clinical instruction program in nursing in one hospital [" (King, 1994, p. 72). Influenced by the lack of literature in the area, King took what knowledge she had gleaned in her education courses to create this model. She was able to introduce and implement this plan at her alma mater, St. John's Hospital School of Nursing. At that time, a nurse with a bachelor's degree was qualified to teach nursing in a diploma program. Soon after graduation from the

baccalaureate program, King embarked on an experience in nursing education that would shape her future.

During her final days as a student in her baccalaureate program, King was overheard commenting to another student that doctors should not be teaching nurses. A supervisor (no name provided) from the St. John's Hospital School of Nursing, who was a graduate student at SLU and enrolled in the same education class as King, overheard this comment and told King to apply for a position at St. John's. When King asked the supervisor why she encouraged King to teach, the supervisor replied: "because of what you said. I want you to help me make that an educational program... I think you agree with me that we should have nurses teaching nurses." (King, 1994, p. 29). The director hired King, and they systematically worked together to remove the physicians from their teaching positions in the St. John's Hospital School of Nursing.

Teaching at St. John's Hospital School of Nursing

King quickly set to work to exert her influence as an educator, curriculum expert, and leader creating a new curriculum for the school. King and the other faculty and administrators at the St. John's Hospital School of Nursing employed a pharmacist to teach pharmacology and a nutritionist to teach nutrition. They further developed the content of each nursing course so that the content included was related to the content in the courses in which the students were concurrently enrolled. King later spoke of the success of the new curriculum:

...we were on the list of the first accredited schools from the National League for Nursing in the early 1950s. By a paper and pencil report. And it was... we think it was the way we organized the curriculum. And because nurses were kind of responsible for nursing. (King, 1994, p. 30).

According to Sr. Mary Jeremy Buckman, RSM, who King met at St. John's Hospital School of Nursing (personal communication, March 17, 2016) prior to the NLN accreditation, the Catholic

Hospital Association accredited schools of nursing in Catholic hospitals. King was very influential in bringing the NLN accreditation to St. John's Hospital School of Nursing.

King reveled in her role as a teacher. Her clinical experiences with students allowed her to continue to practice the nursing of patients. The hospital units were understaffed after the war so the instructors were actively involved in the delivery of patient care and worked side by side with the students and nurses on the patient wards. King firmly believed in this approach and stated:

...you can't teach that what you yourself don't know and can't do... and we just give care. And at the same time, trying to supervise the students we had. So that we were always practicing. And my idea about a teacher in those days that I think still holds today is that I need to prepare the student. (King, 1994, p. 34)

In her early days as a teacher, King at times struggled. Her primary focus while teaching in the classroom was in basic medical and surgical content. One day she faltered in an attempt to teach unfamiliar material:

And one day, I had to teach the communicable disease course, and I really thought I knew what I was teaching, and I was going through immunizations and types, and I'd get in the middle of it, and all of a sudden, I'm saying to myself, "You don't know what you're talking about Imogene." (King, 1994, p. 35)

King stopped the class and dismissed the students for the day. She sought the assistance of an expert, a pathologist in the hospital, who was able to help King break down the material so that it provided students with the essential content but could also be easily understood and remembered by the students. From this point onwards, King realized that she did not and could not be knowledgeable about all aspects of the curriculum's content. Further, she understood the importance of seeking out assistance when necessary to better instruct her students. She, in turn, spent much of her time throughout her career sharing her expertise with others so that they could achieve their goals (King, 1994).

After King wavered in front of the students during class, she became resolute in her conviction that she “needed more knowledge about guidance and teaching. I [also] needed more knowledge about test construction and measurement” (King, 1994, p. 35). This insight motivated King to enroll in the master’s program in nursing at St. Louis University. Although King’s area of focus was nursing education, she also took classes in nursing service administration to prepare her for a dichotomous role in education and administration. While she pursued a master’s degree, King developed an interest in statistics, particularly the discipline’s application in the construction of valid test questions to better assess student learning. By this time standardized questions had become the method through which graduates of nursing programs were tested on the licensure examination. King had sought a greater breadth of understanding about the validity of examination questions. According to King, application of her newly acquired knowledge worked well with the first group of students for whom she incorporated this approach:

...when they [the students] took the state boards and took that test, every one of them passed with a high score. They came back and accused me of having the test. And I said “No” it was the way the class was organized and the way it was tested in terms of knowledge. (King, 1994, p. 36).

Scores on the licensure examination were high for graduates of St. John’s School of Nursing. King was immensely proud of the students who performed well on the licensure exam, but perhaps more so of herself for having developed a curriculum and related strategies to assess the student’s knowledge. Her new talent for statistical analysis was yet another way in which King “reasoned it through” as her father had taught her long before (King, 1994).

From the time King started her career as a nursing educator, students feared yet admired her as a teacher. Sr. Mary Jeremy Buckman, RSM (personal communication, March 17, 2016) was one of King’s first students. She recalled King being “tough as a teacher” and “very well

organized, which I really appreciated,” and further, that King was strict but very straightforward. Buckman also recalls a day when the students arrived late to class after they worked from 7:00 in the evening to 9:30 in the morning shift at the hospital: “King had us outlining the text for the next several days. She was a strict teacher.” King and Sr. Mary Jeremy remained lifelong friends.

At this time, King was very proud of her work in the diploma program at St. John’s Hospital School of Nursing. However, she was a proponent of a shorter course of education for nursing students, which she stated in her master’s thesis. This interest contributed to her decision to pursue a doctorate at Teacher’s College, Columbia University under the tutelage of Mildred Montag. King described the diploma student at that time as being well respected in the hospital and described graduates of diploma programs as “much better prepared to walk into the work world and function” (King, 1994, p. 50). King believed that nurses enrolled in a diploma program were socialized well into the profession, although their education lacked purpose and thus was in need of improvement.

Master’s Degree at St. Louis University while Making Strides in Curriculum at St. John’s Hospital School of Nursing

While King was a graduate student, she reviewed the work done by Mildred Montag at Teachers College and developed a particular interest in nursing curriculum, the topic that ultimately became her master’s thesis. King had obtained some of Mildred Montag’s work about an experimental model for nursing education in an associate degree in nursing. Using Montag’s work as inspiration, King developed a plan to implement a similar program at St. John’s Hospital School of Nursing. She planned to partner with the existing accredited junior college that had been established for the education of only nuns in several fields of study. King hoped to expand the enrollment at St. John’s through the development of a similar associate degree program.

Influenced by Montag's work, King believed that nurses could be educated in two years. It was clear that King wanted to bring substantive change, even on a small scale, to the model of nursing education. True to her persona, she was strong-willed and set upon this endeavor in a steadfast manner (King, 1994).

In her research, King found that several other members of the Catholic Hospital Association were moving away from the three-year program to a model that was more in line with Mildred Montag's proposal. These hospitals offered a program that could be completed in two and a half years. The model intrigued King because she recognized the need to move nursing education out of the "service agency," or hospital, and place it within the traditional higher education system. This would enable schools of nursing to deliver their educational programs in two years rather than the traditional three years mandated in a diploma program. Also, when nursing education was situated in an academic setting, nurse faculty members, rather than hospital administrators, held control of the nursing curriculum and students' clinical experiences. In a reflection about her own diploma education, King later said the following:

...that doesn't make me disloyal to my own diploma school because I would never say anything bad about diploma schools, but there is a point in time... in history, I think, when you really have to recognize this need for change. (King, 1994, p. 59).

In 1950s America, King felt strongly that the two-year associate degree was a very viable option for nursing education. However, it is of interest to note that, later in her life during an interview with Jacqueline Fawcett in 2001, King remarked that a master's degree should be the entry level of education for the nursing profession. She believed graduate education was necessary because there was so much to be learned and such great responsibility for the nurse in practice that nurses needed to be educated at this advanced level (Fawcett, 2001). Yet later, while communicating

with students, King backtracked on her earlier assertion and seemed to believe, once again, that associate-level education was acceptable for entry into professional nursing practice.

Mildred Montag is well known in nursing as the pioneer of the associate degree program in nursing education. This degree stemmed, in part, from a proposal that Montag had made in her dissertation titled “Education for Nursing Technicians.” The proposal defined a new role within healthcare, a technical nurse, and identified the curriculum within the community college, also referred to the junior college, as the system in which to implement the educational preparation of this role. The original intention of Montag’s proposal and dissertation was to create an educational path for a practical or technical nurse, a position that would work under the direction of the registered nurse. However, this new level of instruction for entry into practice also offered the nursing profession an economical means to meet the needs of hospitals that were in short supply of nurses. Individuals, particularly women, who would otherwise not have the financial means to attend a university or a diploma program school of nursing now had a viable option for education in a profession (Kalisch & Kalisch, 2004).

In her master’s thesis, King compared this new two-year nursing education program that had been adopted at six (unnamed) Catholic hospitals to Mildred Montag’s proposal and subsequent experimental programs. Specifically, she compared the program philosophies and curricular issues, such as the program objectives and course content. Using this analysis, King designed a program for St. John’s Hospital School of Nursing. Through the development of the program, King was concerned with the sustainability of a program that moved away from a diploma school to an independent associate degree program. Taking a long view, King thought this type of program would benefit the school and promote its success. The nuns who were working in and administering the program already held doctorates in the disciplines they would

be teaching. In her thesis, King proposed a philosophy based on the Ecumenical Movement taking place within the Catholic Church at the time that called for the increased involvement in the Church by the laity. King felt that this ideal could be translated into a program in nursing education that was housed within Catholic hospitals in which nuns took on primary roles within the schools as administrators and lead faculty. However, in this model, those in the laity rarely would be elevated in beyond the rank of a faculty position. King's proposal to transition the St. John's Hospital School of Nursing to a two-year program pushed the boundaries of what would be expected of a layperson in the Catholic institution (King, 1994). King received pushback from one of the nuns who was a member of her master's thesis committee. This nun, who had challenged King before, now questioned the veracity of the Ecumenical nature of the philosophical statement about greater inclusion of the laity. After much discussion, King finally quipped "are you condemning the Pope's statements?" (King, 1994, p. 43). This silenced the nun, and the rest of the thesis defense went smoothly.

Although it was not particularly innovative for the time, King's thesis was beneficial because several years later, the sisters closed the traditional nursing school at St. John's Hospital. They accepted the last class in 1965, and started an associate degree program at Mercy College, thus ending an era of nursing education at St. John's Hospital (Sr. Mary Jeremy Buckman, RSM, personal communication, March 17, 2016). Several years later, Maryville College (later Maryville University) absorbed Mercy College, the school in which King had worked as both the resident nurse and a student taking courses in the first year of her baccalaureate program, and later the institution that assumed control the St. John's Hospital School of Nursing. At this time Maryville College looked toward the future and to the expansion of its offerings in the "semi-

professional” area (Sr. Mary Jeremy Buckman, RSM, personal communication, March 17, 2016).

King’s work was reminiscent of the work of nursing pioneers such as Florence Nightingale, Isabel Hampton Robb, Annie Goodrich, and Adelaide Nutting. They had worked tirelessly in the later nineteenth and early twentieth centuries to change nursing education by enacting changes that improved the educational and working conditions for nursing students. Undoubtedly, King was also influenced by the reports about nursing education written early in the twentieth century. Included in her archives is a synopsis of the Flexner Report, which overwhelmingly advocated for significant changes in medical education. Although it did not specifically address nursing education, the report provided stimulus for much needed critical examinations of schools of nursing in the early twentieth century. The Flexner Report defined the characteristics of a profession, a designation that nursing was striving to attain. The intent of this report had a significant influence on King’s future work in the creation and expansion of knowledge for the profession of nursing. This enabled nursing to meet one of the criteria necessary for a profession that was cited in Flexner’s work. Other reports found in King’s archival materials include extensive notes about the Goldmark Report, the Burgess Report (also known as the *Committee on the Grading of Nursing Schools*), and the NLN Curriculum Guides from 1917, 1927, and 1937. These reports certainly provide the foundation for King’s work on her master’s thesis.

While studying for a master’s degree in nursing, King determined that diploma programs probably would not endure for much longer and therefore prepared for that outcome. She also felt that she was changing, maturing perhaps. As a student in the bachelor’s program, King was less focused, believing that dating and having fun was perhaps more important than her

education. As a master's degree student, however, King was more dedicated to her coursework. This shift is apparent in her intense interest in research disseminated from Teachers College, Columbia University, the work of Mildred Montag. King also identified ways that Montag's research was congruent with the work she had completed for her master's thesis. King noted a philosophical shift in nursing education. She describes this change as follows:

For some reason or another, I made the decision, having read about the experimentation in the junior college programs, that the diploma school was not going to be here too much longer, and philosophically, I thought I had begun to change... that I really didn't think that we should have nursing education in a hospital anymore because the objectives were different. And after that, I thought that hospitals should get out of the business. (King, 1994, p. 52)

King's call to change nursing education also aligned with the recommendations from the reports on nursing cited above; that a shift from hospital-based education to institutions of higher education was necessary. For example, the Brown Report (1947) cited nursing education as one of the ills plaguing the nursing profession and called for the identification of ways to entice more college women into the profession.

After she had completed her master's degree, King spent one more year in St. Louis teaching at the St. John's Hospital School of Nursing until a nun, and former student of King's from St. John's, contacted her about the work that she had done for her master's thesis. She invited King to come to Chicago, to the Little Company of Mary Hospital School of Nursing to help her transform the diploma program curriculum to a model similar to that developed by King at the St. John's Hospital School of Nursing. At Little Company of Mary Hospital School of Nursing King served as a consultant to the faculty through the reorganization and revision of the school's curriculum that would enable the school to transition from a diploma program to an associate degree program (King, 1994). King remained in Chicago for a year at Little company

of Mary Hospital School of Nursing until she left for New York to start work on her Doctor of Education at Teacher's College Columbia University.

Doctor of Education, Teachers College, Columbia University

Intrigued by the publications of researchers in nursing education at Teachers College Columbia University, particularly those of Mildred Montag, King decided to pursue a Doctorate of Education from this institution. Mildred Montag was assigned to be her adviser. King and three other doctoral students were the only advisees to work under the tutelage of Montag at the time. In 1960, King made arrangements for her mother, who had been living with her in St. Louis since her father's death several years earlier, to stay with her brother and sister in Iowa. King left for New York City with the knowledge that she had limited time and money to complete a doctorate. King had developed a structured plan to earn her degree in two years. Montag, her adviser, discouraged her against this stringent plan but was ultimately impressed by King's hard work and dedication when King completed the degree in that timeframe (Helene Fuld Health Trust, 1988).

King's decision to pursue a Doctor of Education degree at Teachers College was based on her intense interest in the work of Mildred Montag. While she was a student working on a master's degree, King had read the first articles published by Montag based on Montag's dissertation research that ultimately led to the first Associate Degree in Nursing (ADN). Because King's primary interest was nursing education, with a particular interest in curriculum development, work with Mildred Montag was an honor for her. King considered herself fortunate that Montag had been assigned as an adviser only to her and three other students, thereby allowing them exclusive access to Montag. At one point, King and a fellow advisee, in an attempt to spend more time with Montag invited her for afternoon tea. Montag gladly

accepted, which apparently shocked many of their classmates. However, those classmates soon began to join them for afternoon tea. The intimate meetings with Montag soon evolved into large-scale student gatherings with students seated at several long tables. This time with Montag was very special to the students (King, 1994).

Mildred Montag was not the only influential professor with whom King worked at Teachers College. She also had an opportunity to take a seminar in administration with Louise McManus, an early leader in nursing education. After being awarded her bachelor's, master's, and doctoral degrees from Teachers College, McManus served on the faculty at Teacher's College for 36 years beginning in 1925, culminating in her role as director of the Division of Nursing Education. McManus also founded the Institute for Research and Service in Nursing Education at Teachers College (Hutchinson & Welch, 2013). For King, this class embodied learning in action. Louise McManus came to class with a real-world problem or a current crisis from a real hospital situation. McManus would lead the class through viable resolutions for these problems. Thus, the class provided real and practical hands-on experience in the resolution of real-life problems. King remembered a time that Louise McManus was summoned from the classroom to take a telephone call from Mrs. Rockefeller, who, according to King, used Louise McManus as her personal health care consultant. After the receipt of one such telephone call, King recalled that McManus returned to class and stated:

‘There’s a problem here now that has to be solved. So let’s go to work on it.’ ... she always said, ‘Look at administrative and management principles. And you do everything on the basis of the principles.’ And so, in the classroom that day, we think we came to a solution to that problem. (King, 1994, p. 58)

The practical application of material learned in the classroom left a lasting impression on King. She would later incorporate this approach she had learned at Teacher's College into her teaching

and theoretical work. King used this approach in the development of her abstract conceptual model, as evidenced by her goal that the model would be both easy to understand and apply in nursing practice. King would later refine her work in the middle range Theory of Goal Attainment, which was also applicable to nursing practice.

King's ultimate goal for her doctoral education was to become a curriculum expert. In retrospect, the innovative work of Mildred Montag had influenced King in her work in curriculum development at St. John's Hospital School of Nursing and in the selection of a topic for her master's thesis. If asked to define who she was, King would have most likely described herself as a curriculum expert, rather than a teacher or even a nurse theorist. She always wanted to be regarded as a curriculum expert and stated "I really went there [Teachers College] to become a curriculum expert. And unfortunately, I started to deal in theory, and nobody knows that I'm still a curriculum expert. That's how I perceive myself" (King, 1994, p. 61). Although she engaged in some consultation with schools about curricular issues, she never attained the recognition in that field of curriculum development that she ultimately felt she deserved.

At Teachers College, the Doctor of Education program had a two-track system for the completion of the dissertation. Students were able to choose between the creation of an original work or the development of an applied project. Because of King's desire to expand on the work that first led her to Teachers College, she chose to work on an applied project.

Dissertation Work

King's dissertation was titled *Graduate Education for the Preparation of Teachers of Nursing Practice at the University of Illinois* (King, 1961). King had determined that she did not like the way in which master's programs were preparing nurse educators and thus sought to create a more effective curriculum. As part of the project, King was required to partner with a

university that would allow her to work with the faculty in the development of this new curriculum. King contacted both Loyola University Chicago and the University of Illinois at Chicago because she knew that both institutions were interested in creating a master's programs in nursing. Because she was also interested in eventually returning to the Midwest, King thought these two locations would provide her with possible career opportunities as well. Ultimately, she decided to cooperate with the University of Illinois after the dean of the school responded to King, and the dean at Loyola University did not. Later, King discovered that the lack of response from Loyola was related to funding rather than a lack of interest. Loyola had to find funds to start the project while the University of Illinois, a public institution, had the capital available to start a program. King visited the University of Illinois and explained the purpose of her project and what it would entail, including the time frame and objectives. After receipt of approval from the dean at the University of Illinois and her committee, King returned to the University of Illinois to begin her project (King, 1994).

Because King was an independent spirit and quite determined to progress with her dissertation according to her predetermined schedule, she often failed to check in with her dissertation committee, comprised of Mildred Montag, her adviser, Dr. Bernice Anderson, and Dr. Walter Sindlinger, a community college administrator. King later recounted an interaction with Mildred Montag, the chair of her dissertation committee:

Mildred Montag stopped me and said, 'By the way, the grapevine tells me that you're going to Illinois soon and collect some data.' I said, 'Yes, that is exciting, isn't it?' And she looked at me and smiled and said, 'You know King, you have a committee don't you?' ... "She said "don't you think it would be a good idea if you had a committee meeting before you started?' And I looked at her and said, 'Oh yeah, good idea.' (King, 1994, p. 65)

Ultimately, she developed an effective working relationship with her committee who helped her traverse the political showmanship with administrators at a large university like the University of Illinois at Chicago. As part of her work, King traveled to Urbana, the main campus of the University of Illinois, and seat of the university's administration, to meet with the President and Vice-President for Financial Affairs and Resources, as well as the Provost of the University. Prior to the meeting, King created an extensive list of questions, which she shared with Dr. Sindlinger from her committee. Based on his work experience, Dr. Sindlinger suggested that King re-evaluate the questions she planned to pose to the administrators since their academic responsibilities might necessitate their being called away in the midst of this type of meeting. King was very appreciative of his input. However, she was scheduled to fly to Illinois that weekend and was worried about promptness in making the requested changes. King said of her committee "I had the most beautiful committee who permitted me to move. They never thwarted any effort whatsoever" (King, 1994, p. 63). She was able to submit the changes 24 hours later and received her committee's approval to make the trip to Illinois (King, 1994).

On her first trip to the University of Illinois at Chicago, King worked with the faculty to develop a philosophy, as well as objectives for their proposed graduate program in nursing. She shared with them the part of her dissertation proposal that addressed organization and administration in higher education, and the faculty's place in the history of graduate education for nurses in the State of Illinois. After this visit, she returned to Teachers College, wrote a summary of their collaborative work, and sent the report to the faculty at the University of Illinois for their approval. She received confirmation from the faculty that this was a viable project. On her second trip to Illinois, King worked with the faculty to design the course content based on the previously approved program objectives. The faculty members of the University of

Illinois were always quite cordial to King during the time she spent with them; however, she always had the underlying feeling that they did not accord particular importance to her endeavor. King felt that this attitude was related to the fact that her teaching experience had been limited to a diploma program (King, 1994).

There was great antipathy among faculty in university nursing programs toward the faculty of diploma programs. The qualifications of diploma program faculty members were often questioned and university faculty often did not look favourably on the quality of the diploma education. King later related an experience in which a dean said to her “‘Well, you’re not qualified to teach on a university faculty because all of your teaching has been in a diploma school.’ I mean the prejudice was really bad in nursing” (King, 1994, p. 66). While there was some perceived skepticism of King’s project because of her pedigree, the curriculum was accepted by the University of Illinois and implemented several years later (King, 1994).

King’s dissertation defense was conducted in the presence of a chairman from a department other than the one in which King was enrolled (King did not reveal the name of the chair or his department of origin). A week before the defense, she discovered the visiting chairman was an expert in international education. King spent the next week in the library reading everything she could find about international nursing in preparation for the questions she anticipated might be asked. At the defense, the visiting chairman did not ask questions about international nursing or education. Instead, he asked, “I have two daughters, and I wonder if they wanted to go to nursing what program in this country would you recommend?” (King, 1994, p. 63). King was furious because she felt she had been placed in an untenable position. She responded, “Well there is only one program in this country I’d recommend they come to, and that is this one... it was the right answer” (King, 1994, p. 64). For King, this was a bizarre

experience. However, the dissertation committee members asked more appropriate questions that required her to elaborate and clarify her work.

One point of interest was raised by Dr. Bernice Anderson about the title of her dissertation, specifically on the phrase “of nursing practice.” She wanted King to clarify that point. The phrase was significant because it reflected King’s philosophy that the nursing faculty should be expert practitioners in their field in order to teach others to become nurses. King’s position was rather ironic because she had had relatively little experience in the practice of nursing before becoming a nurse educator. Her belief seemed to have emerged from her work as a faculty member at St. John’s Hospital School of Nursing, during which time faculty members worked side by side with the students. It appears that once she became a teacher, she did not continue her clinical nursing practice, with any consistency or permanence.

To students who later contacted King regarding their dissertation research and defences, she often offered the advice:

...don’t go in with high anxiety to these tests [defense]. Number one, you did that dissertation. You know that better than anybody else, and you can page it and word it. And so stop getting so upset and fearful about this. (King, 1994, p. 64)

This was, and still is, excellent advice for any graduate student who becomes stressed about the dissertation defense.

Upon her graduation from Teachers College in 1961, King was the three hundredth doctoral-prepared nurse in the country with a doctoral degree in any speciality area as the doctorate in nursing had yet to be established (although this claim by King has yet to be verified) (King, 1994). Although she hoped that her dissertation work would lead to a position at the University of Illinois, this was not the case. However, as she was packing up her dormitory room, she received a call from Dean Gladys Kiniery at Loyola University Chicago inquiring if

she would like to come for an interview. King was curious about how the dean, whom King had never met, had acquired her name and contact information. Coincidentally, King's cousin had taken her daughter for an interview at Loyola's nursing program. She had mentioned to the dean that her cousin was just completing a doctorate at Teachers College, and as King later recalled, "she just praised me to the hilt, I guess" (King, 1994, p. 61). After the interview with Dean Kiniery, King returned to Iowa and "after a couple of months of resting and being fed very well... by my aunt and my sister" (p. 66), she accepted the faculty position at Loyola University Chicago.

Conclusion

Life in a small town on the banks of the Mississippi River can indeed foster and inspire the work of a pioneer. As King described the time so beautifully, "It is amazing how much past experiences really influence future events in one's life" (Schorr & Zimmerman, 1988, p. 154). King's childhood certainly was influential in preparing her for her life's work. A chief influence was her father's prodding and encouragement, his high expectations, and helpful hand in guiding King to attain an education, and his fostering of her reasoning abilities, critical thinking, and ultimately, her creativity. Her extended family was also an influence, not only that her uncle funded her diploma degree, and later her siblings helped care for their mother so that King could pursue her EdD at Teacher's College Columbia University. They encouraged her to join a profession in which she could make a difference to both humanity and to the nursing profession itself. Thus her family played a significant role in her life. Lessons from King's childhood, the trials of the Great Depression, teasing by peers and adults, and the strictness of her elementary and secondary education helped develop in King a sense of determination and strength in the face of adversity. King's competitiveness, in the classroom and on the playing field, fed her

resolve to succeed. Her high school instruction in orthography introduced King to the love of words and language that would inspire her later work to transform nursing. King was indeed blessed with a life of opportunity, and fortunately, she seized that opportunity. She, in turn, elevated the profession by creating essential knowledge upon which nursing would build its foundation as a profession.

The long and complex journey that King undertook through her education in the profession of nursing laid a lasting foundation for her future work. King was shaped by her early nursing education and experiences, through both the success and challenges that she experienced, and overcame. The journey began as a student in the diploma program at St. John's Hospital School of Nursing when she negotiated the challenges of the patient in "bed 13" during her first clinical experience. It continued through her work as a "pseudo-nurse" and student at the Maryville College of the Sacred Heart, where she felt she fully developed into a nurse. This was confirmed through her use of critical thinking and clinical judgment skills essential for a nurse in the life-saving care of a student/patient

Of particular importance and influence on the work of Imogene King was the influence of the Jesuits at St. Louis University. The Jesuit philosophy shaped King's knowledge formation and influenced her use of knowledge in the development of a base of knowledge for the nursing profession. It was King's practice in challenging assumptions, examining attitudes, and analyzing motives (products of her Jesuit education) that forced Imogene King to reason at an advanced level. These skills facilitated her understanding of theory and its development. The foundation of King's learning was her father's advice to "think it through." It was solidified in her experiences with the Jesuits who encouraged King and her fellow students to take a position

and then defend that position. These became the foundations for her later work at Teacher's College, Columbia University.

King understood that the opportunity to attend Teachers College, Columbia University was an honor, particularly when it involved experiences under the tutelage of Mildred Montag. This privilege instilled within King a strong desire to give back to the profession of nursing. Teacher's College at Columbia University prepared King for her later work and her contributions to the nursing profession. This was exemplified by her teaching. As a teacher, King acted as a guide as she shared with her knowledge with her students in her attempt to enrich their educational experiences. King also knew that she needed to give back to the nursing profession in the form of scholarship. She felt that because she had the opportunity to go through such a meaningful experience she had an obligation to share that knowledge with the nursing profession. King made significant contributions to the nursing profession through her scholarship and the sharing of knowledge. Much of her future life's work, including her theory, books, journal articles, and a multitude of presentations throughout her career were influenced by her time at Teacher's College, Columbia University. Her life's work demonstrated the honor that she believed had been bestowed upon her as a doctoral student at Teacher's College, Columbia University.

Imogene King was fortunate that she had a loving family that supported her education and started her on the path that taught her to think critically, or more specifically, "think it through." Furthermore, the guidance of the Jesuits, and their ideals of challenging assumptions, examining attitudes, and analyzing motives set King upon a path of curiosity and the thirst for knowledge. Finally, the mentorship of Mildred Montag at Teacher's College, Columbia University impressed upon King the need and desire to give back to the nursing profession in a

profound way. King ultimately became an influential figure not only in nursing education but the entire nursing profession.

CHAPTER FIVE

PROFESSIONAL CAREER

Imogene King's educational experiences shaped her philosophy about the profession of nursing. Essentially, King started with the opinion in which she had no desire to become a nurse. She then moved to a place in which she not only became a nurse but pursued the profession to its essential level by seeking a doctorate at the Teacher's College of Columbia University. Ultimately, she became a champion for the profession of nursing. King felt honored to have had the opportunity to pursue a doctorate in nursing education at the prestigious Teacher's College. Because of her experience there, King became determined to become a leader in the profession of nursing in order to share with other nurses the fruits of her education. King took this commitment very seriously. It was a factor that influenced King in her quest to become a significant figure in theory development for the profession of nursing.

This chapter focuses on the professional life of Imogene King. The emphasis of this chapter is King's influence as a nurse educator and mentor, promoting the professional development of hundreds of students. King worked at university-based schools of nursing in different capacities. These included Loyola University Chicago where she served as a professor; Ohio State University School of Nursing where she was the Director of the School of Nursing; and the University of Southern Florida, where she served as a renowned professor. This chapter also includes an interlude in the late 1960's when King was employed as an Assistant Chief of the Research Grants Branch of the Division of Nursing, Bureau of Health Manpower,

Department of Health Education and Welfare. This chapter will describe how the confluence of these experiences helped shape King's roles as an educator, and leader. Further, the chapter will describe the impact of these experiences on King's development of her conceptual framework and theory of goal attainment.

King reflected on the changes she had seen in nursing over the years, from the time she began her career, just after the end of World War II, until she completed her Doctorate in Education degree in the early sixties; a decade that saw the transformation of the women's movement.

King believed that the essence of nursing had not changed, despite the fact that the technological advances that were moving medicine and nursing forward at a rapid pace, had made the work of the nurse more focused and specialized. For King, nursing's emphasis was always on the care of the human being. Another difference in King was her understanding of the public's perceptions of the nursing profession. King felt that the public perceived nursing as an "easy job," because, as she stated, nurses were competent in their work and made it look easy. However, King, based on her experience, agreed with the majority of nurses that the work they did was, indeed, difficult. King felt that nursing requires a high degree of knowledge, a gentle touch, and a generous heart, but also involves a particular set of skills that are unique to the profession (King, 1994).

In one of King's first articles, published in 1964, she wrote about ways the profession of nursing had changed and yet remained the same. She wrote about the need for the nursing profession to continue to reflect on its own practice. Thus, she began to look at theories. Early in her education she had been exposed to theories, and recalled the following:

[I had developed] a taste for theory as a sophomore student in college. When I had an educational psychology class, I just loved it and learned all these learning theories. I was fascinated with theory... it was always sort of in the back of my head that we needed to somehow put together this knowledge that we had ... So that's when I sort of latched on to say, 'Well maybe I could develop a theory.' (King, 1994, p. 38)

During the summer that followed her first-year teaching at Loyola University Chicago, King devoted her time to the study of theories in the fields of psychology, education, and sociology to determine the building blocks of a theory. She hoped to absorb that information and then transform it into a theory for nursing.

Within King's archived materials, more as an errant thought than a full-blown discourse, is a note scribbled by King about nurses studying theories from other disciplines, particularly sociology. She referred to theories in the field of sociology as "so-called theories," thus suggesting that they were not well conceived (King, n.d.). The theory movement was relatively new to nursing in the early 1960's. However, it was the sociologist Abraham Flexner who impressed upon nursing the importance of theory. Flexner's publication, *Medical Education in the United States and Canada A Report to the Carnegie Foundation for the Advancement of Teaching* in 1910, argued that theory or knowledge must be specific to a profession. Flexner proposed that theory is a pre-requisite for a discipline, such as nursing, to be considered a profession. In the 1960s, nursing still struggled with its identity as a profession, and until that time, the vast amount of knowledge that directed nursing care was borrowed from other professions, primarily medicine, and the social sciences. However, Flexner proposed several characteristics to define a profession which made it imperative that nursing establish its own base of knowledge. It is interesting that Flexner and other social scientists were the researchers who determined characteristics necessary for a profession. Despite Flexner's defined requirements for

a profession, particularly that a profession have its own body of knowledge, ironically, King admitted to using theory from other professions to help her better understand the development of a theory. This knowledge advanced her work in the development of a theory for nursing.

What is evident is that King was bothered that nursing was not utilizing theories to guide practice (King, 1994). Ultimately, it seems that medical theory was used to educate nurses and psychological theory to guide nurse's interactions with patients. However, no theory existed to guide the true purpose of the profession, the care of human beings, which King thought was the most important aspect of nursing.

Loyola University School of Nursing, Chicago, 1961–1966

Imogene King's first opportunity to showcase her newfound skills as a curriculum expert, an educator, and a leader immediately followed her graduation from Teacher's College at Columbia University. King was appointed to a faculty position at Loyola University in Chicago, where she was the first nurse prepared at the doctoral level to join the nursing faculty (King, 1994). She began her initial tenure at Loyola in the fall of 1961 as an Assistant Professor and Chair of the Undergraduate Program. King taught the History of Nursing and Introduction to Professional Nursing courses. In 1963, she was promoted to Associate Professor and Director of the Graduate Program. In the graduate program, she taught Research, Curriculum and Instruction, Administration in Nursing and Higher Education (King 2007). King was a member of the Curriculum Committee that served an important role in obtaining assurance and accreditation for the new master's program that she developed (Dudas, 1965). In the 1960's King chaired the Admissions and Promotions Committee for the graduate school. She was also a member of the Executive Faculty Committee (a precursor of the Academic Council as it would

later be called) that provided administrative oversight within the school of nursing over other school of nursing committees, such as the Curriculum Committee, Admission and Promotion Committee, Library and Instructional Aides Committee, and Scholarship and Loans Committee (Carroll, 1966).

The most significant project that King embarked upon during the 1960's at Loyola University Chicago was the development of a master's program in nursing. At the time, there were no master's programs in nursing in the Chicago area. However, the dean of the Loyola University School of Nursing immediately involved King in the work of the Illinois Nurses Association (INA). The INA had formed a Committee in Nursing Education that planned to work on several education initiatives in nursing education across the state, including the initiation of an associate degree program in nursing at a community college that expressed interest, and the development of a master's program at Loyola. King was appointed to the INA committee and commenced work on the project (King, 1994). The INA was particularly interested in an application for Pell Grants to help the INA pursue its educational initiatives. In 1965, Lyndon B. Johnson implemented the Higher Education Act (HEA) to provide grants and low-interest loans to those who did not qualify for grants. The HEA also provided funds to institutions of higher education to improve the quality of the educational process. In 1972, these funds were named Pell grants after Senator Claiborne Pell who proposed that the HEA create financial aid for students in need (The Pell Institute, 2017). The INA received the HEA Pell funds that allowed King to continue her work in the creation of the master's program at Loyola University Chicago (LUC).

As word spread that Loyola University planned to start a master's in nursing, the American Heart Association (AHA) contacted Loyola University Chicago (LUC). The AHA had heard about the proposed master's program and wanted to offer funds for the development of an innovative clinical nurse specialist program that would help advance care and outcomes of patients with ailments of the cardiovascular system. A proposal for funding that was made to the AHA by King and her colleagues was soon granted. In addition, the school was awarded funding for five-years from the Kellogg Foundation to help develop the master's program. Ultimately, the committee at LUC, chaired by King, that worked on the master's degree program had managed to acquire several lines of revenue that were able to fund at least two faculty members' salaries for the program (King, 1994).

Once the Loyola University Graduate School approved the new master's program, King set out to enhance the library resources. Because the University's library lacked what King considered useful research and resource materials, she contacted deans of nursing schools from around the country, requesting students' theses or doctoral dissertations about nursing, and other material that could be of use in a nursing research course. King was quite pleased with the number of the responses she received from the deans, yet, she was dismayed with the quality of the content of the materials. She felt that they failed to meet her needs and were not of the standard required to create a solid foundation for the library for students pursuing an advanced degree in nursing. However, through this process, King discovered a particular dissertation entitled *Identification of Theoretical Bases for Nursing Practice* by Margaret "Peg" Kaufman, an EdD student who had completed her work at UCLA. This dissertation would be a significant influence on King's future work (King, 1994).

King (1994) described Kaufman's work as "revolutionary" and one that "has a lot of meaning." King thought that the model Kaufman described in her work was the conceptual model that would be most useful as the framework for the master's program at Loyola University that she was developing (King, I., 1942–2007, King to R. Rockstraw, August 5, 2002). In her work, Kaufman analyzed the nursing literature from 1952 to 1957. (Essentially, there were only three or four professional nursing journals published at the time). Kaufman reviewed the literature and collected data about the frequency that a concept was referenced in the existing body of nursing literature. She developed a model based on the three concepts that she identified in her research: time, stress, and perception (Kaufman, 1958). King described this as "one of the most beautiful things I've ever read, and it made good sense" (King, 1994, p. 71). According to King, the use of Kaufman's conceptual framework for the master's curriculum was the first time that a school of nursing had based a curriculum on a conceptual framework. In 1967, Loyola University was able to attain national accreditation from the National League for Nurses (NLN) for the new master's program (King, I., 1942–2007, M. C. to Sr. M. M. Maloney, April 17, 1973). Graduates of the new Loyola University School of Nursing left with a Master of Science in Nursing with the credentials of a Clinical Nurse Specialist.

King and Kaufman developed a friendship that endured through the years. Despite their connection, Kaufman always seemed reluctant to accept King's praise for her work, stating that her work would "just gather dust" had it not been for King's interest in her research. Interestingly, King later developed her conceptual model in much the same manner that Kaufman had developed her conceptual model. Although Kaufman did hold faculty positions in schools of nursing at the University of Michigan, the University of California Los Angeles, and

the University of Nevada, she never did achieve the level of acclaim that was awarded to King (King, 1994).

About the time that King established the master's program at Loyola University Chicago, a series of events altered the trajectory of her career. The first event occurred when King was contacted by the Wiley Publishing Company. The interaction was later recalled by King:

Wiley Publishing Company wanted to get into the business of nursing books for higher education because there were very few for higher education at that time. And they had Montag for their advisor. And so, they asked her for names of people that they should contact to write these books... I was at the top of the list. (King, 1994, p. 71)

The Wiley editors came to Chicago to meet with King to discuss and share ideas. However, the only thoughts King had at the time were about nursing theory, and possibly conceptual frameworks. She had no concrete ideas and had not developed anything beyond the most fundamental thoughts about nursing theory. Despite King's hesitation, the editor urged King to sign a contract with Wiley. King had been highly recommended by Mildred Montag, and Wiley Publishing was eager to publish books for use in nursing education. King obliged but warned the editor that because of her busy schedule it would be some time before she would produce a solid draft (King, 1994).

Another significant event that took place at this time was a visit made by Dr. Fay Abdellah to Loyola University in Chicago for a presentation. Dr. Fay Abdellah was a pioneer in nursing research and education and was known particularly for her work in shifting nursing's approach from a disease-centered focus to a patient-centered focus. Abdellah met with King about a position in the research branch of the Federal Government's Division of Nursing. Abdellah approached King because of her reputation for advancing knowledge in the nursing

profession through her publications, and her participation in conferences about theory and knowledge in nursing. King was honored to have the opportunity to work with Abdellah. However, she was naïve about what awaited her in the new position. After five years at Loyola University, King moved to Washington D. C. to pursue an opportunity as the Assistant Chief of the Research Grants Branch of the Division of Nursing, Bureau of Health Manpower, Department of Health Education and Welfare (HEW) (King, 1994).

Washington D. C. 1966-1968

King made the decision to leave academia for what she thought would be an innovative position in research that would allow her to use her leadership skills. She also envisioned the position as one that would enable her to be an advocate for the nursing profession. However, as it turned out when King moved to Washington D.C. she was unprepared for what awaited her. She understood that her new position was in the research council within the Division of Nursing of the Bureau of Health and Manpower. However, King misunderstood the actual relationship of her position in relation to nursing research. King believed that she would be engaged in intramural research that would include her involvement in the development and practice of professional research. Unfortunately, she was mistaken; her position in the research council would be purely focused on the research of other nurses. The two initiatives in which she was involved were the Nurse Scientist Fellowship Program and the Researchin Nursing Program. Both involved research undertaken by others (King, 1994).

In 1956, Virginia Henderson, an influential nurse, and pioneer in nursing research published a guest editorial in the journal, *Nursing Research* entitled “Research in Nursing Practice -When?”. Henderson’s work noted that research studies of the characteristics of nurses

(who they were, what they did) far outnumbered the studies published about the practice of nursing. However, there was a dearth of nurses prepared at the doctoral level to undertake the necessary research needed to advance the actual practice of nursing. Six years after Henderson's publication, the Division of Nursing Resources of the Bureaus of Health and Manpower began a program called the Nurse Scientist Fellowship Program. The division offered competitive grants to encourage university schools of nursing to offer advanced education for nurses. At the time, there were few opportunities for a nurse to pursue a doctorate in nursing. Therefore, nurses who sought to pursue a doctorate often obtained their degrees in fields other than nursing such as sociology, psychology, physiology, education and similar disciplines. Because few universities offered a doctoral degree in nursing, the federal funding would allow nurses to pursue a doctorate in a basic science department. Boston University was the first to receive the grant that enabled nurses to pursue advanced degrees in biology, psychology, and sociology. Other schools that received these monies included The University of California, the University of California at Los Angeles, Washington University, and Western Reserve. However, it was a concern of the Nurse Scientist Fellowship program and the universities that educated these nurses in other disciplines that the nurse would want to remain in the field for which they received a doctorate, rather than returning to the discipline of nursing, as was the expectation of this program. To keep these nurses engaged in the nursing profession, the Nurse Scientist Fellowship program required that seminars be held between the schools of nursing and host departments, such as physiology, psychology, sociology, and anthropology so that a clear boundary between those departments and nursing science would be established. These programs eventually led to Ph.D. programs for nursing (Gortner, 2000).

King's responsibility within the Nurse Scientist Fellowship Program was to liaison with universities who would then help students applying to their university prepare their proposals. Proposals would include a curriculum plan for the student and letters of support from the departments that would accept the nurses into their doctoral programs. Once a proposal was processed and accepted, the federal government then dispersed the funds to the university, thus enabling nurses to attend a doctoral program (King, 1994).

The other area in which King worked while at the at Research Grants Branch of the Division of Nursing, Bureau of Health Manpower, Department of HEW was research within the nursing program. Initially excited at the prospect of becoming involved in innovative nursing research projects, King was soon dismayed to learn that her role would be that of facilitator of others' research. The job entailed working with nurses to ensure that their movement through the complicated bureaucratic government system would be as smooth as possible. Often, King's work involved the identification of nurses who could submit research proposals. King then worked with the nurse through the application process, to ensure that all the necessary information and forms were submitted. However, when the nurse submitted the final proposal for review, King was no longer allowed to be in contact with the nurse researcher because this could potentially constitute a conflict of interest. King was certain not to violate this boundary with applicants lest it lead to the denial of funding for their research. King appears to have been someone who would have followed the rules related to the work in which she was involved. It seems that the time King spent in Washington working in the research council was not particularly fulfilling (King, 1994).

Ultimately King's work at the Research Grants Branch of the Bureau of Health Manpower failed to meet her expectations. King was proud of her work and the contribution that she made in advancing knowledge in the nursing profession. Although there were few doctorally prepared nurses in the 1960's that were engaged in substantial research projects, King did recognize the change that was occurring in research, and the impact of the division on the nursing professions. She later reminisced:

I want you to know that this makes me feel really good to know that this institution, in thirty years, has moved their research in nursing from one researcher to many on their staff. Absolutely beautiful. And so you know, when you see this over time, you realize that one had just a little effect in helping people move research in nursing forward. (King, 1994, p. 90)

King certainly had a significant impact on the advancement of the nursing profession through her support of research. This experience contributed to King's creation of knowledge, particularly in the area of theory development.

The Ohio State University 1968–1972

In 1968, King was recruited by The Ohio State University (OSU) to become the director of the School of Nursing. This section will describe the unique opportunity presented to Imogene King. At OSU she was able to demonstrate her skills as an educator, but more importantly, as a curriculum expert, theorist, and leader. King led the school of nursing in the adoption of her conceptual framework as the basis for the Ohio State University School of Nursing curriculum. Surprisingly during her interview with Messmer, King talked very little about the two different times she served on the faculty of Loyola University Chicago or her time spent at the University of Southern Florida. However, she spoke abundantly about the years she spent at OSU. Perhaps her happy memories sprang from her tenure in the prestigious position as

the Director of the School of Nursing. She held the position of faculty at two other universities where she worked.

King's (1994) archival materials do not include details about the manner in which she was recruited or why she accepted the position. However, one can imagine that because King spent the prior several years at the Research Grants Branch, Division of Nursing, Bureau of Health Manpower, Department of HEW that she developed a respected reputation within the nursing research community. Because OSU was a large institution, it provided an opportunity for King to continue her interest in working with students, curriculum development and contributing to the nursing profession. At this time, the OSU School of Nursing was still under the College of Medicine. Coincidentally, on the day of King's arrival at the school, it was announced that the faculty of the School of Nursing had received a grant to change the school's curriculum. Although she was not involved in writing the school's initial curriculum, King felt the school's current curriculum was not "revolutionary" for its time. King later stated, "having just come from Washington, I felt a real responsibility that the grant would be implemented." (King, 1994, p. 92).

Curriculum

Shortly after King's arrival at OSU, faculty members approached her about her conceptual framework. Although the conceptual framework was in the process of being published, some of the faculty members asked if King would share it with them. They hoped to use her conceptual model as the grounding for the school's new curriculum. King appeared to have trepidations about the request. King replied to the group that "I didn't write it for curriculum... I want to tell you that was not my purpose for writing that.' ... Well, the faculty

picked it up and decided that's what they would use as a framework for the new curriculum."

(King, 1994, p. 92). Although King wrote the framework for the nursing profession, because she saw herself as a curriculum expert, she probably was pleased to see it used as the basis for a nursing curriculum.

Although King was hesitant about the prospect of OSU's School of Nursing utilizing her conceptual framework, she was more than willing to work with the faculty as a consultant. She certainly did not want to take the lead. King replied to the faculty:

'All I can tell you is I will work with you. If you want to write things, and you want me to critique them, I will be glad to. And it will most certainly be positive. I am not a negative person.' (King, 1994, p. 92)

Through her assumption of the role as "external reviewer," King was able to offer her expertise in the curriculum to guide the faculty as they developed a new curriculum for the basis of the undergraduate program.

King drew from her experience at Loyola University Chicago, where she had developed the first master's program in the city, which she believed to be a "curriculum for the future." She aimed to instruct the faculty in the School of Nursing at OSU in the use of the new curriculum, with her conceptual framework as its foundation. King encouraged the faculty members to make use of the broader university resources, including its extensive library and administrative support, to provide a richer education for the nursing students. King later recalled stating "you have all this systems research... It seems to me that we should build this curriculum for the future (King, 1994, p. 92). King first sought to ensure that the faculty understood the development and use of her conceptual framework by providing opportunities for learning and sharing of her knowledge.

It was fortuitous that King assumed the leadership role at OSU School of Nursing in the fall of 1968 at the precise time that the school was about to embark upon a significant curriculum redesign. King's expertise and experience in this area were a significant benefit for the faculty, the school of nursing, and the University as a whole. King was able to provide the nursing faculty members with the essential skills and knowledge they required to design the new curriculum. King shared her conceptual framework, expertise, and experience with the faculty. In turn, they selected King's concepts of perception, interpersonal relations, health, and substantive knowledge as the framework that would be the basis for the curriculum. These concepts would be woven throughout the courses. In the early courses of the curriculum, faculty members experienced little difficulty in the integration of the four concepts. However, the faculty struggled in their integration of the concepts in the later courses. The courses taught in the second year were called "Interferences in the Health States". In these courses, the content was more focussed on disease states. The faculty members persevered and with a bit of coaching, and perhaps some coercion, King was able to guide them in the process of curriculum development. She stated later that they "seemed satisfied" and comfortable with moving forward (King, 1994).

As a result of this process both King and her faculty members became committed to the complete integration of the curriculum, or as it was called, an integrated curriculum (although King never referred to it by that term). For instance, rather than have one course specific to research, it instead was decided to integrate research throughout the curriculum. Faculty members felt that this approach would enable students to use nursing research content in nursing practice while they were learning theory in class. Faculty believed that integration of content into nursing practice would enhance the students' understanding of the content. For example, the

faculty members decided to introduce participant and non-participant observation in the first course in the curriculum. The students were then able to apply this content in their hospital clinical experience, using it for the systematic collection of information. This was an example of the introduction of content, knowledge, and skill into the classroom, and the students' transference of what they had learned into practice (King, 1994).

Within the curriculum, the syllabi were divided into concepts, skills, and values. King sought to ensure that the way the content was taught was consistent with the type of learning that was required for students to grasp the content. For King, the distinction of the learning process involved was essential to ensure students' learning and the greater retention and integration of knowledge. King praised the faculty for their effort and work on the curriculum and later stated: "They thought students should have the time to learn. Well, it's a beautiful, beautiful philosophy about teaching and learning. And I kept complimenting them, and they wouldn't believe me. They absolutely didn't believe me." (King, 1994, p. 94).

It was not necessarily a smooth process because, as with any change, there was some faculty resistance. It is not clear if faculty members who resisted the change were resentful of the use of King's conceptual framework or only of the change to the new curriculum. King, however, would not be deterred by any negative attitudes. Given her "feisty" personality, she addressed the laggards by telling them they could either get on board with the change or leave the school of nursing (Pat Donahue, personal communication, April 6, 2016).

The grant the OSU School of Nursing had been awarded prior to King's tenure there also allocated funds to be used to erect a new building on campus for the School of Nursing. This new building was opened in 1968. In 1972, after the death of the beloved Mildred Newton,

director of the school from 1951–1968, the new School of Nursing building was named Newton Hall. The building included a new laboratory with the latest equipment to teach nursing students the skills they would need in clinical practice. The skills lab provided faculty with the opportunity to work with students on communication skills they would need to build a therapeutic relationship with the patient. Communication was a key component of King’s Conceptual Framework.

Under King’s leadership, the OSU School of Nursing’s redesign of the undergraduate curriculum is emblematic of her expertise in curriculum design, as well as her ability to advance a vision for the future of nursing education. King’s work was illustrative of her commitment to the advancement of nursing, particularly at a time when nursing education was in a state of considerable flux. In an alumni newsletter, King described the new curriculum as “one built on flexibility with an objective for the students to achieve success rather than failure” (King, 1971).

Although the curriculum redesign was not the only work that King completed while at the OSU School of Nursing, it represented her most extensive endeavor as a leader and educator. However, King still incorporated her work as a theorist during her time at the University. King’s other accomplishments at OSU included the creation of the Institute for Nursing Research. In 1969, the School of Nursing at Ohio State received a grant from the Division of Nursing, Department of Health and Manpower. These funds were used to support small studies for the nursing faculty which would lead to “building a body of knowledge for nursing by: 1) developing theories for nursing; 2) testing postulated theories for nursing; and 3) using theories from other disciplines for the conduct of scientific inquiries in nursing care, education, and administration.” (King, 1970, p. 22). King described the Institute for Nursing Research as a

program that was focused on engaging faculty to explore and research patient care issues through innovative ideas. The faculty was particularly interested in those patient care issues related to staffing. They researched the concept of the acuity of patients and the utilization of valid instruments to assess a patient's ability for self-care. Furthermore, with a steadfast commitment to quality and education, King encouraged the faculty to pursue doctoral level education. When she arrived at OSU, no other faculty member held a doctoral degree. By the time she left OSU, three faculty were enrolled in doctoral programs, and an additional five faculty members planned to embark on doctoral studies the following year (King, 1994).

In addition to her role as director of the School of Nursing, King also pursued post-doctoral work in systems research at the Ohio State University. However, she did not complete this study. King undertook her study in systems research as a means to develop scientific research. She argued that the only way to develop scientific knowledge was through experimental quantitative research. In order to increase her knowledge in this area, she audited three quantitative research courses. This coursework in systems research led King to a comprehensive understanding of the systems process that she felt was more consistent with, and thus could be incorporated into, the philosophical foundation of her theoretical work. As part of the development of her Goal Attainment Theory, King (1994) engaged in quantitative research, which became the foundation for the work that would become her second book (this will be discussed in greater detail in chapter six). Although this postdoctoral course of study is only alluded to in her archives, it is noted on her curriculum vitae. In Meleis' (2007) analysis of King's theory, there is a passing comment to King's postdoctoral work in von Bertalanffy's Systems Theory, yet this claim is not substantiated in King's archived materials.

Despite her accomplishments at the OSU School of Nursing, King tendered her resignation in 1972. She stated that “administration was not my life’s work. Four years was all I could really handle. I like it, I think I was good at it, but I didn’t have enough time for the thinking that I’d been doing” (King, 1994, p. 96). King knew that academia was her preferred venue, however, she preferred the creation and dissemination of knowledge to the administration of a school of nursing. Because she disliked winter weather, King considered a move to the west coast. As she began the application process for a faculty position at the University of San Francisco, she received a call from the Vice-President at Loyola University Chicago. He said to her, ‘We need you back here. Will you come?’ (King, 1994, p. 96). King returned to Chicago in 1972, where she spent the next eight years.

Imogene King went to the Ohio State University and made a significant impact on the program of the school of nursing by introducing the faculty to her conceptual framework, which they adopted as the foundation of the school’s curriculum. With her leadership skills, she was able to guide the faculty members through the arduous and challenging process of a major curriculum change. It was not an easy process, and she faced a certain amount of resistance. However, King was confident in her work and knew the result would be a solid foundation for the school of nursing at OSU. It was through this process that she was also able to mentor faculty members on an individual level; something that she would continue to do throughout the rest of her life.

The Ohio State University was a positive influence on Imogene King as well because her time there required her to expand her abilities as an administrator and teacher. Perhaps, one of the most significant influences from her years at OSU was her studies in system research, with

its foundation in quantitative methodology. This would become the philosophical foundation for her future work, particularly in her Goal Attainment Theory.

Loyola University Chicago School of Nursing, 1972–1980

In 1972 Imogene King returned to a faculty position in Chicago, her “favorite city,” at Loyola University to resume her role as a professor. King had developed a strong reputation for her expertise in curriculum. Through her publications, she contributed to the knowledge base of the nursing profession. These led her to be a strong addition to the faculty at LUC. King planned to continue her work in the master’s program; specifically, she planned to expand the clinical nurse specialist track, that she had created when she was first on the faculty of Loyola University in the 1960’s. During her tenure at Loyola University Chicago in the 1970s, King spent most of her time as a professor teaching courses at the graduate level. She also engaged in research on communication between the patient and nurse that would lead to the development of and publication of her theory of Goal Attainment.

While she was a faculty member at Loyola University, King was remembered as both innovative and controversial. She never backed down from controversy and introduced provocative topics in the classroom to challenge her students’ critical thinking. King, according to Maryann Noonan, a graduate student, and later a faculty member at Loyola University Chicago during the 1970s had great enthusiasm for nursing (Maryann Noonan, personal communication, August 26, 2016). Noonan fondly recalls the time she was completing her master’s level clinical experiences on an inpatient neurological unit. King visited the hospital unit to discuss Noonan’s patient load and her goal setting with the patients. These observations were part of the conceptual framework that King was working on during this time. Mrs. Noonan

credits King with helping her work with a particularly challenging patient with acromegaly for whom she was struggling to deliver care. King took the time to process the patient's background information and to formulate a solid plan of care for the patient. Mrs. Noonan also remembers a lighter side of King, such as a time when she invited her graduate students to her home for a small party. 'Imogene was truly invested and interested in her students. She was a mentor to them and taught them to "stick to it, never give up.'" (Maryann Noonan, personal communication, August 26, 2016).

During her second tenure at Loyola University, King was involved in teaching courses in the Clinical Nurse Specialist (CNS) graduate program that she had originally helped create. The clinical nurse specialist is an advanced practice role in nursing. During a speech in 1943, Frances Reiter, a nurse educator and chair of the American Nurses Association's Committee on Education, described the role of an advanced practice nurse as one whose responsibilities would include: "ranges of function inclusive of care, cure, and, counseling...depth of understanding; and... breadth of services including coordination, continuity, and collaboration." (McClelland, McCoy & Burson, 2013, p. 97). Reiter coined the term "Nurse Clinician." During the 1960's and 1970's the number of nurses with the Associate Degree (ADN) in Nursing exploded. This increase in the number of ADN prepared nurses created a need for greater supervision to support the ADN graduate. That responsibility fell to the Clinical Nurse Specialist (CNS) (McClelland, McCoy & Burson, 2013). Imogene King had been instrumental in designing the CNS program for Loyola University Chicago to meet this need.

Imogene King's primary role at Loyola University Chicago in the 1970's was as Professor in the School of Nursing. King taught Theory Development in Nursing, Research in

Nursing, and three sequential courses in Nursing of Adults; courses that included practicum experiences. In addition to her teaching duties, King had a significant role on many committees in the School of Nursing. King was a member of the Academic Council, the Graduate Program Curriculum Committee, and the Graduate Program Committee, for which she served as chair, and the Graduate Program Curriculum Committee. In 1977, King was named Coordinator, Clinical Nursing Research, Department of Nursing Loyola University Medical Center, Chicago. The committee's objectives included: an opportunity for faculty to present their research work to demonstrate the use of the research process; and to obtain grants for further research. However, based on what was found, or not found, in the archives at Loyola University, it is unclear how successful the committee was in securing funds for research (King, 1975). In her role of coordinator of the nursing research committee, King herself was active in the research process to prepare for the publication of her Theory of Goal Attainment. Maryann Noonan recalled that King often made visits to her graduate students during their practicum experiences to gather research data (personal communication, August 26, 2016). It is unclear if this data collection was under the auspices of her role as Coordinator or for her personal research for her upcoming publication, *A Theory for Nursing: Systems, Concepts, Process* (1981).

In addition to her duties in the school of nursing, King was also appointed to committees across the university. The appointment to these committees signified that King was a respected member of the Loyola University Chicago community at large. King was appointed as a Member of the Institutional Review Board, Clinical Investigation to Protect Human Rights, Loyola University Medical Center; Member Graduate Board, Loyola University Chicago; and

Member, Education Committee, Department of Medicine, Loyola University Stritch School of Medicine (King, 2007).

In April 1973, Sr. Margaret Mary Maloney, then Dean of the Loyola University School of Nursing received a letter (with an indecipherable signature) about an article the unknown author saw in a national nursing journal that credited Myra Levine with the creation and implementation of the clinical nurse specialist program at Loyola University. The letter's author was appalled that the credit had been attributed inaccurately. The author had apparently been a faculty member at the Loyola University School of Nursing from 1962 to 1967. She wrote that it was her "distinct impression that the master's degree nurse specialist program was established and implemented by Dean Gladys Kierney, Dr. King, and Ms. Jane Kennedy" (King, I., 1942–2007, M. C. to Sr. M.M. Maloney, April 17, 1973). King was proud she had created the master's program to prepare students for the clinical nurse specialist role. Therefore, it was upsetting for someone to be given credit for this work. No document can be found in King's archives about the resolution of this error

Ironically, King had a somewhat contentious relationship with Myra Levine, whom the article had credited with establishing the clinical nurse specialist program at LUC. Levine was hired to teach at LUC in 1967 after King had departed for her work in Washington D.C. In 1972, she and King became colleagues during the first year that King had returned to Loyola. Levine left the University in 1973 to teach at Tel Aviv University in Israel. They both taught in the graduate program in the School of Nursing at Loyola University and shared expertise in medical-surgical nursing. Unlike King, who had completed a doctorate at Teachers College at Columbia University, Levine never embarked on doctoral education. However, both Levine and King had

developed nursing theories that were respected and well received by the nursing profession. However, the competing theories, with very different approaches, were a source of resentment between them. One of King's colleagues recalls a significant disagreement that erupted between King and Myra Levine during a faculty meeting and later continued into the hall and onto the elevator. King and Levine continued to squabble, causing considerable discomfort for fellow passengers on the elevator ride. Although none of their contemporaries remember the topic of the dispute, all remembered the discomfort it caused (colleague name withheld by request, April 14, 2015).

Maryann Noonan remembers the tensions that existed among the senior faculty members that included King, Myra Levine, and Julia Lane. It is not known if the inaccurate depiction of Myra Levine as the creator of the nurse specialist program at Loyola University was the source of this tension. However, it is possible that this omission and inaccurate attribution of credit in a national nursing journal contributed to the strained relationship. Possibly the tension was related more to the personalities and prestige of these faculty members. A contributing factor might have been King's tendency to be outspoken in front of other faculty members. As noted earlier, King could be quite confrontational, possibly because she always thought she was right (Maryann Noonan, personal communication, August 26, 2016).

King decided to leave Loyola University in 1980. For her, the decision was simply related to an experience on one blustery winter day during a particularly fickle Chicago winter in 1979, the year of an infamous Chicago Blizzard. Because it was a 20-mile drive between the campus and King's home in the suburbs, she set off from the University on a snowy winter day in the middle of the afternoon in an attempt to avoid the inevitable traffic congestion that

accompanies a storm. When she was three blocks from the University, a car nearly struck her, another three miles along her trip, she narrowly escaped another accident. A third near accident occurred when she was close to her home. After this dreadful experience, King thought that perhaps it was time to consider a move south where she could enjoy her beloved golf year-round.

Through a friend, King contacted the Dean at the University of Southern Florida in Tampa Bay where she accepted a faculty position in the master's program (King, 1994). In addition, the University of Southern Florida (USF) Medical School has an affiliation with Tampa General Hospital that had adopted King's model. This may have contributed to King's decision to relocate to USF in Tampa Bay.

Although King attributed her move to Florida to the challenging Chicago winter weather, others hold differing opinions about the reason that prompted King's decision to leave Loyola University Chicago. Although no verification exists it is possible that King was angered that the graduate program of Loyola's School of Nursing opted not to utilize her conceptual framework as the sole basis for its curriculum. During much of the 1970's the graduate school in nursing explored a curriculum revision with the adoption of a conceptual framework. After discussions that continued over several years, in December of 1978 King suggested to the committee that they use her conceptual framework as the foundation for the graduate school curriculum. The minutes of the meeting, from December 12, 1978, in which King made this suggestion do not contain the discussion that ensued (King, 1978). However, meeting minutes from February 1979 indicate that the Loyola University School of Nursing adopted an ecological system as its conceptual framework, that is "man interacting with his environment leading to a state of health

or peaceful death.” (LUC, 1979). King’s hopes that her theory would be adopted as the basis for the school of nursing curriculum were dashed.

Another disappointment for King occurred in the mid-1970s. Loyola University sought a new dean for the School of Nursing. While it is not clear that King had formally applied for the position, it was theorized that she would have liked to have been invited to apply for the position of dean, yet this does not seem to have occurred (colleague name withheld by request, personal communication, April 15, 2015). Instead, Julia Lane, who had only recently completed a doctorate, was appointed the Dean. Perhaps King’s ego was wounded, and she decided to seek employment at a different institution rather than stay at a place where she may have felt a degree of rejection. Of course, these are some of many possible explanations for King’s decision to move to Florida, but they would have certainly been supported by the circumstances of the time.

During her tenure at Loyola University Chicago, King made tremendous contributions to the community. She was a leader and mentor among the faculty and students. Not only was her work respected in the School of Nursing, but in the greater University as well. That a nurse would be appointed to important committees in the School of Medicine speaks to others’ respect for King’s strength as an educator and leader. However, it was King’s work in creating a graduate program, with a focus on the advanced practice role of Clinical Nurse Specialist, which stands as the most significant achievement of her tenure at Loyola University Chicago. Nearly four decades later many of King’s graduate nurses are still in practice in the Clinical Nurse Specialist role in the clinical setting. Many others are educators in university settings, and several serve on the faculty at Loyola University Chicago. It is a testament to King’s work that the CNS program continues at Loyola University, while many universities have moved away

from the Clinical Nurse Specialist in favor of the Nurse Practitioner or other advanced practice roles.

Theory Conference

King was a pioneer in the theory movement of the 1970s, a movement emerged in nursing programs across the country to develop curricula based on nursing theory and conceptual frameworks. However, it was not only her pioneering work in theory development but also in her role as a leader and as an advocate for theory that led to her fame in nursing theory history. The following anecdotes from the Messmer interview reveal both the importance of nursing theory to King, as well as the extent to which she would go to advocate for nursing theory and also to defend her reputation within the movement.

In October 1977, King attended and was a participant in a Theory Development in Nursing Conference that was sponsored by the National League for Nursing (NLN) and held in Kansas City, Kansas (King, 2007). The target audience of the nursing conference was nurse educators who sought answers to questions such as: (1) what is a theory?; (2) what is a conceptual framework?; (3) how can it be used in nursing?; and (4) what possibilities do newly constructed conceptual frameworks and theories hold for nursing? The conference generated much excitement and discussion. Participants left the conference with plans to implement the ideas proposed at the conference at their respective institutions (King, 1994).

A second nurse educator conference, titled the Second Annual Nurse Educator Conference, was held in New York City in December, 1978. King was a speaker who had been invited to discuss her work in theory construction for nursing and further demonstrate the application of her work in nursing education, research, and practice. On the second day, King

was scheduled to deliver her presentation at 8:00 a.m., a time she did not prefer. According to King (1994), in order to interest the early morning attendees, she attempted to inject a bit of humor in her presentation; something she enjoyed when the opportunity presented itself.

Throughout the day, conference participants congratulated King on her presentation. According to King (1994), whereas many of the speakers had presented “mere ideas,” King had offered a substantive conceptual framework.

According to King (1994), conference attendees also commented on presentations, such as that by Dr. James Dickoff and Dr. Patricia James. King (1994) notes that the attendees of the conference felt the presentation of Dickoff and James had insulted the profession of nursing. King does not go into detail about the topic of their presentation or the content that the attendees found offensive. However, never one to shy away from standing up for herself and others, King confronted Dickoff and James about their presentation. According to King (1994), she asked them if they were trying to be “tongue-in-cheek,” or “funny,” in their presentation because if they were, it was lost on the audience. In King’s (1994) recollection of the confrontation with Dickoff and James, she challenged the duo about their intentions and the purpose of their presentation at the conference. She asked them “Do you even know what the objectives of this conference are?” (King, 1994, pp. 98). King seemed particularly distraught by their attitude because earlier in her career she had shared a collegial relationship with Dickoff and James. She even had felt that she and James, who held a doctorate from the University of Detroit, a Jesuit University, shared a similar philosophical background. Dickoff and James, were significant figures in the nursing theory movement, despite the fact that they were not nurses. (Earlier they had worked in cooperation with Ernestine Wiedenbach, a nurse, to validate their introduction and

presence in the nursing theory movement). They had published a series of articles on the importance of theory in nursing and described the process for developing theory. Their work achieved a reasonable degree of acceptance by the nursing profession that was embarking on the theory movement and needed the knowledge and expertise of Dickoff and James in order to develop and promote theory for the nursing profession (Obashi, 1985). Essentially, the work of Dickoff and James helped to legitimize nursing as a profession and inspired nurse leaders to engage in the theory development that would provide a scientific basis for the nursing profession. After her initial confrontation with Dickoff and James, King recalled that their next presentation at the conferences reflected a more formal acknowledgement of the nurses' educational preparation (King, 1994).

Although King had felt the dispute had been resolved after the initial confrontation, at the conference in New York, she became engaged in a second conflict with Dickoff and James at another conference. King did not recall the exact conference or its location, but vividly recalled that Dickoff and James insulted her by excluding the mention of her name during their presentation. King recalled "they talked about everybody who was a theorist, and they never mentioned me, and I was at the podium. I was at the head table eating dinner with them." (King, 1994, p. 99). Despite this "snub," King thought that Dickoff and James were "wonderful people. As human beings, I love them. Loved to talk to them, socialize with them" (King, 1994, p. 99). Regardless of her friendship with the two philosophers, King asserted that Dickoff and James promoted "prescriptive theory," which to King was not a theory at all. "Prescriptive Theory" was the work of Dickoff and James with their early collaborator, Ernestine Wiedenbach. Essentially, prescriptive theory, rather than describing or defining particular concepts and

phenomena, instead focuses on a particular issue and provides guidelines to address the problem (Wiedenbach, 1970).

In summary, the interaction between King and the pioneers in nursing theory development, Dickoff and James, was important at the time because the profession of nursing was consistently criticized for borrowing knowledge from other fields. Nursing had been hard at work for the prior 20 years to establish its own theoretical basis for nursing knowledge. Dickoff and James were two non-nurses who nurse leaders allowed to lead the profession with their expertise and guidance. However, they did set a precedent in the theory movement by defining the process of theory development for nursing (King, 1994).

The influence that Dickoff and James had on the profession of nursing and the entirety of the theory movement made for an interesting juxtaposition. However, King was steadfast in her opinion:

... we know what nursing is and what we need to do is get our own scientific base put together... It's there, we teach some of it, but we just didn't have it all put together, and that to me is what the theory and framework movement was all about. And I resent somebody [Dickoff and James] who doesn't know anything about the field coming in and telling me what we have. (King, 1994, p. 99)

Since the emergence of professional nursing, knowledge for the profession has been borrowed from medicine and other social sciences. Innovators, such as Florence Nightingale, Hildegard Peplau, and even Imogene King, laid the foundation for nursing to develop its own theory base. It is, therefore, understandable that someone who was dedicated to the development and advancement of knowledge for the nursing profession would be irritated by researchers from other disciplines who could be perceived as speaking outside of their knowledge base (King, 1994).

University of Southern Florida, 1980–1990

Because of her disdain for winter in Chicago and other reasons discussed earlier, King migrated south to Tampa Bay, Florida, where she accepted a position as a Professor of Nursing at the University of Southern Florida (USF). She spent her time at USF teaching in the graduate school and reluctantly assumed the role of Director of Research, as well. Because the program of the School of Nursing at USF had been established less than a decade before King's arrival, she saw her position as an opportunity to, again, mentor a new and relatively young faculty, as well as the opportunity to mentor nurses at Tampa General Hospital in the use of her theory (King, 1994).

King's time at USF was spent primarily teaching in the graduate department where she was highly respected and valued by the students. In a 1988 letter to Dr. Carole Schwartz, Chair of the Honor and Awards Council at USF, in support of King's nomination as a USF Distinguished Scholar, an honor which she was later awarded, a group of students submitted the following description, (excerpted here) of the work and impact of King during her time at USF:

What a unique privilege we have had, to learn first-hand about the evolution of nursing theories from one of the premier scholars in the movement!
Through her teaching, and her accomplishments as a writer, researcher, scholar, and leader in the nursing profession, Dr. King is an exemplary role model. Her integrity is without question. She teaches with humor and enthusiasm, displaying vast knowledge borne of years of experience... Yet she is open to differing viewpoints, encouraging us to expand our minds with new knowledge. (King, I., 1942–2007, Barosso et al. to Schwartz, February 9, 1988)

The student letter is an example of the great lengths to which King went to mentor and encourage students to strive for something more for themselves, to move along, to achieve, and to be the best that they could be.

While at USF King taught courses in Theory Development in Nursing, Curriculum and Instruction in Nursing, Nursing Education in Institutions of Higher Education, Management in clinical Nursing, Adult Health, and the Conceptual Basis for Specialized Areas of Practice.

There is no mention of any committee work that King was a part of at USF (King, 2007)

Despite her reluctance to assume the role as Director of Research for USF, College of Nursing, King is most remembered there for her efforts to lead and teach the young faculty and the graduate students about research. One of her first goals as director was to change the culture in the USF school of nursing to create an environment that encouraged research. In this milieu, graduate nursing students, who were about to graduate, embarked upon their careers with a passion for research that would enable them to impact the profession of nursing (King, 1994). To help the faculty members develop skills in research, King led them in a study of patient's temperatures. The purpose of this study to determine the necessary frequency and optimal time, or peak moment, in the circadian rhythm to measure a hospitalized adult patient for fever. Samples, Van Cott, Long, King & Kersenbrock (1985) theorized that effective patient temperature assessment required routine temperature taking, on a four-hour schedule. King's team determined a once daily routine temperature between the hours of 5:00 p.m. and 7:00 p.m. (the optimal hours in the circadian rhythm) was adequate in screening for fever in the hospitalized adult patient. However, they added, that nurses should use their professional judgment when assessing their patients.

King retired from the University of Southern Florida in 1990 at which time she was named Professor Emeritus, University of South Florida College of Nursing. King continued to teach an occasional course in Advances in Nursing Science at USF. She also did adjunct work in

the graduate school of nursing at the University of Tampa where she taught courses in theory and curriculum and instruction. Even in retirement, King continued to maintain an extensive speaking schedule (King, 2007).

Political Work/Leader

As a child, King learned to the importance of politics. Although her father never served in an elected position in their small town, he did have a presence among those of influence in the small community. King (1994) recalled the following: "... one thing we learned was civic duty. It was called civic duty then. That you must be involved in community activities. And so, I have always been involved in community activities." (King, 1994, p. 132). These experiences undoubtedly influenced King who became a very active member of the American Nurses Association, through the state nursing associations in Missouri, Illinois, and Florida. She was also a member of Sigma Theta Tau International and participated in local political organizations.

Civic Duty

In the mid-1970s, King lived in Wood Dale, a suburban community near Chicago. It was a town that would be considered a "bedroom community," comprised primarily of single-family homes. Feeling a need to contribute to her community King was elected to as President of the Condominium Association. In this role, King often interacted with the local government officials. The mayor, in particular, was impressed by King's activism and encouraged her to run for Alderwoman of the town of Wood Dale. She subsequently was elected. King took pride in this position as alderwoman and felt she accomplished much good for the town. For example, she was successful in efforts to reduce the town's deficit and successfully introduced an exercise program for members of the police department (King, 1994).

Prior to her election, the town had a deficit of \$250,000. With King's leadership, the finance committee was able to not only balance the budget but also to create a reserve fund. This was accomplished by the imposition of a small tax on the homeowners of Wood Dale. Another of King's accomplishments was the development of an exercise program for the police department. The Chief of Police approached King because of a conversation they had engaged in after one of the younger officers on the police force had suffered a heart attack. King was instrumental in the development of an exercise plan for the police officers (King, 1994).

King spent four years as alderwoman for the town council of Wood Dale. She was quite proud of her contributions and the changes that she was able to make in the town. She became involved because of a sense of community and the need to right a perceived injustice. King left the town council in 1980 when she moved to Tampa Bay, Florida to begin the next phase of her career.

American Nurses Association (ANA), Illinois Nurses Association (INA), and the Florida Nurses Association (FNA)

Political activism played a significant role throughout King's professional life. Her experience as alderwoman in Wood Dale, Illinois was not the first time that King became politically active and influenced change. Her tenure with the American Nurses Association began in the early days of her nursing career. Soon after the receipt of a bachelor's degree, King began teaching at St. John's Hospital School of Nursing. King volunteered to drive the Sisters of Mercy, who were her co-workers, to the Missouri State Nurses Association meetings. King was convinced of the importance of being an active member of the professional nursing association. One of the Sisters told her:

If you don't participate, you don't have any right to complain about any of the decisions that get made, and you really aren't going to do any service for the nursing profession if you don't join and participate in decisions that are made that affect us." (King, 1994, p. 138)

King soon became an active member of both the Missouri Nurses Association and the Missouri League for Nursing. During her time in Missouri, she was elected to both the bylaws committee and the nominating committee of the Missouri Nurses Association. During this time King was witness to the "politics" of an organization. She recalled a time when she was new to the nominating committee and prepared a ballot that did not have two candidates slotted for each position. She had been advised that this did not matter because nominations could be made from the floor to complete the ballot. Apparently, the "old guard," as King referred to the older seasoned members, was not pleased with the ballot. King referred to the bylaws that specifically permitted vacant slots on the ballot. However, the "old guard" took the credit for King's work and at the convention, explained to the membership that "this was my advice to our young active member, and I will now call for nominations" (King, 1994, p. 138). From that time forward, King understood what it meant to play political games.

During King's early years as an active member of the ANA, she learned that the power one held within the group was of the greatest importance. When King accepted a position at Loyola University Chicago, she assumed an active role in the Illinois Nurses Association. She had experienced great success as a member of the Illinois Nurses Association (INA), including her appointment, in 1965, to the committee that planned the first national clinical conference. King planned a second clinical conference in 1967. However, one of her most significant accomplishments was the difference she was able to make in the clinical practice of nurses in

Illinois. King had been nominated chair of the medical-surgical council and was also chairman of the executive committee. These two positions gave King considerable power in the INA. She was alerted to a new practice occurring in the southern counties of Illinois in which hospitals were hiring health educators (persons with a non-nursing bachelor's degree) to provide discharge instructions to their patients. The nurses who worked in the hospitals were concerned because they believed that patient education was an integral role of the registered nurse. They also felt that the health educators were poorly prepared to provide appropriate education about topics such as different medications, nutrition issues, and exercise. The nurses approached the hospital administrators about the use of non-nurse health educators only to learn that administration was in full support of this newly created position. The nurses then turned to the INA to help address the new position that was encroaching on the role of the nurse, and also endangering patients' health and safety (King, 1994).

As chair of the medical-surgical council, King took charge in the middle of this controversy. King asked the INA executive committee to appoint a committee of experts, made up of clinical nurse specialists and nurse educators, to address these issues. When the newly appointed committee convened, its first order of business was to collect documentation from the ANA, the Illinois Medical Association, and the Illinois Hospital Association that pertained to nursing education and patient health education. This was done in order to "demonstrate that it [health education] has always been historically a function of nursing" (King, 1994, p. 143). Fortunately, those documents did indeed support the INA's position that health education had historically been under the purview of the nurse. The committee reconvened and wrote a white paper in support of the nurse's role as a health educator for the patient. The paper was approved

by the INA board and became the official position of record for the INA. The paper was published and then distributed to all hospitals and health agencies across Illinois. This was a significant accomplishment for King, the committee, and the INA, but it also became an excellent tool for the recruitment of nurses to the INA, which at the time had been struggling to increase its enrollment (King, 1994).

When King moved to Florida in 1988, she remained active in the ANA and became active in the Florida Nurses Association (FNA). She always held a position of leadership in the state nurses association of the state in which she resided. As a member of the FNA, King was a delegate to the national council of the ANA. At this time, while serving as a delegate for the FNA, King became quite critical of the ANA. During the 1980s, the ANA made changes to its organizational structure and moved towards a modified federation model. The federation model entailed the move from individual membership to a constituent or pledged, membership. King felt this was essentially a “band-aid” for the organization and not the real change needed to address its current issues. She was also concerned about stories of delegates from California who were being “threatened” by other members of the national council of the ANA, from two particular states that King did not identify, who essentially put themselves in charge of “running the show” at the ANA Annual National Conference. They pressured members to vote on issues in particular ways. An anecdote about this time was related by King’s in her 1994 interview:

You don’t change a little bit here and a little bit there, because the minute you exert a change in one part of the organization, you’re changing the whole organization. So right now, I couldn’t tell you what the organization is and that bothers me. (p. 144)

However, King had been a long-term active member of the American Nurses Association, and because she had dedicated so much time and effort to the organization, it was difficult to witness the ANA move in a direction that King did not feel was in its best interest.

Article Controversy

Over the years many articles and dissertations had been authored by nurses interested in research that was based on Imogene King's conceptual framework and theory. King was very proud of others' interest in adapting her work and often collaborated with nurses on their publications. This seemed to be a reasonable responsibility and extension of King's role as a theorist. However, not every article published with a basis in King's work pleased her. In July 2000, the esteemed nursing journal *Nursing Science Quarterly* published an article titled "A Nursing Theory of Personal System Empathy: Interpreting a Conceptualization of Empathy in King's Interacting System" written by Martha R. Alligood, RN Ph.D., and Barbara A. May, RN, Ph.D. Alligood and May had proposed in the article that "empathy organizes perception." They claimed to have discovered that empathy is influenced by the nurse's perception of the transaction with the patient within King's conceptual framework. King took issue with this "discovery." King felt that empathy was inferred in her theory through the nurses "transaction" with the patient and was adamant that "empathy" was not, as Alligood and May proposed, a new "discovery" within King's work (King, 1994). King was angered by this interpretation of her work, because the concept of perception was an integral component of her theory, and she felt, in this instance, that her work had been woefully misinterpreted by these authors. King, and those whom she had consulted, acolytes and members of the KING group, Mary Killeen and Beverly Whelton, concurred that this interpretation constricted a person's perception and misinterpreted

the meaning of perception in King's work (King, I., 1942–2007, M. Killeen to King, September 9, 2000; B. Whelton to R. Parse, August 8, 2000). Perception, as defined by King, is each person's representation of reality. Each transaction is influenced by each participants' perception that is in turn influenced by the environment. Each participant enters the transaction's process with their own perception of the situation, yet the person and their perception, as a part of the experience, are often changed by the transaction (King, 1981).

Following the publication of the article by Alligood and May, King embarked on a campaign to have the article retracted from the journal. Her crusade began with a letter to the editor, Dr. Rosemarie Parse, a nurse theorist (and one of King's personal friends). King's letter to the editor, published in the journal in January 2001, questioned the review process for articles accepted for publication in the *Nursing Science Quarterly*. King was listed as a member of the Advisory Panel of the journal in question, although apparently did not participate in its activities. Ultimately, King strongly suggested that nurses who desire to contribute to the profession use primary source materials when referencing a theorist's work so that the meaning is evident. Further, she advised authors to avoid distortion of the theorist's ideas (King, 2001). Whelton (2001), King's disciple, also requested the editor to reconsider the retraction of the article because it lacked the high standard of scholarship for which the journal is known. Despite these protests, there was no letter of acknowledgement by the journal, nor was there a retraction of the article.

At the same time that King was waging her campaign against the journal, she also enlisted the help of legal counsel. A letter was sent to Dr. Rosemarie Parse from the law offices of Mason and Associates. In the lawyers' letter to Dr. Parse, they described ways the article

violated the work of King through “inaccurate attributions, misleading quotes, and material that is not quoted but should be.” The letter further requested Dr. Parse to “inform us of your editorial board’s policy in handling these matters. Ms. King believes it is imperative that the record be set straight” (King, I., 1942–2007, A. S. Mason to R. Parse, August 31, 2000). Dr. Parse’s response to the lawyers and to the “letters to the editor” that were written by both King and Beverly Whelton was as follows:

On all such matters, it is our policy to publish letters to the editor in the issue being prepared for publication... I believe Dr. King’s letter will clarify her concerns to her readers...the letter would be published in the January 2001 issue... I recommended ... she takes up these issues with the authors of the article... authors are responsible “for checking the accuracy of materials” ... the manuscript preceding publication of this work ... was reviewed positively with only minor revisions suggested independently by three members of the Referee panel who are familiar with Dr. King’s work... recognizing that interpretations of ideas may differ widely among scholars. It is important to note that several years ago I invited Dr. King to participate on the Referee Panel to evaluate manuscripts related to her work. She refused the invitation. (King, I., 1942–2007, R. Parse to A. S. Mason, September 9, 2000).

It appears that this letter and the later publication of the letter to the editor in the January 2001 issue of *Nursing Science Quarterly* settled the dispute for both sides because there is no further evidence that the issue continued. In fact, the communication between Parse and King after this incident seems as amicable as it had been before the incident. King and Parse continued to collaborate in the manner to which they were accustomed.

It is difficult to imagine why of all the published articles and studies utilizing King’s work, this particular article injured King to the level that she sought legal counsel. This was not the first time that she felt nurses had misinterpreted her ideas. In a letter to a colleague, King wrote the following:

None of these have adequately or correctly interpreted my ideas. Since I now hold the copyright... I am not giving permission for these nurses to copy much of my ideas and make it sound like they are doing an interpretation. A good example of this was an article in *Nursing Science Quarterly* (King, I., 1942–2007, King to D. Boyington, October 1, 2001).

Of particular concern was that King's ire was directed at Martha Alligood whom King had chosen to include in a theory conference about King's work. Before the incident in regard to the journal article, King had stated that Alligood "has some case studies where she used my theory in practice. Excellent presentation of how this can be done" (King, I., 1942–2007, King to L. Cooper, February 6, 1986). Although, it is unclear why King perceived this particular article as the proverbial "final straw." However, the event foreshadowed related controversies that would soon follow.

KING International

This researcher had the unique opportunity to participate in the archival processing of King's papers. During that process, one manila folder stood out amongst all the rest. Unlike the others, it was bound by several rubber bands to ensure that contents did not slip out and get mingled with other papers. The folder was also marked with the following handwritten statement by King "The enclosed emails give a picture of why I. King wanted her name erased from all internet and from this [KING] organization. I personally wanted no part of this org. as it has no purpose to test the theories and add to knowledge. Finally, it was dissolved Feb. 20, 2002" (King, nd). No other folder or object in King's papers had this sort of identifiers included with them. Obviously, the contents of this folder held particular importance to Imogene King and are therefore included in this work to honor what apparently was an important message from King.

Located in King's archives is a paper from an unnamed baccalaureate nursing student that was written in 1992. In this paper, a quote from King states that she had always lamented the fact that unlike other theorists she did not have a group of disciples, such as Martha Rogers' group of Rogerian Scholars or Rosemarie Parse's group of "Parse Pods." On March 24, 1997, the King International Nursing Group (K.I.N.G. International) was founded, in cooperation with King, by colleagues from the University of Michigan who had worked with King in their doctoral and research work. Friend and colleague, Pat Messmer, was one of the founding members of K.I.N.G. International. The group aimed to assist those who were interested in furthering the work of King within the profession.

Over the next several years, KING International worked to further the research being conducted, utilizing both King's theory and conceptual framework. They "assisted nurse educators, researchers, and practicing nurses interested in knowledge building efforts based on King's work" (King, I., 1942–2007, C. Sieloff to King and undisclosed recipients, February 20, 2002). Christina Sieloff, one of the founding members of KING and acting director of the group, served as a go-between, fielding questions from students and sending requests to King. The group members held conferences and developed a repository of King's bibliography on the internet. Ironically, King later asked that the bibliography be removed from the site stating: "I want it deleted as it was taken from my last book and has no relevance to today and tomorrow's research" (King, I., 1942–2007, King to C. Sieloff, January 15, 2002). At this time there was a shift towards the use of the internet as a source of information. Despite her advanced age, King learned to correspond through email with ease. However, she was adamantly opposed to the

posting of her personal information on the internet. She was a very private person and openly admitted this fact (King, I., 1942–2007, I. King to Sieloff, August 23, 2000).

Despite all the good work achieved by KING International, King became discontented with the work of the organization. It is difficult to understand the reason for King's change of heart, especially given her statement that she hoped for a group of researchers who espoused her theory. However, after only five years in existence, in 2002 King asked that the group be dissolved. The controversy triggered by the Allgood and May article seemed to have lingered with King and led to the end of her willingness to share her theory and work with others. What is known is that King felt that the group was not representing her work in a manner consistent with her expectations. In her archived materials, handwritten notes on printed emails between King and Christina Sieloff reflect King's opinion of the group. In an email from August of 2000, Sieloff asked King the following:

One question, the committee did have in the past... In contacting some publishers for information on how to do it, we thought to ask you, if you would grant the copyright of your works to the KING at some point. We could then – perhaps – put them up on a password protected website. (King, I., 1942–2007, C. Sieloff to King, August 23, 2000).

A handwritten note by King in the margins of the email (on an unknown date, but from the wording, it can be assumed that it was at a later time) stated: “This is my first clue that this Pres. and organization are trying to use me and control and take for granted they will take over when I die wow!” (King, I., 1942–2007, I. King to Sieloff, n.d.). In response to Sieloff's question about the copyright, King wrote in the margin, “No, I will not” (King, I., 1942–2007, C. Sieloff to King, August 23, 2000). The copyright of King's material remains with her family.

In March 2001, King's disagreements about the copyright of her work and KING International assuming control continued to fester. On August 23, 2001, King wrote to Sieloff in response to two of Sieloff's proposals that included the reproduction of King's work in a foreign language, and control of the copyright of King's work:

WHY? Some of the material may be outdated, and I wouldn't want nurses from other cultures (which most of them do) take the ideas as current (that is not based on research since 1980, and again I would have to deal with distortion... At this point in my life, I wish I had not written my ideas.

No, the copyright to my books remains with me so I can either give permission to those who want to use the ideas after they send me how they will use the ideas. I have had it with stupidity in some of the nurses. When I die, the copyright remains with my family even if that is also the death of my ideas. I have had it with the lack of honesty and integrity in the nurses trying to make a name for themselves. (King, I., 1942–2007, King to C. Sieloff, March 18, 2001)

In October 2001, King began to question the intention and direction in which the board of KING International had steered the group. For instance, the board members sought to provide scholarships and grants to students or members using her work. King questioned why the board felt the need to undertake this activity; King thought that the group was too small. Further, King did not want KING International to evolve into a national organization, nor did she want it to become a small specialty organization. King wanted KING International to remain a group that focused on her theories and sought to build scientific knowledge from them (King, I., 1942–2007, King to C. Sieloff, October 3, 2001).

This criticism of KING International and King's perceptions of Sieloff's "personal intentions" continued in another email that was written later in October 2001. King was concerned about individual mandates that Sieloff suggested. One such suggestion was to test an instrument that could be used with King's work and related theories. King's response to this was

“I see no relevance of this as it will be outdated the minute it is published.” (King, I., 1942–2007, King to C. Sieloff, October 3, 2001). This response is rather ironic because in the 1980’s King herself had attempted to create a measurement tool for use with her theory. (This will be discussed in greater detail in chapter six). King continued to question the intent of other ideas presented by Sieloff; King felt they were either irrelevant or an attempt to replicate the work King herself was doing. For example, Sieloff had suggested a text that would consolidate King’s articles that had been published since 1981 to reflect the evolution of King’s work since the publication of *A Theory for Nursing: Systems, Concepts, Process* in 1981. King’s response to this suggestion was “This has been my project for over a year. Why are you trying to give it to someone? I have already contacted a couple of publishers.” (King, I., 1942–2007, King to C. Sieloff, October 3, 2001). King concluded this correspondence to Sieloff with the following:

Why do you continue to add these ideas to your agenda when it merely detracts from members getting involved in testing ideas in research to advance knowledge. If your idea is to have another BIG ORGANIZATION that is as bad as ANA and STTI right now, then let me know as you will have to give your organization a new name as I want no part of this and don’t want my name used in this way. Initially, I was honored to have such an org.... Please share this with the Board and any of the members as I cannot continue with this since I have so little time and want to see the use of this theory in practice and tested in research. (King, I., 1942–2007, King to C. Sieloff, October 3, 2001).

Sieloff, however, was not deterred by King’s warning and continued, in conjunction with the board and members of KING International, to move forward with Sieloff’s agenda. In correspondence with King on October 30, 2001, Sieloff shared with King the group’s plans for the future. One, in particular, drew ire from King. A member had suggested a “Festschrift” dedicated to King. According to Sieloff, “Festschrift is defined in the dictionary as ‘volume of writings by different authors presented as a tribute or memorial, esp [sic] to a scholar!’” (King,

I., 1942–2007, Sieloff to King, October 30, 2001). In the margin of the email is King's

handwritten comment:

King rejects these ideas. I am still of sound mind and will publish my ideas. Why don't these individuals do their own? I've had it with Christine and the Executive Committee. She or they are trying to control my ideas, and I want this KING org. dissolved or remove my name and do your own thing. (King, I., 1942–2007, I. King to Sieloff, January 18, 2002).

It is clear from this comment that King had reached the end of her patience with KING International. King was a proud woman who had made significant contributions to the profession of nursing. Further, she had given generously of her time to students and colleagues alike. King's responses reveal the exasperation associated with her perception that the group members sought to control her ideas and her theory.

Sadly, although King addressed her concerns to Sieloff, the latter continued to plan for the KING International in ways that King had explicitly forbidden. However, it can also be argued that the messages that King sent were not particularly clear. Although she seemed to rail against the intent and work of KING International, King continued to respond to queries in a manner that suggested she was merely voicing complaints. Therefore, the work of the group continued as if no response from King had been received; the members continued business as usual. This situation admittedly was confusing to this researcher. Although the circumstances leading up to the demise of KING seem evident, it was only in an email to a third party, Patricia Messmer (a close friend of King), that King finally divulged her decision to dissolve KING International. King wrote the following on this subject to the members of KING International:

Update: I finally was able to talk with Maureen [Frey, a founding member and board member of the group] and she said she would call Christine and make sure she understands that I want my name, face, and personal information, etc. removed from the

material they send out for recruiting members and my biblio which she had someone put on the internet and other things... She said in one of her emails that she would have to contact the executive committee and ask them to consider dissolving the KING and its related activities. Based on their action, a motion will then be forthcoming to the founders for their consideration and vote. (King, I., 1942–2007, King to P. Messmer, January 23, 2002)

On January 25, 2002, Christina Sieloff sent the following email:

At this time, I am writing to you to inform you of major issues facing the KING and to ask you to be a part of the decision-making process. Dr. King has asked the Executive Committee to remove her name from documents related to the KING. As you know, the group was developed with the King name as an integral part of all its documents. The only way we believe that we can fulfill Dr. King's request is to dissolve the KING as it currently exists. We believe it is very important that we respect and honor Dr. King's request. Hence the Executive Committee has voted to dissolve the KING (5 in favor, one abstention). (King, I., 1942–2007, C. Sieloff to long list, January 27, 2002)

The controversy about the article published in *Nursing Science Quarterly* seems to have precipitated the dissolution of the KING group. King was shaken by what she perceived to be a blatant misrepresentation of her work, especially by a respected colleague. King felt trepidation at the thought of turning over control of her work to others. One might hypothesize that this incident represented a cognitive decline in King. However, a careful reading of King's archived materials through the time of her death in December 2007, does not reveal any apparent decline in her mentation; her physical health perhaps but not her mind. In fact, until her death, she maintained an amicable relationship with Christina Sieloff, despite the rather harsh words that King she had written about her and to her.

Conclusion

Imogene King had a long and illustrious career. From the time she began her work in the nursing profession in 1945 until her death in 2007, King spent much of her time giving of herself

through her teaching, her leadership, and her knowledge. King started as an educator at her alma mater, St John's Hospital School of Nursing in St. Louis. While there she shared her expertise in curriculum development and effected significant change in the program. King became determined to advance in the profession of nursing and decided to seek further education at Teacher's College at Columbia University. King's time at Teacher's College instilled in her the knowledge, and most importantly, the desire to give back to the profession of nursing.

After her graduation, King accepted a position at Loyola University in Chicago. There she was once again able to use her expertise in curriculum development to create a graduate program to prepare nurses for the Clinical Nurse Specialist role. She left Loyola University Chicago for a prestigious position as the Assistant Chief of the Research Grants, Branch of the Division of Nursing, Bureau of Health Manpower, Department of Health Education and Welfare (HEW). Although the goal of becoming a leader in nursing research had enticed King to Washington D.C., King soon lost interest in the position when she discovered that she would not be conducting her own research, but instead would facilitate the work of others. However, the position at HEW presented King with new opportunities. From HEW she went on to accept the position of Director of the School of Nursing at Ohio State University.

Once again, King used her expertise in curriculum development to guide the faculty at OSU in the development and implementation of a new curriculum. What was most exciting about this opportunity was that the faculty had chosen to use King's conceptual framework as the structure for the new curriculum. During King's time at OSU, she exerted a lasting influence on the students and faculty alike. Pat Donahue, a former student, and later faculty member at OSU recalled that King was a true mentor to her as she began her career as a nurse educator (personal

communication, Pat Donahue, April 6, 2016). After several years King decided that she no longer wanted to work in administration and she left her position as the Director of the School of Nursing at OSU. King returned to Loyola University Chicago and resumed her role on the faculty at Loyola where she served as the Chair of the Graduate Program in the School of Nursing. At Loyola, King was a valued and respected leader among the faculty members. For a variety of reasons, she decided to move to Tampa Bay, Florida and accepted a faculty position at the University of Southern Florida.

Imogene King was quite contented in her role at the University of Southern Florida, where she was a revered faculty member. King continued to contribute to the profession of nursing as an educator, and as a theorist when she published her second theory book, *A Theory for Nursing: Systems, Concepts, Process*, in 1981. When King retired from USF in 1990, she continued to work with students as a mentor sharing her work and ideas through personal communication and speaking engagements. Although it had been many years since she published her second book, in 1997, King wanted her work to continue to impact the nursing profession. The King International Nursing Group was launched as a mechanism to further the research being conducted, that utilized both King's theory and conceptual framework. After several years King became disenchanted with the direction the group was taking and asked that the group be disbanded. However, King continued to share and speak about her work until her death in 2007. Imogene King was a respected and revered leader in the profession of nursing, notable for her contributions as educator, theorist, and leader. To this day her legacy endures as nurse scholars continue to use King's work as a theoretical framework for their own scholarly endeavors.

CHAPTER SIX

IMOGENE KING'S CONTRIBUTIONS TO THE PROFESSION OF NURSING

Imogene King was a driving force within the profession of nursing. As a theorist, she gave guidance and mentorship to others. As a teacher, she imparted her knowledge and encouraged students to push themselves to a professional level that they may have never imagined on their own. In this chapter, the contributions of Imogene King's work to the profession of nursing are explored. This chapter includes a discussion of King's contributions in her role as a theorist, an educator, and a leader in professional nursing associations.

As a Theorist

King's greatest contribution to the nursing profession was her work to advance knowledge in nursing. This was exemplified by her two books. The first, *Toward a Theory for Nursing: General Concepts of Human Behavior* (1971), described a conceptual framework for nursing. The second, *A Theory for Nursing: Systems, Concepts, Process* (1981), presented her middle-range Goal Attainment Theory. Many nurse scholars, including King acolytes Christina Sieloff, Bev Whelton, and Maureen Frey, have used King's conceptual framework and theory as a theoretical framework for their scholarly research. The following sections explore the process through which King developed her conceptual framework and middle-range theory of goal attainment and how these books have made a significant contribution to the creation of nursing knowledge and improvements in nursing practice.

Giving Back to the Nursing Profession

After her graduation from Teacher's College at Columbia University, King had a strong desire to start give back to the profession of nursing through scholarly work. Before King's success as a published theorist, she attended a National League for Nursing (NLN) conference. In an effort to market herself, her ideas, and her work, King approached the F. A. Davis booth, who published the new journal *Nursing Science*. King praised to the editor of the journal, Martha Rogers because she was particularly impressed by Roger's work for the journal. When King and Rogers met at the conference, they discussed possible contributions that King could make to the journal. King presented Rogers with the draft of an article she had authored entitled, "Nursing Theory Problems and Prospects." This work argued that in order for nursing to evolve as a profession, it must have a coherent theory base. Rogers was intrigued with the idea and asked King to submit her article to the journal. The article, *Nursing Theory- Problems and Prospect*, was published in October 1964. This was the beginning of a lifelong friendship between Imogene King and Martha Rogers (King, 1994).

King and Rogers met again a few years later when Rogers attended a presentation that King gave in New York City. King was surprised to see Rogers in the audience because the event was a gathering of the alumni of an associate degree program. Her friend, Dorothy White, who was also in attendance at the meeting, said that Rogers wanted to meet with King to discuss an opportunity for her. Apparently, Rogers was interested in recruiting King for a faculty position at New York University. While honored by the offer, King was in the process of developing the master's program at Loyola University and did not feel that she was in the position to make a change. Therefore, she turned down the offer. However, King suggested that

perhaps sometime in the future they would work together. Sadly, that collaboration never did occur, yet it was the basis for a long-standing joke between the two. Despite their inability to collaborate with one another, the relationship that King developed with Martha Rogers was one of great friends who were supportive of each other in their work (King, 1994).

Imogene King's Conceptual Framework

Inspired by her academic work, King believed that she should contribute to the base of emerging knowledge in nursing, by informing practice and legitimizing nursing as a profession. She wanted to contribute to the body of nursing knowledge that was absent in the literature at the time. King believed that society did not appreciate the hard work and knowledge required of nurses in their work. King believed that the public oversimplified the work of nursing because they failed to understand the knowledge, skills, and the values that are required of nurses. She felt that she could best convey the essence of nursing through the development of the concepts of nursing (King, 1994).

As noted in Chapter Four, a significant influence on King came from her childhood and her father's lesson to "think it through." Another major influence was King's Jesuit education (which required a philosophy minor) that provided her with a framework on which she based her work. Her philosophy classes had emphasized the importance of organizing one's thoughts to critically appraise the information, taking a position, and then defending that position. These lessons helped King both to create her theoretical works, and to defend her work to critics.

In the mid-1960's the John C. Wiley and Sons Publishing Company decided to publish a series of books on nursing. They approached Mildred Montag at Teachers College at Columbia University to ask her for recommendations of people in the nursing profession whom they could

approach to write a book. Imogene King was one of the names that Montag provided to the publishing company. King was then approached by John C. Wiley and Sons Publishing Company to write a book. King was flattered that Mildred Montag recommended her for this prestigious opportunity, King agreed to develop a book for the publishing company, and signed a book contract (Helene Fuld Health Trust, 1988; King, 1994).

Conceptualization of King's Ideas

King began to develop her conceptualization of a nursing theory by reading all the nursing research studies that were available at the time. Because King realized that to understand theory development in nursing, she first needed to understand theory in a broader context; she researched theory in the disciplines of sociology and psychology. King immersed herself in the theoretical literature in those fields so that she could understand the process of theory development. At the time, only one or two theories, Hildegard Peplau's Theory of Interpersonal Relations (1952) and Virginia Henderson's 1956 publication that provided a definition of nursing, had been developed for the profession of nursing (King, 1994). As discussed in Chapter Five, King found her inspiration when she discovered a dissertation developed by Margaret Kaufman that presented a conceptual framework for nursing. This work influenced King to utilize Kaufman's methodology to develop a theory of nursing. King continued her study of theory in the fields of psychology and sociology (influences of which are evident in King's work, particularly in the area of perception). Thus, King developed the conceptual framework that provided the building blocks for the creation of her theory of nursing.

Through her relationship with Mildred Montag, King had the opportunity to publish a work that would advance knowledge in nursing. Initially, King intended that her first work

would be a theory for nursing rather than the conceptual framework that she published in 1971. The title of King's first book, *Towards a Theory for Nursing*, is quite revealing. King had worked on her manuscript with the intent of developing a theory. However, the due date in her contract with the publishing company, John C. Wiley and Sons Publishing Company, arrived before she could fully develop her ideas into a theory. However, her conceptual framework was developed through a process that was not well defined. King published a conceptual framework rather than a fully developed theory because she was contractually obligated to deliver the book to John C. Wiley and Sons Publishing Company. Because the deadline was imminent, King submitted the book for publication in an incomplete form. The manuscript was incomplete because King simply ran out of time (Helene Fuld Health Trust, 1988; King, 1994). Ultimately, King's conceptual framework contributed to the knowledge base of nursing in a meaningful form.

In keeping with the publisher's protocol, Imogene King's manuscript was sent to three reviewers for their honest critiques. King naively assumed that her work would be sent reviewers, such as Martha Rogers and Mildred Montag because they were known experts in the field. However, John Wiley and Sons sent the manuscript to three anonymous reviewers. As King recalled, one review did not take a strong stance on her work in a way that was either positive nor negative. According to King (1994), a second review "came back very negative. The third review was so negative; I was devastated. Now Wiley's editor...said 'Imogene, this doesn't mean that we're not going to publish something you're writing. But see what you can do with this.'" (p. 76). King's response was understandable; she had poured herself into her work, and it was rejected. The response she received for this work would influence the manner in

which she would critique the work of others in the future; particularly the work of students. King strove to provide students and peers with constructive criticism from which they could learn and improve their work (King, 1994).

Critique of King's Conceptual Framework

The receipt of the book reviews came soon after her move to Washington D. C.. King shared the negative reviews with her new boss, Fay Abdullah, who suggested that King submit an excerpt of the conceptual framework for publication in a journal. At the time, King was naïvely unaware that a name and power could influence the publication process. However, when King submitted the article, she mentioned that it was suggested to her by Fay Abdullah. That article, *Conceptual Frame of Reference for Nursing*, was accepted for publication by *Nursing Research* in 1968 (King, 1994).

Still reeling from the rejection by the reviewers of her book, King continued in her work with the Nurse Scientist Fellowship Program Research Grants Branch, Division of Nursing, Bureau of Health Manpower HEW in Washington, D. C.. Hildegard Peplau was a reviewer for the fellowship program. King had admired Peplau's book and spoke to her about Peplau's work. Peplau asked King if she was working on anything not involved in the obligations of her job. King discussed her experience at Teachers College (Peplau was a graduate of the same doctoral program) and mentioned that the university instilled in its students the directive to share their voice; to write for the profession. King then shared with Peplau the negative critiques that her manuscript had received. Hildegard Peplau responded that her first manuscript had also received negative reviews. Imogene King (1994) lamented "Well, I've got it at home in a desk drawer, and I really can't touch it. I'm still devastated by those critiques.". Peplau responded,

“Don’t be.” I [King] said, “You know what I need is a good critique.” And I looked at her right in the eye and said, “And you are probably going to be that person. You could be that person.” (p. 77). At first, Peplau seemed reluctant to review King’s manuscript. However, later in the day, and perhaps with some continued prodding by King, Peplau agreed to read the manuscript.

Hildegarde Peplau provided King with useful and constructive commentary. Imogene King described Peplau’s remarks as a “beautiful critique of ideas. Like in one chapter she said, ‘this is just like shifting sand, you have to tighten it up.’ And she never wrote what I should write” (King, 1994, p. 77). At the end of the critique, Peplau simply wrote: “fix it.” This was exactly the critique that King needed to encourage her to think through and process the material in the manuscript. Without this helpful feedback, Imogene King would have had little motivation to complete the manuscript. Instead, King embarked upon the submission of the revisions that would eventually be published as her book. The acknowledgments for the book cite Mildred Montag for the mentorship she provided to King, as well as for Montag’s recommendation to Wiley Publishing that King author the book. Also acknowledged was Hildegarde Peplau for the critique that saved the book from languishing in the back of a drawer (King, 1971). The inspiration that Peplau gave to King stayed with her and influenced her interactions with young people who also hoped to publish. King shared with them her knowledge and experience, as Peplau had done for her (King, 1994).

In the 1960s, the world of nursing research was small, and those who contributed to the advancement of knowledge in nursing were limited. Because of her position in the Research Division, Imogene King had access to many of those persons who were leaders in nursing scholarship. Therefore, she was able to determine the reviewer who probably gave the harsh

critique of her manuscript. However, it is not clear if King ever confronted this person, or if King ever found any resolution to her disappointment.

Nursing's Response to King's Conceptual Framework

Once the book was published the reviews it received were overwhelmingly positive. Dowling (1972) wrote that the “understated message of the book is worthy of recognition.” (p. 1178). Sime (1971), in another review of the book, stated that the book was “clear and succinct”; adding that it was a book that “nurses will refer to often”; and that it is “useful to students, teachers, practitioners, and researchers to identify and analyze events specific in nursing situations”. In another review, the book was described as “clearly written, well documented.” In perhaps the most crushing review of the book, Rosemary Ellis (1971) wrote that “it is a useful beginning. It is unfortunate that it is only a beginning... no in-depth demonstration of how the framework could be used by a practitioner or students” (p. 462). Ellis continued with criticism of King's discussion of the concept of perception, a cornerstone concept of King's work. According to Ellis (1971), King provided a comprehensive review and definition of the concept of perception. However, it lacked operationalization because it “does not tell a practitioner how to determine what her own or the patient's perceptions actually are or how to proceed if there is a need to change perception” (p. 462). This insightful review forced King to admit that Ellis was correct; that the book was only a beginning. King knew that more work lay ahead, and embarked on completion of the work. Unfortunately, it would take her almost a decade to do so (King, 1994).

In addition to the favorable reviews, *Towards a Theory for Nursing* also received the book of the year award in 1973 from the *American Journal of Nursing (AJN)*. This review

lauded the book as an “enlightening experience” stating that King conveyed to the “novice” reader the intricacies of the conceptual framework, such as its discussion of concepts and theories and its “definitions of these terms in simple, understandable language” (King, 1994, p. 126). However, the review by Ellis also criticized the brevity of the book (only 181 pages in length) and the lack of a fully developed comprehensive discussion of the concepts (AJN, 1973).

It is surprising that after the positive support that King received for *Towards a Theory for Nursing*, she did not follow up on this work for nearly a decade. During that time, she assumed the role of the director of the School of Nursing at The Ohio State University, which she left in 1972. She then returned to Chicago to resume her role as Professor of Nursing at Loyola University. Upon her return to Chicago, King increased her scholarly output; she wrote and published twelve scholarly works over that decade, that included journal articles and several chapters in nursing texts (King, 2007).

Imogene King’s Theory of Goal Attainment

Research for Theory. Following Rosemary Ellis’ critical review of *Towards a Theory for Nursing*, King felt challenged to develop her conceptual framework into a theory. King (1994) reflected on Ellis’ critique and found that Ellis was correct in her assertion that the book presented a framework rather than a theory. King admitted, “I didn’t have a lot of substantive knowledge in that first book. I just identified the concepts and tried to define them. And that teed me off to write another book.” (p. 80). Essentially, King again reviewed the published literature about the concepts she had developed in her first book, *Towards a Theory for Nursing*. For the most part, King approached the writing of her second book in much the same manner she did her

first book, with a comprehensive review of the literature. Perhaps in response to Ellis' comments about her first book, King began to expand on her concept of perception.

In King's review of the research about perception, she focused on the concept and its historic roots. King found that the research about perception until the 1950's had been focused primarily on sensory perception. However, during the 1950's, King recalled some psychologists asserted that perception involved more than sensory perception. Therefore, the scientists embarked on the study of interpersonal perception (King, 1994). King believed that this singular view of "perception" mimicked that what was going on in nursing. King stated. "I related that back to nursing in our research movement... that is why...we are not building that kind of knowledge,.. in nursing research; we have a lot of isolated studies. We don't have a lot of replications because it wasn't publishable." (King, 1994, p. 80). King continued to explore concepts in the nursing literature. However, based on the substantive information she found about the concept of perception, through her review of research from other fields of study, she decided to broaden into multiple disciplines her search for research about each of the concepts in her theory.

This decision to use literature from other fields, however, led to later criticism from reviewers of King's 1981 theory book, who asserted that she "borrowed" knowledge from other fields. This was a practice that nursing sought to avoid in its attempt to bolster its credibility as a profession. A charge by an unknown critic that "I believe in borrowed knowledge" was countered with King's response "I don't believe in borrowed knowledge. But, I do believe in using knowledge that is available. How can one discount all the research over the centuries?" (King, 1994, p. 80). King argued that although she collected knowledge and definitions of the

concepts from other fields, her work should not be discounted. After all, King was a proponent of borrowed knowledge. King analyzed and synthesized data from research in other disciplines for its applicability to nursing. King essentially created substantive knowledge through these definitions of the characteristics of the concept (King, 1994).

Critics also charged that King's work represented a logical positivist perspective because she worked by defining concepts, King countered that there was no other logical way to proceed with the work and that to study concepts, one needed clear definitions (*i.e.*, comprehensive understanding) of them. The irony was that when she read the critiques, she did not even know what a logical positivist was and had to go the library to research the term. Logical positivism is a philosophical movement that reduced all knowledge and logic to its basic empirical or scientific form and rejected personal experience as a way of informing. Logical positivist believed that logic is only grounded in facts that can be empirically verified and therefore can be deemed as either true or false (Feigl, 1978). King was exasperated by being labeled as a logical positivist because they were proponents of a philosophical movement calling for human knowledge to be reduced to its very basic scientific foundation. King's response to this charge by her critics was "They're out of their minds. I am coming out of systems" (King, 1994, p. 81). King refuted the claim that she was a logical positivist first and foremost because simply she did not even know what logical positivism was. She felt logical positivism was an "old-fashioned" tradition for knowledge development. In King's experience, when she reflected back on the work of nurses with their masters who conducted research based on an experimental design that dealt with only two variables, she felt that this was not true scientific research. King believed because the critical variables that dealt with nursing were not being identified in this most basic

of research. Rather, King felt that it was imperative that the research nurses were conducting should make a true difference to the problem they were trying to solve. King claimed that this was the reason she rejected the label of logical positivism and the practice of this method. Essentially, she felt it was inadequate for the development of nursing knowledge (King, 1994).

King believed that she was being labeled as a logical positivist because of her comments on nursing research in the 1960s and 1970s. According to King, research during that time was focused primarily on an experimental design that compared two crucial variables, cause and effect. King believed that the research lacked critical analysis of the variables. King advocated for the discussion and definition of the variables in the research, which, arguably, is consistent with logical positivism; reducing the knowledge to the very basic concepts. However, King was convinced that the only way to develop scientific knowledge, thus nursing knowledge, was through experimental, quantitative research methodology. King believed that quantitative research was more scientific and provided the depth and detail needed to analyze the concepts (King, 1994). But, King was resolute that her work stemmed from the general systems framework (King, 1994). Therefore, she understood that some critics concluded that she was a logical positivist because her work was preoccupied with the definition of concepts for the purpose of showing the practical application of this work. However, Imogene King was resolute that her work stemmed from the general systems framework (King, 1994).

Ludwig von Bertalanffy General Systems Theory

While at The Ohio State University as the Director of the School of Nursing, King took (yet never completed) several courses towards a postdoctoral degree in systems research. The

development of King's conceptual framework was influenced through King's exposure to the work of Ludwig von Bertalanffy. King later stated:

I had taken three-quarters of Systems Research from a major Professor at Ohio State when I had just finished my first attempt to write about theory or the need for it. In the second quarter, I learned enough to design my conceptual system (called framework but Now in 2004 I am discussing it as a system). (King, I., 1942–2007, King to D. Kramlich, October 12, 2004)

Ludwig Von Bertalanffy's, a biologist, and one of the originators of the General Systems Theory, proposed a system comprised of complex interacting elements that interact with the environments that are then susceptible to evolution. This system is described by von Bertalanffy as elements that are self-regulating (von Bertalanffy, 1968). General Systems Theory provides a theoretical framework of the functions of a system which could be used through an interdisciplinary approach in order to draw parallels through an open dialogue among different disciplines. General Systems Theory identifies laws and principles from which to build knowledge relating to many systems (Berrien, 1968; von Bertalanffy, 1968). At its core level, General Systems Theory examines the individual components or elements of a system (for instance, a business system, a health care system, an information system) and the manner in which particular elements of these systems relate or interact with one another within the boundaries of what is seen, felt, heard, or even sensed. The profession of nursing is entangled in systems. Therefore, to better understand the care of patients and communities and the means through which change is enacted, King felt it was essential that nurses understand the effect of the healthcare system on changes in the health status of individuals within society.

The work of von Bertalanffy influenced King's conceptual framework, which is described as a dynamic interacting system that consists of three interrelated systems: the

personal, the interpersonal, and the social system. Within the framework, King explored ways the concepts of perception, judgment, action, reaction, interaction, and transaction relate to the nursing process in any situation. King's General Systems Theory, or Theory of Goal Attainment, takes those concepts and the interaction introduced in the conceptual framework and expands upon them to apply them to specific elements or concepts. These elements or concepts later expanded to her general systems theory, where they evolved into a theory from which she demonstrated the use of the conceptual framework in a particular application or setting (King, 1971; 1981). Von Bertalanffy's work helped King take the concepts she developed through her review of the literature and organize them in a manner that was useful for nurses. King intended that anyone in any setting could incorporate her theory into their scholarship and practice (King, 1994). In other words, King had a vision that the use of her conceptual framework and theory of goal attainment would transcend nursing practice and be used in any setting. For example, King envisioned that her theory could also be used in any setting in which two people mutually set goals, such as the situation of a teacher and a student or businessperson and their client could use to come to a business agreement or decision on how to proceed with a project. Although this goal was visionary, it is not evident in the literature that her work moved beyond the profession of nursing.

Conceptual Development of King's Theory

During the 1970s, when King was developing ideas for her theory, she was on the faculty at Loyola University Chicago, and affiliated with the masters in nursing program. At the time, the program students to complete a significant project that contributed to the nursing profession. Several of King's students were interested in completing research to develop their skills in

research as it was an emerging area in nursing. King was happy to oblige. She was interested in transactions with patients, an idea that evolved into a key concept of her goal attainment theory.

Transaction at the time, according to King, was not discussed in the literature. Therefore, King (1994) designed an “observation study to see if nurses, in fact, make transactions” (p. 101).

Transaction was defined by King (1981) as a “purposeful interactions that lead to goal attainment” (p. 1). She expanded on that initial definition to describe the transaction process in nursing in which “goals are achieved through nurse-client interactions when there is mutual goal setting... when both parties explore the means to achieve the goal and agree on the means, and when both exhibit behavior that moves toward goal attainment.” (p.1). King describes transactions as unique, and something that is “experiential that exists in an individual’s perception of their reality” (p. 82). As a transaction cannot occur without interactions, King defines interactions as human acts that are “are interpreted as action” (King, 1981, p.2). These interactions are the result of individuals perceptions and judgments that occur in every interaction. Behaviors of the interaction, described by King (1981), are actions that lead to the transaction and include mental action, that is the recognition of the condition (situation); physical action, activities related to the condition; and the mental action of exerting control over the events in order to achieve the goal.

King completed her extensive training of the students with a video to ensure that they would be able to identify transactions. She then asked them to take this newfound skill into the clinical setting to record their observations of transaction. After obtaining permission from the patient (this was before informed consent was required for research purposes), the students were to record their observations (both verbal and nonverbal), including the interactions that occurred

between the nurse and patient. King instructed the students to share their notes of the observation with the patients and nurses so that they would understand that nothing disparaging was being recorded about them. King was very explicit when she insisted the patient and nurses needed to understand the meaning of their participation.

Unfortunately, King did not extend that same favor to the manager of the unit. One day, when King arrived at the unit, the nurses, who were about to be observed by the trained Master's of Science in Nursing (MSN) students, were upset with King. The nurses had been under the impression, presumably by the manager, that the data the students collected would be used to evaluate the nurse's work. King assured the nurses the data from the students' observations were not only anonymous and would be used only for King's research purposes. This explanation appeased the nurses, and they were able to move on with their work while the students collected valuable data (King, 1994).

In addition to the research data she collected with her Loyola master's students in the 1970's, King also had several folders of data about the transactions between the nurse and patient that had been collected during her time at the Ohio State University. Faculty and students at OSU had been involved in the collection of descriptive data to explain the work and the role of the nurse in the care process, particularly as it related to the nurses' transactions with their patients (King, 1994). Included in the data was a significant collection of observations that occurred in patients' rooms continuously over 24 hours. The data King accumulated allowed her to identify a process of transaction; the process of mutual goal setting that occurs between the patient and the nurse in order to progress towards goal attainment. This is achieved through the interaction of the nurse and patient who "are actively participating in the events... in movement

towards the achieving of a goal: (King, 1981 p. 60). This process would become the cornerstone of King's theory described in her second book (King, 1994).

When asked how she formulated the idea of goal attainment, King's (1994) response was somewhat curious. She had been struggling for a title for her book, yet she had the beginning of a theory based on the work she had been doing on transaction, which was the major concept of the theory. Because of this, King had debated using "transaction" in the title, however "it dawned on me that since interactions provide the information in a way we communicate, and if we value what we're communicating, that was part of what I thought was transactions." (King, 1994, p. 128). King believed that it is normal for people to make transactions with people on a daily basis. This is something that King believed was to be valued, as she continued to reflect she felt that theories should contain the values in nursing "and all of a sudden I had some insight that was the concept demonstrated values." (p.128) It became clear to King that as a nurse one has the ability to teach the patients content that can help them to maintain their health. However, teaching the content alone was not enough to elicit the intended behavioral change in the patient. Instead, King advised the use of a "transaction" to communicate information between a nurse and a patient to make the information understandable to the patient. King stated "and when they value that information, they will set goals with me that we can explore again, by sharing information, the means to achieve those goals and both of us work toward their achievement." (p. 128). Essentially transaction is a process in which the nurse interacts with the patient to set a goal in such a way that the patient perceives it as positive. Because the patient is included in the process and they understand the meaning and importance in changing their behavior they are more likely to work toward the behavior change. In essence, this was the beginning of the

prevalent practice of what is known today as patient-centered care. King summarized this process when she stated, “I think I became a better nurse when I looked at patients as learners instead of a patient with problems.” (King, 1994, p. 128)

King developed the idea and the process of her theory without clearly defining the methodology. This seems contrary to King’s beliefs about the need to develop a conceptual model to clearly define the concepts she researched that she believed were important to nursing. In the development of her theory, King began with the process of transaction yet failed to develop coherent definitions of the concepts involved, thus going against what she had previously described as an essential step in the theory development process (King, 1994). Her failure to fully operationalize the theory, by not defining the concepts well, perhaps contributed to the criticisms of her book. This process seemed to lack a comprehensive approach to define and operationalize the theory for practice (King, 1994).

Critiques

The critiques of *A Theory for Nursing Systems, Concepts, Process* were a vexing issue for Imogene King. Some were quite unfavorable, and Imogene King did not take the criticism well. In an interview when she was asked about the negative critiques, King seemed to have been affected by them. When pressed during the 1994 interview to speak about the negative critiques King responded to Pat Messmer, the interviewer, “I really don’t think I want to.” talk about the negative critiques of her book (King, 1994, p. 127). However, King was willing to talk about the favorable reviews from students and hospitals that had invited her to help them implement her theory in practice. Throughout the interview about the positive reviews, Imogene King’s tone was always even and conveyed interest and excitement when she reminisced about this part of

her life. For the exchange about the negative critiques of her work, King's even tone remained consistent, except for the statement about not wanting to discuss the critiques of her work. Her voice quieted, almost imperceptibly, during that one moment but returned to the even tone for the remainder of the conversation.

When asked if she felt she would be able to respond to the critics of her work, Imogene King responded, "Not necessarily. But I guess what gets me is that the people that are writing the critiques. I have to question their credentials regarding the knowledge of the theory and research movement sometimes" (King, 1994, p.101). Two of the more significant critics were Afaf Meleis and Jacqueline Fawcett, a dear friend of Imogene King. Perhaps she still smarted from the original negative review of her first book because it left Imogene King quite despondent and defeated at the time. Critiques of *A Theory for Nursing* focused primarily on the limitations of its applicability to caregiver populations that do not hold similar attitudes towards the sick, and to patients who are not able to communicate with the nurse, such as patients who are critically ill and in a comatose state (Carter & Dufour, 1993; Meleis, 2007).

What Would She Change?

While reflecting on her work, King was asked what she would change in either her 1971 or 1981 book. King (1994) responded that she would not change the conceptual framework of the theory, however, she would clarify it. King said that she omitted the assumption that human beings are spiritual beings in the final draft and that it was present in earlier versions of the manuscript. King claims this was not a significant change to the book, rather she characterized it as an omission that she needed to clarify (King, 1994).

It is interesting that although King stated that spirituality was included in the original manuscript, it was somehow omitted in the published book. There is no evidence to support this statement. In fact, the interviewer, Patricia Messmer, notes in another section of the interview, “I think of the fact that you like everything to be reviewed by you” (King, 1994, p. 155). This view would suggest that King’s need for control over her work would render this sort of omission nearly impossible. The fact that she would not have included spirituality in her work is quite surprising because King herself was a devout Catholic. Her faith was very important to her, dating back to her Catholic education. Her time spent in Jesuit institutions examining philosophy and her lifelong friendship with the nuns who taught her and with whom she worked gives evidence of her personal spirituality. This spirituality seems to be too significant for it to have simply been omitted from the final publication. It is unclear why King failed to admit that spirituality was not included because it was not identified as an important concept in her initial research. Sadly, it is this researcher’s assumption that Imogene King appears to be unwilling to make that admission.

Use of Imogene King’s Theory in Nursing Practice

Sunnybrook Health Sciences Center, Toronto, Ontario, Canada. King’s theoretical work has been used as the philosophical underpinning at several institutions both in the United States and abroad. One example of the integration of King’s theory into clinical practice is Sunnybrook Hospital in Toronto, Ontario, Canada. After she had spoken at a nursing theory conference in Toronto, after the publication of her second book, King was approached by a group of nurses from Sunnybrook who were intrigued by her conceptual framework and theory. In 1985, King consulted with a team from Sunnybrook to fully integrate her theory into the

nursing practice at the hospital. To ensure a cohesive and complete integration of her theory, King spent significant time and energy, through extended visits, correspondence, and phone conversations. This work extended over a two-year period (Houser & Player, 2007). The extent to which the team went on to incorporate King's work in their hospital practice was quite remarkable.

King consulted at the hospital over the span of two to three years. She was quite impressed with the team member's ingenuity in utilizing the theory, and perhaps even more so, with the dedication and organization of the committee of nurses who brought her theory to life in practice at Sunnybrook. The committee that was charged with the implementation of a theory for nursing practice at the hospital considered the work of four nurse theorists: Henderson, Orem, Levine, and King. Ultimately, King's theory was chosen because it was "understandable" and "its meaning is clear." (Scanner, 1988). Additionally, they found that use of her theory would be cost-effective and efficient (Scanner, 1988). The committee believed that King's theory was a reliable way to demonstrate the philosophy of the hospital and the nursing department by "establishing harmonious human relationships... it allows for good communication among patients, families, and health professionals" (Scanner, 1988, p. 1). In 1985 parts of the theory began to be integrated into individual nursing departments and the hospital as a whole, the committee members adapted the nursing documentation system to better reflect what they described as a "goal-oriented recording system – a system that provides a more accurate and systematic account of what nurses do" (Scanner, 1988, p. 1). They introduced forms such as the "goal-oriented nursing recording form"; a new discharge summary form; an adapted nursing assessment; and a history form in the acute care setting. The process was implemented to "give a

better picture of the patient and provide a guide for care planning” (Scanner, 1988, p. 1). The work of the committee was a fully integrated theory for nursing practice at the medical center.

Sunnybrook Hospital conducted a comprehensive orientation program to implement King’s theory into their nursing practice. The method of educating the nursing staff was one they titled “telling, selling, and involving” (King, I., 1942–2007, Ross, E., to King, January 2, 1986). One of the tools that the committee used to involve the nursing staff in understanding King’s work was to develop a program on the nursing units that they titled the Concept of the Month. In this program, the committee members provided education to the nursing staff on a particular concept. The staff was then encouraged, among other things, to describe how the concept of the month was seen in practice or “how it influenced their care this month.” For instance, when the concept of the month was body image, the nurses documented this concept in practice on a psychiatric unit by stating, “My patient was wearing a wig that made him look silly and the part of ‘psych’ patient. I braided her hair and praised her. The wig disappeared, and so did the strange behavior” (Byrne & Schreiber, 1989). This example was an ingenious way to show nurses how theory is useful in practice. If this type of integration of theory in practice could be implemented similarly in schools of nursing and hospitals today, there might be a significant shift in opinion about nursing theory.

Sunnyside Health Sciences Center continued to use King’s theory to guide the medical center’s nursing practice for several years. When the use of King’s theory in the care of the patients at Sunnyside ended cannot be determined, but it coincided with the gradual departures and retirements of the key players who championed King’s theory in practice. It was certainly a worthy endeavor; one that presumably made King quite proud.

Contained within King's archives is a great deal of material about the implementation of her theory as the conceptual framework at Sunnybrook Medical Center. However, Sunnybrook does not represent the only institution that utilized her work in this capacity. Her archived materials note that Scarborough Centenary Hospital in Scarborough, Ontario; North York General Hospital, Toronto; Bay Medical Center, Bay City, MI; Saginaw County Department of Public Health, Saginaw, MI; and Tampa General Hospital, Tampa Bay, Florida all used her theory as a framework for their nursing clinical practice. This list may represent only a small group of those institutions that used her theory as the organizing framework for nursing care. These were the institutions that this researcher found in King's archives, in her 1994 interview, and through a literature search. What is known is that King's theory was valued by practitioners and institutions.

Theory used in Nursing School Curriculum. Not only was King's theory used to guide clinical practice, but it was also used as the conceptual framework to direct nursing curricula in several schools of nursing. The use of theory to develop and guide curricula began appearing in schools of nursing in the 1970s as nursing theory was taking root in the profession. Also noted in King's archived materials was a reference to the use of her theory as a reference for the curriculum at the Miami-Dade Associate Degree Nursing Program in Florida and Misericordia General Hospital's Diploma Program in Edmonton, Alberta, Canada. Unfortunately, there were no details included, just mere references to King's work. Since King always saw herself as a curriculum expert, it was probably gratifying for her to see her conceptual framework used as the foundation of the curriculum at OSU School of Nursing from the early 1970's well into the 1980's (Pat Donahue, personal correspondence, April 2016).

The Language of Theory

As an educator, King was disturbed, particularly in her later life, with the methods used to teach nursing theory in the universities. Theory was, for King, a substantial part of her career. To care greatly about the fate of theory in nursing was understandable. In correspondence with Rosemarie Parse, King voiced her unease about graduate students. King asserted that nursing faculty in graduate programs were not prepared themselves to instruct students about nursing theory. Therefore, the students were ignorant about the basic processes necessary to explore theory on their own, causing them to rely heavily on textbooks about theory. King often lamented the use of “secondary sources” and thought that nurses should read the original works of the nurse theorists. In her correspondence with Parse, King stated students “had to buy a book in which someone other than the theorists has published stuff about a theory (the secondary sources are awful). I want to write something but think WHY? And WHAT? Are you as concerned as I am?” (King, I. 1942–2007, King to R. Parse, August 8, 2002).

A contributing factor to King’s dismay about graduate students’ lack of understanding about nursing theory, was a request that King received from a student asking her to provide any “supportive words...about your theory... Do you consider theory something that comes to a student after some time, or something [that] is learned and just built upon...all that I’ve studied isn’t sticking with me the way I’d like” (King, I. 1942–2007, H. E. Forde to King, March 15, 2002). King was aghast and responded that “Theory does not come to you. It is a process for developing knowledge for nursing...What were you taught? What kind of teachers did you have?” (King, I., 1940–2007, King to Forde, March 18, 2002). Frustrated by another student who sent an email requesting information about the major concepts in her theory, King responded rather

blithely, “Where are you getting these erroneous and non-scientific ideas about theory?” (King, I., 1942–2007, King to an undisclosed email address, April 13, 2002).

Although she wanted to help students, King was perplexed by their question that indicated their lack of knowledge about theory. Sadly, schools of nursing contributed to this lack of knowledge about theory because, even today, many schools have limited or entirely removed theory from their curricula. For example, at the University of Pennsylvania, a course about nursing theory was relegated to the status of an elective in the master’s program. Because the interest in nursing theory had waned over the years, one prominent theorist chose to retire from the institution (King, I., 1940–2007, Fawcett to King, September 28, 1999). However, there is some evidence of a renewed interest in nursing theory. Bond et al. (2011) conducted a univariate descriptive analysis that examined the use of theory as an organizational framework in research articles. Ironically, the organizing framework that the authors chose to use for their analysis was King’s dynamic interacting system and the Goal Attainment Theory. The author’s concluded, after reviewing the top seven International Scientific Indexing (ISI) journals over five years that there was indeed an increase in the amount of research published that included a theory-based organizational framework.

Imogene King and Jacqueline Fawcett’s Monograph

King was a very precise person. She expected others to be equally meticulous, perhaps leading to her frustration about students’ lack familiarity with the language of theory. She had very high standards for herself as well as others. King believed that students needed to understand the terminology related to theory (Lee Schmidt, personal communication, June 1, 2016). Her frustration led her to develop a monograph, in collaboration with Jacqueline Fawcett

in 1997, entitled *The Language of Nursing Theory and Metatheory*. This monograph is a selection of short essays by noted nurse scholars such as Meleis, Parse, and Fitzpatrick who were invited to examine the terminology used in nursing knowledge. The goal of these essays was to identify consistency in those terms, if not make them explicit. In addition to Fawcett and King, seven nurse scholars contributed to the monograph. The final chapter, written by Fawcett and King, was a summary of and reflection about the prior chapters. This chapter also included an analysis of the scholars' contributions to the monograph.

One of the authors took offense at Fawcett and King's comments about her work. They had characterized it as "an anarchistic philosophical orientation" (King & Fawcett, 1997, p. 80). Through the publisher, Fawcett and King were notified that the writer threatened legal action for what she felt was "defamation of character." She also believed that "this could affect my whole life and career" (King, I., 1942–2007, Fawcett to King, March 9, 1997). Fawcett responded to the publisher that they used the term "anarchistic" in the sense of "without rules or laws", adding that they did not intend to "defame" the author, despite what they perceived as the negative tone of her chapter about the intent of the monograph (King, I., 1942–2007, Fawcett to P. Brant, March 9, 1997). It is not clear what the outcome was to this claim.

More drama followed the publication of the monograph. Both Fawcett and King expressed displeasure about the audience to whom the monograph was targeted. Apparently, in what King called "fancy" advertisements, there were other publications marketed by the same publishing group, Sigma Theta Tau Press, Center for Nursing Publishing (King, I., 1942–2007, King to Fawcett, March 31, 1997). This advertisement did not include the announcement of King and Fawcett's new monograph. This omission occurred on several different occasions in

different advertisements. King was very “insulted” by STTI’s lack of promotion of their monograph (King, I., 1942–2007, King to Fawcett, March 31, 1997). Furthermore, she was angered by the manner in which she was presented as a Virginia Henderson Fellow. (An outdated photo of King was used for this announcement). As a result, she omitted her name from an awards list that STTI published in a brochure (King, I., 1942–2007, King to Fawcett, March 31, 1997). This is an example of the importance that King placed on the manner in which she was perceived by the public. Perception was a critical concept in her work after all; it is certainly interesting to see how this concept played out in King’s life.

Ironically, King and Fawcett donated any royalties from the sale of this book to the Sigma Theta Tau International Research Fund (King, I., 1942–2007, J. Fawcett to P. T. Branks, June 18, 1996). It does appear, however, that the sales of the monograph were swift as the majority of the initial 500 copies printed by March 21, 1998 were sold quickly (King, I., 1942–2007, P. Brant to Fawcett too, March 31, 1998). The monograph is still in print today and is used in the Loyola University Chicago doctoral program in nursing.

International Interest in Imogene King’s Theory

King’s work elicited interest from an international audience as well. Her books were translated into several different languages, including Japanese, Spanish, and German. She had developed strong ties with several Japanese educators, because of her work with the World Health Organization’s (WHO) Fifth Regional Seminar on Nursing and Second Nursing Studies Seminar held in Manila, Philippines in the summer of 1969. King served as director of the seminar. In addition to her work with WHO, she collaborated with students from many different countries, including Thailand, Japan, Australia, New Zealand, Canada, Israel, Germany, and

Puerto Rico. Typically, these students contacted King with questions about her theory. King was often helpful to the students and, on occasion, offered to review their work and provide feedback.

World Health Organization (WHO) – Seminar on Nursing Studies, 1969. In 1968, King was approached by Fernanda Alves-Diniz, Nursing Officer of the World Health Organization (WHO). King, because of her experience, was asked to lead a seminar on nursing studies in Manila, Philippines (King, I., 1940–2007, Alves-Diniz to King, September 9, 1968). She agreed and became a leader at the conference that was held during the summer of 1969. She was asked to lead a group of international nurses from the Western Pacific region, which included participants from Guam, the Philippines, Australia, Japan, China, Vietnam, and New Zealand. These nurses were chosen by the WHO’s Ministry of Health to be the Health Manpower Team from that region of the world (King, 1994). The objectives of the seminar included “a learning experience in survey methods using selected research technique” (WHO, 1970, p. 4). Through experiential learning, the participants would utilize research tools, such as sampling survey interviews and questionnaires, and then process and analyze the data that was collected. The focus was placed on the “demand of nursing personnel and to define practical methods by which the participants can utilize their new knowledge and skills to improve the methodology of health manpower planning in their countries” (WHO, 1970, p. 4). This was an opportunity for King to share her knowledge with members of an international audience who would spread King’s ideas, to influence nursing practice and health policy in many countries in which nursing was still emerging as a profession.

During this time in the Philippines, King met a Japanese nurse, Midori Sugimori. King initially had trepidation working with Midori Sugimori because of negative associations of the

Japanese that had been proliferated during the Second World War. However, King soon overcame her initial reservations and developed a strong working relationship and lifelong friendship that ultimately brought King's work to Japan (King, 1994). Midori Sugimori completed all the Japanese translations of King's work. She also coordinated the collaboration between King and Japanese graduate students in nursing. Over the years, King made visits to Japan to present at theory conferences, and also hosted Japanese students in the United States. This collaboration with the Japanese was a proud achievement in King's long and renowned career.

King's work has contributed to the advancement of knowledge in nursing throughout the world. King's thoughts and ideas have been used by scholars across the world to influence the practice of nursing. Not only did King make an impact on the science of nursing, but through her work with the WHO, she influenced nursing education in several foreign countries. King's presentation at the WHO conference influenced the participants' perception of the profession of nursing; something that they, in turn, took home with them. They integrated what they learned into practice and scholarship, advanced practice roles for nurses, and nursing education.

University of Maryland Measurement Workshop

A Theory for Nursing Systems, Concepts, Process was published in 1981. In 1985, King received an invitation to participate in the University of Maryland Measurement Workshop. King had been contacted by Medical Centers, such as Sunnybrook Medical Center in Toronto, that were interested in using her theory as a theoretical foundation for their nursing practice. Graduate students and nurse scholars also expressed interest in the utilization of King's theory in their research and scholarly work. King saw this opportunity, through the University of

Maryland Measurement Workshop, as an excellent opportunity to expand on her theory work and develop a measurement tool that would provide a way to measure the effects of the use of her theory on patient outcomes. She believed that the ability to measure the concepts of her theory would be useful to those who wanted to utilize her theory in practice. This endeavor was undertaken under the auspices of the University of Maryland School of Nursing which had obtained funding from the Division of Nursing, Special Projects Branch, U.S. Dept. of Health Education, and Welfare to support a two-year continuous education project. Carolyn Waltz and Ora Strickland had created this opportunity for nurse researchers, clinicians, and educators to cultivate their skills in the area of nursing measurement. The workshop consisted of three intensive three-day workshops that occurred in 1983, 1994, and 1985 and included opportunities for individual consultations with Waltz & Strickland (1985).

King developed “A Criterion-Referenced Measure of Goal Attainment.” This scale was developed to assess, through direct observation, patients’ capabilities within a defined behavioral domain of their activities of daily living. Twenty-six domains were covered in the scale, including personal hygiene, bathing, eating, bladder and bowel function, vision, smell, and touch. The scale was intended to be used by nurses who would initially use this tool to establish a baseline of patient capabilities. The nurses would then use the data to measure a patient’s attainment of the goals. The Criterion-Referenced Measure of Goal Attainment measured the difference between the goals set and goals attained (King, 1986).

This measurement tool spanned 13 pages and had multiple scales that required assessment. King (1986) estimated that it would take a nurse about 15 minutes to complete the rather cumbersome measurement tool. Although the tool was included in the inaugural

publication of Waltz and Strickland's *Measurement of Nursing Research* in 1985, it, unfortunately, does not appear to have been adopted for use as part of the nursing process. A search of the CINAHL Complete database using the terms "criterion-referenced measurement of goal attainment" and "King" yielded no results; a search without "King" again returned no matches results. Using the term "measurement of goal attainment" yields 18 matches. However, the 18 matches from the search term "measurement of goal attainment" all reference a Goal Attainment Scaling (GAS) tool. GAS is a measurement tool that was originally developed in the 1960s for use in mental health and physical therapy/rehabilitation to evaluate the effectiveness of mental health treatment and community interventions (Kiresuk, Smith, & Cardillo, 1994). Contained within King's archives are many files of her notes and iterations of "A Criterion-Referenced Measure of Goal Attainment" tool. However, there is no indication that this tool, except for its inclusion in the early editions of Waltz & Strickland's *Measurement of Nursing Research*, based on searches in the CINAHL Complete, WorldCat, and OVID databases, has been used in any capacity. Sadly, the latest volume of Waltz and Strickland's book, the 4th edition, does not include King's work.

Development of the Criterion-Referenced Measure of Goal Attainment tool was important to Imogene King because she hoped it would aid in the validation of her Theory of Goal Attainment. This tool would also provide a mechanism by which the theory could be measured, thus operationalizing the theory's effectiveness in practice. However, the lack of evidence in the literature that this tool was ever utilized in practice does not detract from the importance of King's work. On the contrary, through a search of the library databases

previously mentioned, the amount of work published using King's Theory of Goal Attainment is a testament to its success.

As a Teacher

King's nursing career spanned the years from 1945 when she started her nursing career in St. Louis, engaged in work working in a physician's office, in private duty nursing, and in school nursing until her retirement from the University of Southern Florida in 1990 (King, 2007). Of her 45 years in nursing, 43 of those were spent primarily in the academic venues. As discussed in Chapter Two, upon the completion of her bachelor's degree from St. Louis University in 1948, she took a faculty position at her alma mater, St. John's Hospital of Nursing School of Nursing. While at St. John's Hospital School of Nursing, she was an influential teacher. One of her former students, Sr. Mary Jeremy Buckman, RSM (personal communication, March 17, 2016) recalled that King was tough, but fair, and a challenging teacher. King was influential in curricular changes at St. John's Hospital School of Nursing. Her leadership helped the School of Nursing to be one of the first diploma programs in nursing to be granted National League for Nursing (NLN) accreditation. The curricular changes positioned the school to later transition to an associate degree program (personal communication, Sr. Mary Jeremy Buckman, RSM, March 17, 2016). This curricular change was an extension of King's master's thesis as a student at St. Louis University in which she examined the process through which several Catholic hospital based diploma nursing programs transitioned from a diploma program to an associate degree in nursing program. King firmly believed, at the time, that nursing education could be offered in an accelerated manner over two and half years (King, 1994).

In 1958, King moved to Chicago where she assumed the position of Educational Director and Director of Curriculum at Little Company of Mary Hospital School of Nursing. There King used her expertise in curriculum development to assist the diploma program transition to an associate degree in nursing program. King remained in Chicago for only a year before moving to New York City to attend the doctoral program in education at Teachers College, Columbia University.

At Columbia King was under the tutelage of Mildred Montag who was known for her pioneering work in establishing the associate degree model for nursing education. King's work at Teachers College Columbia University focused on the development of master's programs for nursing because King determined that she did not like the way in which master's programs prepared nurse educators and thus sought to create a more effective curriculum. King partnered with the University of Illinois for her dissertation work, that was titled *Graduate Education for the Preparation of Teachers of Nursing Practice at the University of Illinois* (King, 1961). While she put forth great effort in working with the faculty at the University of Illinois, they ultimately chose not to pursue the recommendations King put forth in her work.

After completion of the Doctor of Education degree at Teachers College Columbia University, King was offered a position at Loyola University in Chicago in 1962. While at Loyola University, during her initial tenure there, King was instrumental in developing a master's program there. Her initial tenure at Loyola University in Chicago was brief because she left in 1966 to take a position in Washington D. C. as the Assistant Chief, Research Grants Branch, Division of Nursing, Bureau of Health Manpower, Department of HEW in Washington

D.C. However, King began to yearn for her desire to teach and returned to the academic setting as the Director of the School of Nursing at Ohio State University (OSU) (King, 1994).

The timing of her King's start of the Ohio State University was fortuitous because OSU had recently received funding to redevelop their curriculum. The faculty urged King to share her work about her conceptual framework which they eventually adopted as the basis of the nursing curriculum at OSU. While at OSU King was a mentor to the faculty and guided them through the complicated curricular conversion. Pat Donahue, a former student and faculty member at OSU had fond memories of King who mentored her as a master's student at OSU. Donahue recalled a time when she and another classmate were offered the exciting opportunity to teach an undergraduate class under King's leadership. Later Donahue accepted a faculty position at OSU (Pat Donahue, personal communication, April 6, 2016). King soon lost the initial excitement of being a Director of Nursing and found that she preferred teaching and research to educational administration. King left OSU and returned to Loyola University Chicago in 1972.

At Loyola University Chicago, King returned to her role in the graduate program with plans to expand the clinical nurse specialist program, the first in the state of Illinois, that she began during her first tenure at the University in the 1960's. Also, she was actively involved in research that would eventually lead to the development of her theory, *A Theory for Nursing: Systems, Concepts, Process* (1981). King was a respected member of the faculty of the university as evidenced by her appointment to multiple committees across the university, such as the Institutional Review Board, Clinical Investigation to Protect Human Rights, Loyola University Medical Center; the Graduate Board, Loyola University Chicago; and the Education Committee, Department of Medicine, Loyola University Stritch School of Medicine (King,

2007). King eventually tired of the winters in Chicago and in 1980 and accepted a position on the faculty at the University of Southern Florida (USF). At USF King time was spent primarily teaching and mentoring faculty and students in the graduate program. King remained at USF until 1990 at which time she retired. King's career in nursing, particularly in the academic setting, was long and illustrious.

Although King is primarily known for her pioneering work in the development of her conceptual framework and theory, one could argue that her work as a teacher provided her greatest satisfaction. King proudly proclaimed the following: "I never wanted to be a nurse; I always wanted to be a teacher. My professional career in nursing has spanned more than 40 years. I have always been a teacher whose subject matter has been nursing and its practice". (Schorr & Zimmerman, 1988, p. 147). This was an interesting statement because King's most profound influence is often considered to be her work as a nurse theorist. King's statement suggests that she, in fact, perceived herself as a teacher first and foremost. Nursing, in turn, was the discipline in which she taught. King had a considerable impact on education in nursing, most notably as a professor, but as a theorist as well. King's creation of nursing knowledge, though her theory reflects a significant function in academia; to create knowledge and spread that knowledge through work as an educator (King, 1994).

As noted previously, King expressed dissatisfaction with the manner in which nursing theory was taught. However, she readily responded to students' request for information. Her archives contain hundreds of letters, emails, and general requests for information about her theory and work. She answered each query, no matter how trivial it seemed. For the most part, her responses were quite considerate. Perhaps not so ironically, King always answered in a way

that would instill critical thinking in the students. King received many requests from students. A request from a student often included:

I have the assignment to discuss a theorist for presentation in my Nursing theory class... I must analyze and describe the nursing theory, and I must apply the theory in a specialty area...my questions are: What does your theory provide? On what is your theory based? What are the major concepts? Are there any basic theoretical propositions? If you could e-mail me a summary page or let me know where I can find some documentation, it would be greatly appreciated. (King, I. 1942-2007, D. A. Cappellini to King, January 26, 2002)

When King helped the students, she did so in a manner befitting a master teacher. She guided them in ways to find and analyze the information on their own, rather than simply providing them the answer. The following is the response to the student mentioned above and typifies King's response to any student request: "I am sure your faculty member has a copy of the latest Primary Source for theories and practice: it is, Marilyn (2001) *Nursing Theories and Nursing Practice*." (King, I. 1940–2007, King to D. A. Cappellini, January 27, 2002). Marilyn's text, *Nursing Theory and Nursing Practice* (2001) was a text that King referred all the student requests to as it was a primary source document that provided a comprehensive explanation of her theory. King also encouraged the students to read *A Theory for Nursing Systems, Concepts, Process* (1981). King further explained:

The first two questions cannot be answered in a sentence or two. You have to read the total theory which contains at least ten concepts such as human being, environment, health, perception, interaction, communication, role, time, personal space, stress all defined from research and represent essential knowledge for all nurses to have for use. I showed the interrelationship of this knowledge to care for individuals... Please read my original in the above book or the articles in *Nursing Science Quarterly Journal*, most recent details with my theory and ethics, 1999. If I can be of further assistance, please let me know. (King, I. 1940–2007, King to D. A. Cappellini, January 27, 2002).

Over her decades in education, King taught hundreds of student nurses at the diploma, baccalaureate, and graduate levels. When former students were asked about King, their consistent response her was that she was fair, and tough, but always fair (Lee Schmidt, personal communication, June 1, 2016; Pat Donahue, April 2016; Sr. Mary Jeremy Buckman, March 17, 2016). These words show respect and admiration, yet it is evident that students still held some trepidation for King. When broaching the subject of King with former students, this author detected a sort of visceral response to her name as if it brought back memories of a time that was a challenge for them. Perhaps this aura was related to the high expectations King had of them. It seemed that her classes had an added difficulty, and despite their great respect for King, there appeared to be some persistent annoyance towards her.

King was dedicated to teaching students and sharing with them her considerable love of knowledge, but also to ensuring that students learned with precision. She was particularly concerned that her students use the language of theory precisely as it was meant to be used. Further, to maximize her students' learning, King did not merely give answers but instead provided resources to enable the students to find the answers and "think through" them. This helped them find the answer to the question they were seeking. This is an act of a master teacher who takes pride in the work of instruction.

Curriculum Guide Book

Although known as a nursing theorist, King often described herself as a *curriculum expert*, as much as a nurse theorist. "You see, I still think I'm a curriculum expert. I went to school to be a curriculum expert" (King, 1994, p. 100). After the publication of her theory book in 1981, an editor at Prentice-Hall Publishing Company approached King, because that firm was

interested in expansion into the market of books about curriculum. Someone had alerted the editor that King was an expert in this field, so the publisher asked her if she would be interested in writing a book about nursing education curriculum development. Soon after signing the contract to write the curriculum book, the editor with whom she had been working retired from the company, and King had a new editor whom she “did not really feel comfortable with” (King, 1994, p. 104). This initial gut feeling became a realization later, as King had difficulty with the editor in both the development and marketing of the nursing education curriculum book.

King’s approach to writing a curriculum book evolved largely from her experience in developing a master’s program based on the conceptual framework of Margaret Kaufman. One of the graduate level courses King taught was about curriculum instruction. Although not every student planned to teach, King believed that every nurse needed the substantive knowledge about the teaching process to understand nursing concepts as a learner. To King, it was imperative for every nurse to understand the nature of teaching and learning and to appreciate the roles of the teacher and learner. King believed that teaching and learning were a part of every interaction the bedside nurses had with the patient. The bedside nurse, who assists a patient in a transfer from the bed, demonstrates the role of a teacher when he/she explains to the patient to avoid dizziness and a possible fall. The patient is the learner, although it is essential that this nurse understand how this patient learns, with spoken words or through demonstration. King sought to emphasize teaching and learning throughout her work.

King believed that the development of a curriculum from a conceptual framework helped to bridge the vast knowledge base of nursing with everything a student needs to learn to function in the complex technological world of healthcare (King, 1994). The conceptual framework

provides structure. A conceptual framework identifies the knowledge, be it pre-requisite knowledge (such as biophysical, psychosocial, or biochemical) or practical knowledge of nursing skills. The conceptual framework's place within curriculum development is primarily to guide decision-making about content and experiences, and to define concepts from which knowledge is built. Although the conceptual framework provides the necessary structure for the curriculum, it is essential that it is not rigid. Rather, it should be fluid or flexible in nature (Gulitz & King, 1988; King, 1978). New knowledge is constantly being developed; the conceptual framework for the curriculum helps determine what new knowledge is essential and facilitates its integration into the curriculum. If a concept is determined to no longer have relevance or if the information is outdated, the curriculum, based on the conceptual framework, can be revised and if necessary, the concept can be replaced.

In her past teaching experiences, King had always brought together teaching and learning aids for the students from a myriad of sources. Therefore, one of her goals for the curriculum book she wrote was to provide a unified resource for educators and students. The book's general theme was the development of a curriculum based on a conceptual framework, as she had done in the creation of a master's program at Loyola University using Margaret Kaufman's work, and again, at the Ohio State University through the use of her own conceptual framework. Because King had published two theory books, she began her curriculum text with a discussion about basic theoretical evidence in education. King believed that this book should provide the theoretical basis for the rationale for and the process of curriculum development. Subsequent chapters included the concepts of learning, teaching, curriculum, and a short chapter on the role

of educator. An important aspect of the book is its description of the articulation between the associate degree and baccalaureate programs.

When King finished the curriculum book, *Curriculum and Instruction in Nursing: Concepts and Process* (1985) she felt “it was probably the best thing I had ever written” (King, 1994, p. 104). However, although King anticipated that this book would be widely accepted and integrated into nursing education programs across the country, it was not. According to King’s friends and colleagues who were teaching in schools of nursing throughout the country, when representatives from the publisher, Prentice-Hall, came to campus to show their books, King’s book was not included in their presentation. Friends told King they had to inquire about the book specifically. This enraged King who contacted the editor. However, she was never able to receive a clear answer about the publisher’s lack of publicity for the book. At this point, King considered hiring a lawyer because she felt that the publisher, Prentice-Hall, was derelict in its responsibility to market her book. However, in the end, she decided against the pursuit of legal action. After the third year in print, King was notified that the publisher planned to cease the publication of the book. King finally received an honest answer from an editor about the lack of marketing for the book. The editor told her “a few people in the field are saying ‘well why didn’t she use all the frameworks?’” (King, 1994, p. 105). Nonplussed by this, King fired back “Why should I? I don’t know those frameworks. I wouldn’t know how to use them... that’s a poor excuse for your people not marketing it” (King, 1994, p. 105). Further, King was alerted by a friend about a prominent member of the nursing profession, whom she refused to name, was using King’s book but refused to credit King in public with the use of King’s book in her course (King, 1994). King felt wronged by her colleagues in academia and their lack of support for her

curriculum book. However, King was proud of her work, and ultimately, that was all that mattered.

Reflecting on all the data that has been collected and reviewed for this work, King emerges as a teacher; one who shares knowledge. That she also created knowledge as a means to share it in her role as an educator is certainly an added advantage. However, it is her obvious dedication to sharing knowledge, through her time teaching and in curriculum development at St. John's Hospital School of Nursing; to her nursing education curriculum work at Little Company of Mary Hospital in Chicago; then the pursuit of an advanced degree at Teacher's college Columbia University that focused on master's level education in nursing; and to her time teaching and mentoring hundreds of students and other faculty in higher education at Loyola University Chicago, and the University of Southern Florida; finally, King's time as Director of the School of Nursing at the Ohio State University, education had formed the essence of King's being. King's interaction with students reflects her goal of striving to share knowledge with them. Quotations from King reveal that she perceived herself primarily as a teacher.

As a Leader

From the early days of her life when leaders in the community sat in her living room and consulted with her father about issues facing the community, King learned the importance of "civic duty." Early in her career, the St. Louis order of the Religious Sisters of Mercy nuns encouraged her to become active politically and in the professional associations of nursing. King always sensed that this was one of her fundamental responsibilities to the profession of nursing. She began simply by attending meetings of the Missouri Nurses Association (MSN) and later assumed leadership roles within that group. King's dedication to her civic duty and community

responsibility expanded and remained a significant part of King's life into her later years. In fact, her curriculum vitae from 2007 contained six pages dedicated to her committee work and professional memberships.

American Nurses Association (ANA)

King's first sojourn into the politics of nursing began very early in her career. Encouraged by the memories of her father, she became an active member of both the Missouri Nurses Association and Missouri League of Nursing. Initially, she was introduced to the group through the nuns with whom she worked at St. John's Hospital School of Nursing. However, she soon found her way and worked on many committees within these groups. King remembered her early years with the association when many of the committee members moved away from Missouri. King, as one of the few remaining members, was quickly appointed as the chairman of the bylaws committee, for which she served in various capacities for much of her life. While preparing a ballot for the upcoming elections at the convention, King got a good taste of the "politicking" that is a part of these associations. After being told to prepare the ballot one way, a member of the "old guard" disagreed with the procedure for the election. She learned to deal with problems and disagreements that occur among members of an association (King, 1994).

Although King never held office at the national level in the ANA, she held many positions in the local chapters of Missouri, Illinois, and Florida. She was also the chair of many committees. For instance, in Illinois, King took up the fight against the role of a "health educator". Nurses in the hospitals were outraged and saw this as an infringement on their duties and RN responsibilities. King espoused their cause and wrote a "white paper" that was adopted

by the Illinois Nurses Association and was able to effectively squelch the role of “health educator” (King 1994).

When King moved to Florida, she continued to be active in the Florida Nurses Association (FNA). While there was no “cause” that she advocated, King was still as passionate and dedicated to the FNA. Among other leadership roles, she was elected as a delegate to the ANA national convention. One of King’s memories of her role as a national delegate occurred in the early eighties, at a time when the American Nurses Association (ANA) was making some changes to the structure of the national association. Delegates from across the country were feeling “threatened” to vote for changes being promoted by a certain group of delegates from two states, who seemingly sought to force their will on the other delegates. It was the first time King had seen nurses “threatening” other nurses, an act of bullying in the profession. Many stood up and spoke against the changes, including King. However, the initiative passed, and King felt “ANA’s organization has been a problem” (King 1994). Perhaps, King was now a part of the “old guard” who did not want any change. Whatever the reason, she was never able to reconcile herself with the ANA from that time forward (King, 1994). However, King continued to be recognized by present members of the board of directors of the Florida Nurses Association as the mentor who encouraged them to pursue their current leadership positions (personal communication, K. Egenes, June, 2018).

Despite the tarnished opinion of the ANA that King held in her later years, she maintained an active membership. In 2002, King made the recommendation to the ANA to add “Integrity” to the ANA Core Values Statement, which was ratified in 2003 by the ANA Board of Directors (King, I. 1942–2007, P. Messmer to King October 5, 2003).

King's contributions to the local, state and national levels of the ANA did not go unnoticed and were evidently appreciated by the association. She was the recipient of many awards for her various local and national ANA activities. Those awards included the following: (1) the award for the highest honorary recognition from the Illinois Nurses Association (INA) for her contributions to nursing in 1975; (2) the gold medallion from the INA in recognition of her contributions to nursing, also in 1975; (3) the Florida Nurses Association (FNA) Nurse of the Year award in 1983; (4) the research award from the FNA in 1985; (5) a lifetime membership in the FNA in 1996; and (6) a plaque for her contributions to nursing from the FNA in 1998. She was also inducted into the FNA Hall of Fame in 2003 and the ANA Hall of Fame in 2004 (King, 2007). However, the greatest award bestowed upon King by the ANA was the Jesse M. Scott Award at the 100th anniversary of the ANA in 1996. This award "is presented to a registered nurse whose accomplishments in a field of practice, education, or research demonstrate the interdependence of this element and their significance for the improvement of nursing and health care" (ANA, 2016). This award meant even more to King because she had worked under Jesse M. Scott in the 1960s when she held a position in the Research Grants Branch, Division of Nursing, Bureau of Health Manpower in Washington D.C.

Sigma Theta Tau International

King took an interest in Sigma Theta Tau (STT) while teaching at Loyola University in Chicago. There, she helped the undergraduate nursing students start a chapter in 1963, the Alpha Beta Chapter, of which she remained an honorary member until her death (King, 1994). Her involvement in STT was maintained strictly at the local level until she moved to Florida where she became active in the regional meetings of STT. During retirement, she became involved at

the international level. As president of a local chapter in Tampa, King was instrumental in bringing the international STT conference to Tampa Bay and organizing the event. King served as a co-chair of the convention, which was a monumental undertaking, and according to King, it was “a really beautiful convention” (King, 1994).

With King’s rather negative view of the ANA, she felt that STT was an organization that had the innovativeness to fulfill its mission. She felt that STT was able to develop and disseminate knowledge through the research programs that the association advanced so that the research findings could be utilized for the greater good by nurses in practice. King was a part of a program sponsored by STT that created a depository for historical artifacts (audio recordings, video, manuscripts, etc.) about nursing theory. This depository could be accessed through electronic media. It brought information about nursing theorists into the classroom, office, hospital unit, and even member’s homes. From this depository, nurses could both access information about theory and also see and hear theorists talk about theory. This process kept theory alive and at the forefront of the creation and promulgation of knowledge, a living history of sorts (King, I. 1940–2007, King to N. Watts, January 25, 1993; King, 1994). This depository became a part of the Virginia Henderson project that later evolved into the Virginia Henderson Global Nursing eRepository. However, the current depository is quite different from the project that King undertook with STT in 1993. It is unclear what happened with the original plan for the depository, a perusal of the site today does not reveal any video or audio recordings of King, nor did a call to STT requesting this sort of information reveal any data significant to this research (Allison Howard at STT, personal communication, July 16, 2015). Although the site contains

articles and information, it has none of the documents that King lent to STT for documenting the history of theory. King might have been disappointed in the way her treasured project evolved.

King was an invited a keynote speaker at many Sigma Theta Tau Induction ceremonies and was a noted member of the Distinguished Scholars Lecture Series of STT from 1990–1991. She also made a substantial donation to STT, in part to ensure that the history of nursing theory would be properly archived, despite the fact that her own documents were not (King, I. 1940–2007, J. R. Graves to King, July 22, 1993). It is important to note that King was a keen student of nursing history. It is clear that she appreciated the importance of history and documented those significant events, i.e., nursing theory, which shaped the profession. Contained within her archived documents are several manuscripts and outlines about the ideas she had for writing a book about nursing history, with a particular focus on nursing education. Also, King received several accolades from STT. She was named a Virginia Henderson Fellow of Sigma Theta Tau in 1993, a member of the inaugural group of inductees. She was a member of the STT Distinguished Lecturer Committee; and in 1997, Sigma Theta Tau and the American Nurses Foundation named a research grant for King (King, 2007). In 1989, she received one of her highest of honors from STT by being named as the Elizabeth Russel Belford Founders Award for Excellence in Education. According to STTI (2012), this award is bestowed upon someone who demonstrates excellence in teaching using innovative ideas that promote theory as the basis for research and encourages scholarly endeavors while making an impact on the profession of nursing. This description of the award certainly exemplifies all that King represented in her career as a nurse, a theorist, and most importantly, an educator.

American Academy of Nursing

In 1994, King was inducted as a Fellow of the American Academy of Nursing (FAAN). Admittedly, this was a bewildering award as it relates to Imogene King. Other than placing the distinguished initials FAAN behind her name on her curriculum vitae, it is to be found nowhere else in her archived materials. It is not listed under the heading “Membership in Association and Committees” nor under “Honors and Awards” (a section which is four pages long). There is little data or mention of this honor in her archives, save for one instance in which Jacqueline Fawcett congratulates her on the honor of being elected into the academy. King thanks Fawcett “for helping me get into the academy” (King, I. 1942–2007, Fawcett to King, September 9, 1994; King to Fawcett, September 13, 1994). In later correspondence, Fawcett remarks how it was an honor for her to escort King to the stage for her induction into the Academy (King, I. 1942–2007, Fawcett to King, November 14, 1994). These seem to be the only references related to this incredible achievement in the profession of nursing. What makes the event even more peculiar is that at a conference, this author happened to speak with a former student and colleague of King (previously mentioned in Chapter Six), Pat Donohue, who mentioned that she was asked to be one of the people who nominated King for the Academy. At the time of this conversation, Donohue implied it was curious because, although she maintained a professional relationship with King because of their history, she was by no means a friend or confidant of King (personal communication, October 24, 2014). However, in a phone conversation with Pat Donahue two years later, she remarked that she was very honored to have been asked to nominate King for this award. She cannot remember who asked her to nominate King for induction into the Academy. She also mentioned that it was incredible that King was elected so long after Pat Donohue

herself, had been elected to the Academy years before this time (Pat Donohue, personal communication, March 22, 2016). However, King was inducted into the Academy and, in 2005, was inducted into the American Academy of Nursing as a living legend, an honor that is noted in her curriculum vitae.

Other Noted Contributions and Accomplishments

Certainly, much more could be written about the contributions of Imogene King to the profession of nursing. As noted above, her contributions include: (1) her work on theory, as an author of two theory books; (2) the publication of her curriculum book; (3) her work as an educator; and (4) the leadership roles she assumed; as evidenced by the many awards bestowed upon her. An award signifies that the receiver has accomplished or contributed something unique to whatever cause or group that bestows the honor. While it is not the intention to mention every award King received, it is important to note that King was the recipient of many momentous awards which include: (1) an honorary doctorate from Loyola University Chicago in 1998; (2) the Governor Lawton Chiles Medal for Contribution to Nursing and Health Care in Florida in 1997; (3) and the Theodore and Venotte Askounes-Ashford USF Distinguished Scholar Award in 1988. In 1986, she was listed in “Who’s Who in American Nursing” and in “Who’s Who in American Women” from 1981–2007. She also was awarded the Distinguished Nursing Education Alumni Award from Teachers College, Columbia University and received her first honorary Ph.D. from Southern Illinois University in 1980. This list certainly represents an impressive collection of adulations to King’s career.

As an author, King’s publications contributed to nursing knowledge and education. In addition to the three books (which were translated into Japanese, German, and Spanish) and the

co-authored monograph (with Jacqueline Fawcett), King authored over fifteen chapters in books and published over 40 journal articles, which do not include the myriad of unpublished manuscripts filed within her archives. King was also a prolific speaker at various theory conferences, Sigma Theta Tau events, INA, FNA, and ANA activities. Her curriculum vitae (2007), of which she appears to have compiled from meticulous notes, lists over 275 speeches given spanning the years 1961 to 2006. She mentored many students who utilized her theory in their theses and dissertations, including students from Japan, Germany, and several other countries. Also, she generously gave her time to hundreds of students, at all levels who sought information about her theory.

This chapter has demonstrated the contributions and achievements of King, which by no means form an exhaustive list. Her legacy from her work during her long and illustrious career continues to influence nursing today. She was generous to the profession of nursing in the manner and expanse of knowledge that she both created and benevolently shared. A WorldCat search of the term King returns 455 items. Of those, 56 are dissertations/theses, about half of which are in Spanish, predominantly from Spain, and have King's work listed in the title or abstract. It is clear that King had significant influence, left many contributions, and has left a lasting impression on the theory movement of nursing through her many books, articles, and speeches. These have contributed both to the establishment of knowledge in a fledgling profession that was trying to find its place, and also to the spread of that knowledge and the encouragement of others to create new knowledge. That knowledge was spread, in part, through King's position as an educator, a role to which she had always aspired. She attained that dream, and perhaps, her default into nursing at the urging of her family allowed her to impact students

on a grander scale because they would go on and care for, educate, and influence the lives of countless nurses and the patients for whom they care. Overall, these culminated in King exerting a significant impact on both the profession and their practice of nursing. Through her theory, the knowledge she created affected nurses' relationships with patients. Imparting knowledge to students impacted both their perception of the profession and their practice of nursing. It also led many to continue to create knowledge and to impact the profession of nursing in a similar way. King's influence lives on.

CHAPTER SEVEN

DISCUSSION AND INTERPRETATION OF THE FINDINGS

This work has described the highlights of Imogene King's life. This work is guided by three research questions that were deemed relevant to the intent and purpose of this work according to historical methodology.

1. Who was Imogene King through her youth to her roles as educator, leader, and theorist
2. What influences led to Imogene King becoming a nurse theorist?
3. What was the significance of Imogene King's contribution to the nursing profession?

The findings that support this work are multifaceted and therefore are organized into several different aspects of Imogene King's life as a student, nurse educator, leader, and nurse theorist. These decades provide a framework for the historical analysis presented in this work.

The unique contribution of this study is that the framework for the study has focused on those events in King's life that influenced her work. This is an examination, via her archives, of her life to better understand not only King's persona but also those events that led to her development as an educator, leader, and theorist. Except for chapters in two books, *Making Choices, Taking Chances: Nurse Leaders Tell Their Stories* (Schorr & Zimmerman, 1988) and *Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession* (Houser & Player, 2007). This researcher did not find that the story of King had been explored in the depth or with the focus that has been visited in this work. This comprehensive examination of the documents that tell the life of King helps one understand the genesis of the conceptual framework and the

theory that made King one of the earlier theorists. Therefore, it is essential that we understand King's life and the forces that influenced her work. Such an examination engenders a greater appreciation of her work and her efforts to develop her theory.

Who was Imogene King?

Imogene King was a complicated person, but at her essence she was simply a daughter, a sister, a niece, and a friend. She was an inquisitive woman, perhaps influenced by her Jesuit education, and remained a life-long student always refining what she knew. King was a nurse, a position that would lead to her influential work as a nurse theorist, a nurse educator, and a leader in the profession of nursing.

While this seems a simple question, it is rather complex because King was a complex person. However, she might disagree with that characterization, referring instead to her humble upbringing in a small town in Iowa along the Mississippi River. She was complex in the sense that she was fiercely private. In the dozens of boxes of archived materials, there are perhaps fewer than ten items that could be construed as personal memorabilia. It is difficult to determine if she intentionally "cleansed" her documents of those personal items. However, King's preoccupation with the ways she was perceived by others can lead one to believe that it was indeed a deliberate act. She was disturbed by some information, that King deemed personal, being shared on a website set up by the KING group:

I was surprised to see all of that personal stuff about me and wondered where you received it. I am a private persona, and I would like to have you delete the information about where I was born, etc... Please delete my personal life and stay with the professional activities. (King, I., 1942–2007, King to C. Sieloff, October 24, 2000)

Imogene King's work was an extension of her personhood, although some, including King, might deny that statement. She was very particular with the manner in which her work was portrayed and perceived. This fact is demonstrated by her concern with the way in which a key concept in her theory was represented. For example, in the *Nursing Science Quarterly* article controversy (discussed in chapter six), she claimed that authors Alligood and May misrepresented her work. Furthermore, it is evident that she was somewhat alarmed about how her work was being presented on the internet, as noted previously. Admittedly, she was of an age in which many from her generation had trepidations about the internet and its capabilities. One can assume that King was calculated in her decision to censor the material she deposited in her archives.

King portrayed the persona of a confident person in her demeanor and in the ways she presented herself to the public. Although it is understandable that many who knew King might disagree, this author believes that King's confidence might belie possible insecurities as King does not appear to have had many friends, especially close friends. This thought is mentioned not to disparage King but rather is meant to show that she was a private person who had great discomfort in sharing her private life with others. However, later in life she did find one confidant in Patricia Messmer with whom King shared a close personal relationship. This relationship stemmed from work on which they collaborated during King's time in Tampa Bay, Florida (Pat Messmer, personal communication, July 13, 2016). Another example of King's insecurity was her reaction to the critiques of her work. In the audiotaped interview with Pat Messmer, King willingly shared such personal information. However, she did not want to talk about any of the negative reviews of her work. Instead, she wanted to focus on ways students

responded to her work (King, 1994). While the above notes illustrate some of King's peculiarities, they do not necessarily define the essence of King. To seek the authentic King, it is important to reflect on her life from the beginning. While this was an unintended inference made in the exploration of King's life, it nevertheless is a keen observation of who Imogene King was, describes who she was as a person, and perhaps elucidates some of her motivations and influences on her work.

Daughter, Sister, Niece, Aunt, and Friend

As much as King would dislike a researcher's description of who she was (because a description might reveal very intimate information about her), she was nevertheless a daughter, a sister, a niece, and, despite what was written previously, a friend. She was a daughter who had a great deal of love for her parents, as they did for her. She put her life on hold to spend the final months of her father's life caring for him until his death in 1951 (King, 1994). King described her mother as her "best friend." After her father had passed away, she moved her mother to her home to live with her until her mother's death about 15 years later (King, 1994). The only time she lived away from her mother was the two years she was in New York for her doctoral work (King, 1994). These acts show King as sensitive and caring, attributes displayed in her later work in the manner in which the major concepts of her theory. For example, how the concepts of communication, perception, and interactions come together in her theory so that mutual satisfaction is achieved in the transactions process that leads to the focus of care of the patient (King, 1981). King's older brother, Stanley, taught her much about life, and most importantly, about sports; particularly golf and tennis. King remained actively involved in these activities until her late years; golf was her favorite. Her older sister, Mercedes, was very dear to King and

served as King's typist for much of her work. King was also close to her nieces and nephews. Her niece, Donna, recalled King as being her mentor. Because Donna grew up in a small town, she often visited her aunt in the "big city". There King indulged her in the many cultural activities that the city offered. To Donna, Imogene King was a role model as well. In the 1970s, when Donna sought to choose a career and a college to attend, King encouraged her to become a lawyer. This was not a usual choice of a profession for a woman at the time. Despite that, Donna "knew I could compete effectively because my aunt had shown me that women achieve whatever goals they have" (King, I., 1942–2007, Donna to P. Messmer, n. d.). Although she had few close friends, King did note in her archives that she stayed with friends while visiting different cities and traveled overseas with friends. However, King never mentioned any of these friends by name (King, 1994).

Student

From her earliest days in school, King loved learning. She took pride in scholarly pursuits including her mastery of cursive writing, her affinity for orthography, and her presence on the honor roll in high school. King became a life-long learner, which she exemplified through her contributions to the nursing profession through her life-long goal to share her knowledge with others. She welcomed the changes in the nursing profession, such as the Brown Report that encouraged nursing education to be transitioned from hospitals to institutions of higher education. Furthermore, the explosion of knowledge in the 1950's and 1960's that was unique to nursing was just beginning to occur soon after King joined the profession. This encouraged King to further her education so that, as a nurse educator, she could impact nurses of the future. Early in her career, King planned to teach at both the undergraduate and graduate levels of nursing to

impart students of both levels the ideals that were most important to the profession (Schorr & Zimmerman, 1988). King's graduate education, at both the master's and doctoral level, focused on nursing education. Both her thesis and dissertation focused on curriculum development. These choices at this time can be partially explained because graduate preparation in nursing was primarily available in the area of nursing education. Despite being limited to nursing education as an option for her graduate education, King embraced this education, because, in reality, King had proclaimed she wanted to be a teacher. King sought to share her love of learning with her students and to impart that passion to both her students and nurses around who would be exposed to her publications.

Nurse

Initially, Imogene King had never aspired to become a nurse. For much of her early life, she envisioned herself as a teacher. At the "Research in Motion" seminar at LUC, a presentation to inform others about the progress of this research, King was described as a theorist, a teacher, and a leader. An audience member, ironically not a nurse herself, commented that "nurse" was missing from the description of King. As this author pondered this information, her initial reaction was "but of course she was a nurse. That is a given". In the world of theory, it should have been made explicit; however, it was not. King was a nurse. Perhaps she was not what one would conventionally define or envision upon hearing the word *nurse*. Very little of her career was spent "at the bedside." She graduated from nursing school in 1945 and spent the following three years studying for a bachelor's degree while she worked in a physician's office, as a private duty nurse, and a school nurse. As soon as she completed her bachelor's degree, she began teaching at St. John's Hospital School of Nursing. She took a leave of absence from St. John's in

1951 and returned home to help care for her ailing father, during which time, it appears that she did some part-time work in occupational health and on a medical-surgical unit at the local hospital in Fort Madison, Iowa (King, 2007). The remainder of her nursing career was primarily spent in academia. Despite the lack of “traditional” nursing work, King’s understanding of nursing as a profession and the contributions she made are quite remarkable. While King’s career may not have unfolded in the manner of the vast majority of nurses, this does not make her career, as a nurse, any less extraordinary.

Theorist

When most nurses think of King, they instantly think of her role as a nursing theorist. This is the view of King that most nurses hold because of her significant contributions to nursing knowledge through her conceptual framework and Goal Attainment Theory. Her reputation as a theorist is also related to the hundreds of speeches she gave to expose nurses to her theoretical work, and the work of other nurse theorists as well. King’s published books, book chapters, and journal articles predominantly focused on her ideas and work in nursing theory, and also the theory movement within nursing. These contributions came at an important time in nursing when nurse leaders were trying to legitimize nursing as a profession. The influences of King’s theory were invaluable both to the development of nursing per se and to the standards for clinical practice, based on her theory that was developed by her students and disciples. Application of King’s theory to practice was facilitated when certain hospitals chose her theory to be the conceptual framework for the structure of a nursing practice for the hospital. Because an important characteristic of a profession is its body of knowledge, King’s work in the early movement in nursing theory to establish knowledge unique to the profession of nursing helped

lay the foundation for future work in research and in knowledge development that influenced the practice of nursing for the following decades.

Leader

From a young age, influenced by her father, King recognized the importance of civic engagement. Early on in her career as a nurse, she became involved in the professional nursing associations that were dedicated to shaping the practice of nursing. While attending the Missouri Nursing Association and Missouri League for Nursing meetings, King became actively involved in the organization. She maintained an active affiliation with the American Nursing Association for her entire career, until the time of her death. In return for King's role as a leader at both the local and national levels, the ANA bestowed upon King many awards. The most significant of those was the ANA Jessie M. Scott Award in 1996, which honors nurses for their impactful accomplishments in the fields of practice, education, or research (ANA, 2016).

When Imogene King joined the faculty at Loyola University, she helped establish the Alpha Beta chapter of Sigma Theta Tau on campus, inaugurated in 1963. King was also integral in helping nurses in Japan establish a chapter of STTI (King, 1994). King was named a member of the inaugural group of Virginia Henderson Fellows. She was a distinguished lecturer for STTI, and in 1989, she was given the Elizabeth Russell Belford Founders Award for Excellence in Education.

Although King's leadership initiatives were primarily in the nursing profession, during the 1970's she was an alderwoman for the village of Wood Dale where she was a leader in public service. King's influence as a leader was far-reaching, she was an acclaimed trailblazer in the theory movement because of her works and contributions. King was influential in the nursing

theory movement because of her valuable contributions to books and conference presentations. She also demonstrated leadership through her mentoring of students who would use her theory as the basis of their work and as a basis for clinical practice.

Finally, she was a leader in nursing education as well. Not only was she a respected teacher, but her innovative work, in theory, served as the basis for the curricula of nursing schools, such as the Ohio State University School of Nursing. King was a leader in many respects and left her mark on the areas and people she had worked with.

Teacher

King saw herself primarily as a teacher. She often stated that she never intended to be a nurse and that she instead wanted to be a teacher (Schorr & Zimmerman, 1988). Throughout her career, she met her initial goal. She *was* a teacher, and her subject or specialty area was nursing, particularly, nursing theory and curriculum development for nursing education programs. After a thorough review the data contained within King's archives, and from other sources as well, this researcher has concluded that King was primarily a teacher in her professional life. From the earliest days of her graduate education, her master's thesis and doctoral dissertation, both focused on curriculum development. King's third, and final, book published in 1984 and entitled *Curriculum and Instruction in Nursing Concepts and Processes* was also curriculum-focused. King had strong ideas about the body of critical knowledge in nursing that must be taught in schools of nursing. She worked tirelessly to ensure that the methodology used was current and effective. She was also concerned about the use of appropriate pedagogical methods in schools of nursing. King often referred herself to a curriculum expert and was quite proud of that fact (King, 1994). She was dismayed when others would discount her proficiency in this area (King,

1994). It seems that King, in all aspects of her life, viewed herself as a teacher. For example, in her communication with students, who inquired about her theory, she responded in a manner in which she did not simply provide them with the answer, but rather King guided them to the tools they would need to discover the answer themselves. This is the approach used by those adept in the Socratic method.

King was both a creator of knowledge and also a facilitator of knowledge, sharing this knowledge with others. She learned so that she could help enlighten others. King was very willing to share her work and knowledge so that others could benefit from them. However, she did not allow others to take advantage of her goodwill because she maintained constant vigilance over the manner in which her work was interpreted and presented. Only in a few instances was she disappointed. For the most part, sharing her knowledge with others facilitated their success, whether they used her theory as a guiding framework for their graduate research, or used of her theory in their coursework. King's willingness to share her knowledge made her a teacher and mentor to far many more students than those actually enrolled in her course.

Imogene King had many engaging personal qualities, yet she remained quite authentic in her presentation of herself to others. Her straightforward approach allowed others to easily discern her personality. Although persons with whom she interacted might have been taken aback by King's abruptness, they nevertheless came to respect her openness in the statement of her opinions. King was a nurse; however, she was able to achieve her ultimate dream of being a teacher in the realm of nursing. But, King was most noted for being a theorist, who embarked on the creation and dissemination of knowledge in nursing when the profession most needed that

leadership. She is remembered and she is respected for her lasting contributions to the nursing profession.

Influences on Imogene King in Her Development as a Nurse Theorist

As noted previously, Imogene King had declared that she had never wanted to be a nurse. However, fate led her to the nursing profession and she not only embraced it but influenced the profession of nursing. As King was so influential on the profession of nursing exploring those things that influenced her work and effect on nursing proposes an intriguing question. It was discovered that growing up in a small town in Iowa along the Mississippi River during the Great Depression was influential on her work. Her father, Daniel, inspired King to become a thinker, and the Jesuit education she received refined her philosophical thinking. King's experience as a doctoral student at Teachers College Columbia University, particularly under the tutelage of Mildred Montag, stimulated her desire to give back to the nursing profession in a scholarly manner. Once King signed a contract to contribute a scholarly book to the nursing profession, she was then obligated. Initially the scholarly book was a challenging process, but the work of Margaret Kaufman provided King with a framework for her book. When the work became too demanding, Hildegard Peplau came along King's side and helped her overcome the challenges of publishing her book. After the publication of her first book, *Toward a Theory for Nursing General concepts of Human Behavior*, (1971) the critique of Rosemary Ellis spurred Imogene King to bring all her work together into a theory for nursing practice. These things reflect the life experiences of Imogene King that influenced her work for the profession of nursing.

In the study of a successful person's life story, there is often interest in the factors that contributed to their success, particularly the influences that impacted their career trajectory.

Perhaps one may feel that if they emulate the factors that led to that person's success, they too could become someone as special and revered as King was. The influences that might motivate one to write a nursing theory have not been documented or explored. Yet, it is intriguing to question the forces that propel one to join together some esoteric words into a theory, when in reality, the nurses for whom it is intended fail to understand or relate to the theory. In this section, the researcher seeks to identify those factors that had a profound influence on the work of Imogene King.

It is interesting to hypothesize the forces that influenced King to write her first theory book, entitled *Towards a Theory for Nursing General Concepts in Human Interaction* (King, 1971). However, during her interview with Jacqueline Fawcett for the Portraits of Excellence in the nursing video series, King revealed that she was under contract to publish a theory book for John Wiley and Company.

they asked [Mildred Montag] for four names of nurses around the country who could write the books [the publishers] wanted, and she suggested me as one of them. So that is when I started to write my first theory book. (Helene Fuld Health Trust, 1988).

In letters and miscellaneous correspondence contained within her archives, King asserted that she undertook a review of the current nursing literature to identify the leading concepts from the literature which led to the construction of her conceptual framework led to the publication of her first book (King, I., 1942–2007, King to D. Kramlich, October 12, 2004; King to J. Chou, October 16, 2004). Of course, this is an oversimplification of the process. Therefore, it does appear that the initial impetus for King's first book came at the request of a publishing company. However, a larger constellation of influences throughout her life shaped her

understanding of nursing and the concepts that would be included in her conceptual framework and theory.

Small Town Iowa Childhood During the Great Depression

King grew up in a small town in Iowa near the Mississippi River. During the Great Depression, her father became involved with an unscrupulous banker, and her family lost all of their money and assets including the family's farm. The childhood experience of the Great Depression undoubtedly had a significant impact on her future work. During that time, King's family was required to use every resource available, wasting nothing. Perhaps that era influenced King's work in that she was shrewd and practical in the construction of her theory, which was simple and to the point. King took pride in the fact that her theory could be easily understood and applied to clinical practice and research.

Daniel A. King, Imogene King's Father

As a child, King had close relationships with her parents and siblings. Her father, in particular, had a significant amount of influence on King's intellectual development. From an early age, her father often told King and her siblings to "think it through". He thus encouraged problem-solving. Later, in her role as a nurse educator, King used her father's approach. When queried by students, in the manner of her father, King required students to search for answers themselves, rather than simply supplying the answer. In a time when it was unusual for women to attend college, Daniel King encouraged her to continue her education. He joked with Imogene King after her graduation with her bachelor's degree saying, "I just think it's wonderful and I want you to go on to school as much as you want, but my dear, please don't send any more graduation invitations. Your relatives are getting tired of buying presents" (King, 1994, p. 132).

While her father was never a politician himself, King fondly recalls that local politicians often visited Daniel King at home to seek his advice. Daniel King, like his daughter, Imogene, was also a very dedicated child when his mother was ill. Prior to his marriage, he lived at home and nursed his mother until her death. There are many similarities in the person that Imogene King became and the one that her father was. Probably Daniel King never imagined that his mantra to his children to “think it through” would have been taken to heart so as to have produced such a profound leader in the profession of nursing.

Jesuit Education at St. Louis University

Imogene King, at her core, was a student. She was a life-long learner. However, it was the Jesuit-based education that she received at St. Louis University for both her baccalaureate and her master’s degree that had a significant impact on King’s knowledge formation. She was required to minor in Philosophy, and those classes, King later admitted, forced her to think. Not only the required philosophy classes but also an Education Psychology class in her undergraduate studies influenced her understanding of theory and helped her learn about the importance of a key concept in her theory, perception. King later noted, “Knowledge of perception is absolutely essential for all nurses to have and use in practice since we as humans behave on the basis of our perception” (King, I., 1942–2007, King to D. Kramlich, October 12, 2004). While the foundation of learning was laid with her father with his frequent repetition of the phrase “think it through,” it was the Jesuits who solidified the process by encouraging King and her fellow students to take a position and then defend that position. The Jesuit ideals of education included being critical in thought, challenging assumptions, examining attitudes, and analyzing motives. They likewise encouraged one to be disciplined in study and to develop skill

in critical thinking. Furthermore, the Jesuit tradition of over 400 years of liberal arts education, their philosophy, and the Ignatian pedagogical paradigm that emphasizes life and educational experiences and reflection on those experiences in order to go out and be purposeful in one's actions to influence the world had great significance for King. (Traub, 2008). That King exercised these ideals is evident in her life and work. King's approach to teaching encouraged her students to critically think. Her own theory work challenged assumption and attitudes in nursing practice. The Jesuit ideals set a sort of blueprint for the manner in which King approached her academic endeavors. King felt fortunate to have had this educational foundation because she felt that by taking a position on theory and curricular issues amongst her peers, she "was always getting in trouble with my colleagues. Because somehow, they didn't have the same kind of educational experience...which [sic] I thought most nurses had" (King, 1994, p. 75). King solidified her appreciation and gratitude to the Jesuits by donating her papers to the Loyola University Archives.

Mildred Montag

As a nurse educator through the later 1940s and 1950s, King was aware of the vast changes that were coming for the nursing profession. She knew that to continue to teach at the undergraduate and eventually the graduate level, she needed to return to school for a doctoral degree. Always an avid consumer of nursing literature, she heard about the exciting work in this area at Teachers College, Columbia University; particularly the work of Mildred Montag (Schorr & Zimmerman, 1988). King enrolled at Teachers College in 1960 and was one of the few students to be assigned Mildred Montag as her adviser. King was particularly intrigued with the experimental program in nursing education that was the subject of Montag's doctoral dissertation

work. This work would eventually become the foundation for the associate degree in nursing program. She was impressed by the manner in which Montag identified the need for an educational track for a nursing technician and then developed a solution; one that changed the scope of nursing education. Although initially, King was impressed with Montag's work, she later stated that the vision of Montag's work was distorted (King, 1994). Admittedly, this was an accurate observation as the original vision of Montag's work, a levelled education that would lead to a technical nursing position, or lower level of nursing than someone educated at the baccalaureate level, however that was not what was created in practice (King, 1994). Montag clearly saw special qualities in King, because when Montag was approached by John Wiley Publishing to recommend nurses to write a book for their planned series, Montag suggested King as someone who would be an excellent choice for this opportunity (Helen Fuld Health Trust, 1988). This led to King's first book, *Toward a Theory for Nursing General Concepts in Nursing*, published in 1971. King and Mildred Montag maintained a professional relationship for their remaining years, occasionally appearing together at various nursing conferences.

Hildegarde Peplau

Imogene King was fortunate to have known many important nurses, such as Martha Rogers, Fay Abdellah, and Margaret Kaufman. However, King identified only two nurses as true mentors who influenced her work. A student once asked King the name of the person who was the greatest influence on the development of her conceptual framework and theory. King's response was as follows: "If there was any influence, it had to be Dr. Peplau and her ideas in *Interpersonal Relations*. If you note in my first book *Toward a Theory for Nursing*, I give thanks

to Dr. Peplau and to Dr. Montag.” (King, I., 1940–2007, King to Carolyn S. Oliver, February 20, 2002).

After the receipt of discouraging feedback on a draft of her first book, King met Hildegard Peplau at a conference and shared with her the distressing news. Peplau took King under her tutelage and shared her wisdom and experience with King. Peplau guided King through a new draft of her book that was ultimately published. King maintained a collegial and friendly relationship with Peplau for the remainder of their lives.

However, in a rather unfortunate comment in King’s interview with Pat Messmer in 1994, King was asked if Hildegard Peplau or Martha Rogers were mentors to her. King (1994) responded:

Well, what mentor meant to me was to depend upon somebody, and I never could tolerate dependency. They were not mentors to me. They were people who were able to share ideas and give me helpful hints about what one should do (p. 144).

This response from King seems to reveal her inability to admit her weaknesses. The comment reveals that in her perception of the traditional mentor-mentee relationship, one is placed in a vulnerable position; one that King sought to avoid. After the blow of the critiques she received for the manuscript of her first book King particularly sought to avoid presentation of herself as weak in any facet of her life. As her life work progressed she thrived on the admiration she received from her students (King, 1994). These are examples of King’s attempts to compensate for her insecurities about some of the more important aspects of her professional life.

Teachers College, Columbia University

King understood that the opportunity to attend Teachers College, Columbia University was an honor, particularly the assignment of Mildred Montag as her mentor. King profited from

this experience, as evidenced by the weekly afternoon tea meetings that King set up with Mildred Montag through which King and her classmates informally interacted with their mentor. Overall, the experience at Teachers College left King with the belief that because she had been afforded the opportunity of an excellent education, it was important for her to give back to the profession of nursing as she described in the interview with Jacqueline Fawcett as part of the Portraits of Excellence series (Helene Fuld Health Trust, 1988). She wanted to give back to nursing for being honored with the experience of her education at Teachers College. She accomplished this in her teaching and by sharing her knowledge and experience with her students in the manner in which Montag had done for her. She answered questions, reviewed papers, and attempted to enrich the learning experience of both her students and nurses in practice. King also felt the need to give back to nursing through her scholarship so that her knowledge could reach a greater audience. This culminated in the publication of her first theory of nursing book, which presented her conceptual framework. A decade later, she expanded on those ideas for her second theory for a nursing book that presented the theory she had developed.

Margaret Kaufman

When King took a faculty position at Loyola University in Chicago, she was charged with the task of starting a new master's program. A part of her responsibility was to create a library of resources for the students. However, she soon found that during the 1960's, there was a dearth of scholarly published materials for nursing. Therefore, King contacted the deans of nursing schools from across the country to request copies of the scholarly work of their faculty and students (chiefly recent dissertations). One dissertation that King found particularly intriguing, sent from the University of California Los Angeles, was authored by Margaret

Kaufman (1958). King was particularly interested in the methodology that was employed. Kaufman's dissertation work, entitled *Identification of Theoretical Bases for Nursing Practice*, was created by a review of the literature in order to establish and define the concepts within a framework that became Kaufman's dissertation. While writing her first book (conceptual framework), King ostensibly communicated with Kaufman and employed the same methodology. In response to a question about the origin of King's conceptual framework, she replied:

First I reviewed the nursing literature to determine what nurses were writing about nursing, and second I was aware of the explosion of knowledge in most fields of study, and it was time for nurses to determine the basic knowledge for nursing...and I looked at other disciplines for the research on the concepts I selected as substantive knowledge for nursing.

One must be able to conceptualize multiple ideas in this world of knowledge explosion. Of course, I didn't copy from other disciplines but did use their research (King, I., 1942–2007, King to D. Kramlich, October 12, 2004)

This shows that King followed the methodology that Kaufman used in her work, which is ultimately the only influence Kaufman had on King's work. However, the impetus of Kaufman's methodology undoubtedly guided King in the construction of her conceptual framework. Kaufman's inspiration led to the development of King's conceptual framework and ultimately to the development of her theory that impacted the profession of nursing.

It appears that King consulted Kaufman's work minimally because there is no correspondence in King's archives between the two. One would assume that King would have kept such correspondence to explain the development of her conceptual framework and later her theory. However, there is a mention of Margaret Kaufman, in vague terms, as someone who was a friend and shared a podium with King at a theory conference. Despite the, presumably, lack of

collaboration, Kaufman's methodology, according to King (1994), did influence the manner in which King developed her work.

Ludwig von Bertalanffy's General Systems Theory

The work of Ludwig von Bertalanffy, one of the founders of general systems theory, was extremely influential on the development of King's theory. General systems theory provides a theoretical framework about the functions of a system. The originator's hope was that General Systems Theory would be used in an interdisciplinary approach in order to draw parallels through an open dialogue among different disciplines. The originators further hoped the theory would identify laws and principles from which to build knowledge relating to many systems (Berrien, 1968; von Bertalanffy, 1968). At its core level, general systems theory examines the individual components or elements of a system (for instance, a family system, a health care system, an information system) and ways these elements relate or interact with one another within the boundaries of what is seen, felt, heard, or even sensed. The profession of nursing is entangled in systems. Therefore, to better understand the care of patients and communities and the means through which change is enacted, King felt it was essential that nurses understand the effect of the healthcare system on changes in the health status of individuals within society. King was influenced by von Bertalanffy's General Systems Theory in the development of her conceptual framework, which is described as a dynamic interacting system that consists of three interrelated systems: the personal, the interpersonal, and the social system. Within the framework, King explored ways the concepts relate to the nursing process in any situation. King's Theory of Goal Attainment takes those concepts and the interaction introduced in the conceptual framework and expands upon them to apply them to specific elements or concepts

which can be demonstrated in transactions between two systems, the patient and the nurse (King, 1971; 1981). Von Bertalanffy's work helped King take the concepts she developed through her review of the literature and organize them in a manner that was useful for nurses. However, King intended that anyone in any setting could incorporate her theory into their scholarship and practice (King, 1994). In other words, King had a vision that the use of her conceptual framework her and theory of goal attainment would transcend nursing practice and be used in any setting. For example, King envisioned that her theory could also be used in any setting in which two people mutually set goals, such as the situation of a teacher and a student or businessperson and their client could use these concepts to make a mutually agreeable and beneficial transaction.

Contractual Obligation

One cannot underestimate the contractual obligation that King had with John Wiley and Sons Publishing. Prior to her writing her book on the conceptual framework, King helped to write a book for Mildred Montag. She felt honored to write a book for the emerging profession of nursing. This commitment ultimately led King to complete the manuscript of her first book (Helen Fuld Health Trust, 1988). While the contract was the impetus for the book, it was by no means the reason she succeeded in publishing this book. However, without this contractual obligation, King might have lacked the fortitude to persevere with her work in the face of the criticism. Although this researcher believes King would have nevertheless persevered to the completion of the book, it is a testament to King as a person that she did accomplish this feat.

Rosemary Ellis' Critique

Although she was pleased with the response to her first book, King was dismayed by the critique of Rosemary Ellis which stated that King's work was essentially incomplete. Ellis (1971) stated, "It was a useful beginning. It is unfortunate that it is only a beginning. Though the usefulness of this particular framework is repeatedly claimed and an occasional example is given, there is no in-depth demonstration of how the framework could be used by a practitioner or student". It is apparent that this particular critique irritated King and perhaps was a significant impetus for King to begin work on her second book, the publication of her complete theory. Her second book, *A Theory for Nursing Systems, Concepts, Process*, is essentially an extension or completion of her first book, *Toward a Theory for Nursing, General Concepts of Human Behavior* (the one Ellis described as incomplete). The second book utilizes the same conceptual framework, adds several new concepts and presents the content in a manner that is usable by a reader in practice; the exact criticisms that Ellis made of the first book. The relationship between Ellis' critique of King's first book on the influence of the second book is quite evident. Because the second book reflects the changes addressed in Ellis' critique, she seems to have provided King with guidance in the authorship of the book.

Although King denies any major influences, one would have to imagine the manner in which she was raised, educated, and mentored must have had some influence on the development of her theory. It is usually assumed that person lives are shaped by prior developmental experiences. King is no different. Thus, it has been shown that her early life (including family, friends, and the community), as well as her education, influenced who and what she became. What is remarkable is that King so readily discounted these influences on her life, her work, and

her accomplishments. Yet these influences seem to have been significant forces in her development as a nurse theorist, nurse educator, and leader.

The Significance/Importance of Imogene King's Contribution to the Nursing Profession

The impact Imogene King had on the profession of nursing was vast. Most notable was her impact as a theorist and a scholar through: the publication of her three books, the monograph, chapters in books, and many articles she contributed to scholarly journals around the world. King's work as a nurse educator influenced students far beyond the classroom. Finally, her work as a leader in the profession of nursing through the American Nursing Association and Sigma Theta Tau has left its legacy on the profession of nursing.

Because she developed one of the first theories of nursing, King left a lasting legacy for the profession of nursing. Her work has advanced the understanding of conceptual frameworks and theory itself through the publication of her two books, the many articles she has written about nursing theory, the chapters she has contributed to dozens of books, as well as her monograph, (which she developed with Jacqueline Fawcett, a preeminent nursing scholar). This monograph was crafted with the direct intent to clarify and educate students and nurses on the importance of adherence to the exacting language of theory in order to promote its use.

King entered the profession of nursing when it was at one of its more vulnerable points. At the time, nursing was struggling to establish itself as a profession, on par with medicine, law, the clergy, and engineering. However, nursing lacked a unique body of knowledge that identified it as a profession. According to Flexner (1910), a true profession requires a base of knowledge founded and developed for the profession itself. Nursing, for decades, had been accused of borrowing its knowledge from other professions, such as medicine and the social sciences.

However, it was the work of nursing pioneers such as Hildegard Peplau, Virginia Henderson, Martha Rogers, and Imogene King who moved theory into the consciousness of practice and thus helped legitimize nursing as a profession.

Not only did King advance the practice of nursing with her conceptual framework and later her goal attainment theory, but she also took great pains to teach students and nurses alike about both her work and the importance of theory in general. This is shown in the many dissertations and theses for which she mentored students. But most importantly, this is illustrated through her work with countless individual students who sought her opinion, and experience to better understand her work and theory as a whole. While King's theory certainly propelled her into a prestigious position within the profession, this researcher would describe King first and foremost as a teacher. This proposition is made after days, weeks, and months spent with King's work and archived materials. Teaching was the profession to which she wanted to aspire from her very early years before she was encouraged by her family to follow in the footsteps of her aunt and practice nursing instead. It was providential that she was able to pursue both the roles of teacher and a nurse in very fulfilling and dramatic ways. She attained the highest accolades in nursing, but especially as a nurse educator.

In her capacity as a nurse and educator, and later as a theorist, King wanted to make an impact on nursing education. She did not merely want to teach; she wanted to contribute to the methods of nursing education. King always had seen herself as "a curriculum expert." (King, 1994). She began her work in curriculum development early in her career when she was a nursing faculty member at St. John's Hospital School of Nursing in St. Louis. Before moving to New York to attend at Teachers College, she spent a year in Chicago at Little Company of Mary

Hospital as the director of education and curriculum. Her work at Teachers College, under the tutelage of Mildred Montag, focused on the development of the curriculum for a master's program at the University of Illinois at Chicago. However, this project never came to fruition. After the completion of her work at Teachers College, she took a position at Loyola University in Chicago where she was instrumental in the creation of a master's program. Later, her conceptual framework was utilized as the basis for the curriculum at The Ohio State University School of Nursing as well as at other schools of nursing, primarily at the diploma and associate degree level. In 1986, she published *Curriculum and Instruction in Nursing Concepts and Processes*, which addressed the curriculum in both a baccalaureate and an associate degree program. However, King was quite dismayed that the book did not make as great an impact on nursing education as King had hoped (King, 1994). Despite her disappointment with the book's marketing, King's work in curriculum development did impact many students in the United States. Unfortunately, the publication of the third book went largely unnoticed.

King's work in the development of a curriculum for the diploma, associate, baccalaureate, and master's level of education is another way in which she shared her knowledge and expertise in the profession of nursing. These efforts have largely lacked acclaim. Rather, King's work as both a theorist and an educator established her reputation as a leader in the profession.

For all her work, in theory, education, and curriculum development, King also made substantial contributions as an active member and leader in professional nursing associations, especially the American Nurses Association and Sigma Theta Tau International. Although she predominately worked at the local levels with each of these groups, King's contributions did not

go unnoticed at the national level. King was the recipient of several prestigious and national awards. From an early age, King understood the importance of civic engagement. From her earliest days in the profession, she became very actively involved in making nursing a profession on a par with other professions.

At a time when nursing was at one of its most challenging and vulnerable times, King undertook the responsibility of moving the profession forward. Her theory impacts both students in their studies and nurses in their practice. This is no small feat. However, her work did not end there. She was a devoted educator interested in both the teaching of nursing but also the encouragement of students and nurses to think critically, like members of a profession. She shared her knowledge with students who crowded her classrooms and spent endless hours in correspondence with students to help them better understand her theory. She was an active member at the state level in the American Nurses Association and Sigma Theta Tau International. Her contributions to the profession of nursing have reached people far and wide, and their impact continues today.

Conclusion

Why is this Research Important and What Does it Contribute?

Historical research in nursing is something of a controversial subject. Many scholars do not see the purpose of this kind of work. However, it certainly has its importance and influence on the nursing profession. Perhaps, the most important point is that an entire profession cannot escape its past. In order to understand the profession of nursing today and how to better move the profession forward, nurses need to know both their past and also have an understanding of their history.

Therefore, why is a biographical exploration of King essential to the profession and what will it contribute? King was a significant figure in the history of nursing because of her role in the theory movement. During the early 1970s when King was coming to prominence in nursing, the profession was in a state of flux. This was a time when the role of the nurse was expanding and changing, because of rapid increases in technology coupled with a movement toward specialization in nursing practice. This research has made a focused examination of those events in King's life that led her to take a prominent role in the movement to establish a base of knowledge specific to the nursing practice to legitimize nursing as a profession. Many people are curious to understand the influences or life experiences that led someone to be who they were. Nursing should not be immune to this curiosity of events that create a pioneer and leader. Nursing can use this knowledge to foster and mentor future generations to make significant contributions to the profession, comparable to those of King

Limitations

Most often, the limitations in historical research lay simply within the availability of materials and the condition of the documents. For the most part, the conditions of the documents contained within King's archived collection were well preserved. There were few documents that were typed on the more classic onionskin type paper, but the type was still quite legible. Other documents were somewhat faded but still legible.

Within King's collection of documents, the most significant challenge was the overwhelming lack of personal items contained in her archives. As this work took a biographical approach, this was a truly confounding place in which to find oneself, with virtually little personal information to truly tell her story. Fortunately, a recorded interview with King became

available through the University of Virginia School of Nursing Eleanor Crowder Bjoring Center for Nursing Historical Inquiry. This interview became invaluable to this work and was essential in providing the personal stories that brought this project alive with the necessary context and personal impact which would have otherwise been absent from an analysis of the documents found in King's archives. However, tapes were made by a friend under nonspecific conditions. For instance, it is unknown if the interview followed the guidelines of the Oral History Association.

Personal bias in historical research is always a potential limitation that can skew the results of the work. In this instance, the researcher had no personal affiliation with the subject and was able to control bias by limiting exposure to the many people in the local nursing community that had personal relationships with King as her students, colleagues, or acquaintances. This researcher was often surprised when a discussion about the topic of this dissertation would elicit a comment that the other person(s) had known Imogene King or had had some sort of interaction with her. At times, polite attempts to keep these conversations to a reasonable length and minimize exposure to their ideas was a difficult endeavor.

As mentioned in chapter three, there were over 12,000 documents collected for review and analysis. Another limitation is selection bias of the documents that were chosen to be included in this work. It is difficult to define the exact rationale for the selection of documents used for the dissertation. Discussions with the dissertation advisor were integral. The Patricia Messmer 1994 audiotaped interview also helped guide the selection of content for inclusion in this work. The dissertation advisor was integral because she had been approached at one time by Imogene King to write her biography. Seemingly they would have had conversations about

particular aspects of her life that King would have wanted to be included (personal communication, Karen Egenes, August 24, 2014). The audio recorded interview was important because conceivably through this channel, King would have discussed those experiences that she would have deemed most relative and important in her life. That too is why the interview was used as a guiding framework for this research.

The lack of personal information within King's archived materials calls into question whether this was intentional or if King did not keep any personal material in her possession. As it appears, King maintained tight control of the perception others had of her; she was a fiercely private person. This would certainly lead one to believe that all things personal were intentionally removed from her archived materials before donating them to the Loyola University Chicago Archives. Therefore, the materials available to this researcher, and the intentional lack of personal materials represented the greatest challenge and limitation of this research.

In an attempt to deal with potential limitations of this research the personal interviews that were conducted with people who knew King were recorded according to the guidelines of the Oral History Association (as described in chapter three). The recordings would limit recollection bias on behalf of the researcher. Furthermore, the audio recordings could be evaluated by an independent source, if necessary, to ensure that interpretations of the interviews were accurate.

Recommendation for Future Research

A point of interest that became apparent while reading through King's documents was the changes that she made to her theory and the genesis of those changes. This point of interest, however, was not part of the purpose of this research. Exploration of the changes that King made

to her theory over time (and even circumstances that could be correlated to those changes) is one recommendation for further research. Such a study would help elucidate the evolution of a theorist's work from its inception to its development over time based on a theorist's experiences as well as the constant evolution of healthcare and nursing as a practice. As Bond et al. (2010) have demonstrated, there has been an increase in the use of theoretical frameworks in published research articles. For research to continue to follow this trend is imperative to maintain the momentum of a theoretical basis for nursing research. Furthermore, nurses need to be encouraged to engage in research that contributes to current practice in nursing, continue to expand the knowledge base of the professions, and utilize theory that is refined in order to remain contemporary in practice. This will require dialogue and collaboration between nurse scholars and bedside nurses to improve the quality of nursing education, practice, and research through the use of theories, thus contributing to the body of nursing knowledge that will continue to propagate nursing theory in education and practice. Additional suggestions for future research would include research of the history of theory development in nursing with a broad view of the theory movement in general. A final recommendation would be to continue to use the framework utilized in this work and explore the personal stories of nurse theorist, particularly as they relate to those life experiences that influenced their work.

Recommendation for Practitioners

It is widely believed that nurses, in this researcher's opinion, as a profession, dislike theory. In this researcher's experience in conversation with nurses in class at all levels of nursing education, and in the process of developing this dissertation, a nurse will hear the word theory about nursing and typically respond with a cringe and make proclamations about its uselessness.

Admittedly, in theory's pure form, from this researcher's experience it can be daunting, intimidating, even at times, esoteric. However, this researcher believes that comes from a lack of understanding about the nature of theory and its purpose for nurses and their clinical practice, and perhaps, more importantly, what theory contributes to the profession. The two are not mutually exclusive. Essentially, nurses want some prescriptive theory that tells them what to do, and this is unfortunately not always the case with nursing theory. Perhaps, it stems from a lack of understanding of theory. Perhaps nurses do not understand that all theory describes and prescribes practice.

Theory is essential to the profession of nursing. Theory serves to legitimize nursing as a profession by creating a base of knowledge from which the practice of nursing emerges (Flexner, 1910). King played a significant role early in establishing the role of theory in practice. King created theory from which nurses both learn and practice nursing. More importantly, she shared her theory and work with thousands of nurses as an educator; in academic settings, through her participation in theory conferences, as a mentor to doctoral students utilizing her theory, and in the speeches she gave around the world in which she shared her special knowledge. It is perhaps that role of educator that is King's greatest legacy to the profession of nursing because it truly encompasses all aspects of her career that have contributed to the profession of nursing as we know it today.

APPENDIX A
CURRICULUM VITA

CURRICULUM VITA

Imogene M. King, Ed.D., R.N. FAAN

EDUCATION:

Diploma, 1945	St. John's Hospital School of Nursing St. Louis, Missouri
Maryville College 1945-46	St. Louis, Missouri Liberal Arts & Sciences
BSNE, 1948	St. Louis University School of Nursing and Allied Health St. Louis, Missouri
M.S.N., 1957	St. Louis University School of Nursing and Allied Health
Ed.D., 1961	Columbia University Teachers College New York, New York
Post-doctoral Systems Research 1969-1971	Ohio State University Columbus, Ohio

CONTINUING EDUCATION:

University of Maryland Baltimore, Maryland	Measurements in Nursing Project, 1983-1985
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Loyola University of Chicago
Chicago, Illinois

Computer Course, 1978
Advanced Statistics, 1978
Experimental Design, 1979

Loyola University Stritch School
of Medicine, Maywood, Illinois

Physical Assessment Course
Six month Practicum, 1976

PROFESSIONAL EXPERIENCE:

Taught doctoral students, King's Theory of Goal Attainment Loyola University, Chicago, Illinois	2003
Taught graduate students course Curriculum and Instruction in Nursing University of Tampa	2002
Taught graduate students course Theories in Nursing University of Tampa	1999
Taught doctoral students, University of South Florida College of Nursing (Advances in Nursing Science)	1998-1999
Appointed Professor Emeritus, University of south Florida College of Nursing, Tampa, Florida	1990
Director of Research, USF, College of Nursing, Tampa, Florida	1984-1987
Professor, University of South Florida, College of Nursing, Tampa, Florida. (Courses taught: Theory Development in Nursing, Research in Nursing, Curriculum and Instruction In Nursing, Nursing Education in Institutions of Higher Education, Management in Clinical Nursing, Adult Health, Conceptual Basis for Specialized Areas of Practice.)	1980-1990
Coordinator, Clinical Nursing research, Department of Nursing, Loyola University Medical Center, Chicago, Illinois	1977-1980
Professor, Loyola University School of Nursing, Chicago, Illinois. (Courses taught: Theory Development In Nursing, Research in Nursing, Nursing of Adults (3 Sequential courses) with Practicums.)	1972-1980
Professor and Director, School of Nursing, The Ohio State University, Columbus, Ohio. (Courses taught: Theory Development in Nursing and Sequence of 3 courses in Nursing Service Administration.)	1968-1972

Assistant Chief, Research Grants Branch, Division of Nursing, Bureau of Health Manpower, Dept. of HEW, Washington, D.C.	1966-1968
Associate Professor and Director Graduate Program, Loyola University School of Nursing, Chicago, Illinois Courses taught: Research, Curriculum and Instruction, Administration in Nursing in Higher Education	1963-1966
Assistant Professor and Chair of Undergraduate Program Loyola University School of Nursing, Chicago, Illinois. History Of Nursing, Introduction to Professional Nursing	1961-1963
Educational Director and Director of Curriculum, Little Company of Mary Hospital, Evergreen Park, Illinois	1958-1959
Associate Director and Instructor, Medical-Surgical Nursing, St. John's Hospital, St. Louis, Missouri.	1952-1958
Occupational Health Nurse, Burlington, Iowa, and part –time general duty Medical-surgical nursing at Sacred Heart Hospital, Fort Madison, Iowa	1951-1952
Instructor in Medical-Surgical Nursing, St. John's Hospital, St. Louis, Missouri	1948-1958
Part-Time physician's office, private duty nursing, and school nursing. St. Louis, Missouri	1945-1947

MEMBERSHIP IN ASSOCIATIONS AND COMMITTEES

American Nurses Association	Current
Florida Nurses Association	Current
4 th District Florida Nurses Association, Tampa, Florida	Current
Elected Director, Board of Directors, Florida Nurses Association	1999-2001
Invited to serve on Subcommittee of Program, Sigma Theta Tau International on Distinguished Lecture Series	1999-2000
Member, Committee to Plan the 25 th Anniversary of the College of Nursing, University of South Florida, Tampa, Florida	1998

Member of ANA, N-Stat Committee (communication to congressmen on legislation related to nursing and health).	1997-2000
Chairman, Task Force to Structure Health Care in Florida, Florida Nurses Association	1997-1999
Elected President, Condominium Board, South Pasadena, FL	1997-1998
Member, Florida Nurses Association, Political Action Group (communication to state legislators in Florida relative to nursing and health.)	1997-2000
Elected to Board of Directors, Florida Nurses Association	1997-1999
Elected to Condominium Board of Directors and Chair of the Fire Prevention Committee	1996-1997
Member, Awards Committee, Delta Beta Chapter Sigma Theta Tau College of Nursing	1996
Election to Nomination Committee, Sigma Theta Tau International, Indianapolis, Indiana	1995-1997
Chairman, Bylaws Committee District 4, FNA, Tampa, Florida	1995-1997
Member, Committee, Operation PAR, St. Petersburg, Florida	1990-1992
Chairman, Promotion and Tenure Com-University of South Florida College of Nursing	1998-1990
Chairman, Task Force on Honors and Awards, University of South Florida College of Nursing	1998-1990
President, Sigma Theta Tau, Delta Beta Chapter	1987-1989
Member, Tampa VA Research Committee	1987-2000
Elected, Chairman, Bioethics Council, Florida Nurses Association	1987-1988
Secretary, Florida Nurses Association	1987-1988
President, Florida Nurses Foundation	1988-1990

Chairman, task Force on Philosophy and Conceptual Framework, College of Nursing, University of South Florida	1987-1989
Member, Host Planning Committee for Florida Nurses Association Convention	1986-1987
President-Elect, Sigma Theta Tau, Delta Deta Chapter	1986-1987
Elected, Nominating Committee, 4 th District, Tampa, Florida	1985-1986
Member, Advisory Committee, University of Tampa, Department of Nursing	1985-2007
Member, Bylaws Committee, District IV FNA	1985-1988
Appointed member, College of Nursing, University of South Florida Executive Committee	1984-1986
Member, Committee on Ethics, Florida Nurses Association	1984-1986
Appointed, Graduate Council, University of South Florida	1984-1987
Vice Chairperson, elected, Research Council, University of South Florida	1983-1984
Appointed Faculty Senate Executive Committee, University of South Florida	1983-1984
Chairperson, Committee in Region II, Florida Nurses Association Conference on Ethical and Legal Decision Making	1983-1985
Elected Second Vice President, Florida Nurses Association	1983-1985
Elected delegate from Florida to the American Nurses Association Biennial convention, Washington, D.C.	1982
Chairperson, Task Force, Committee on Ethics, FNA	1982-1983
Elected President, 4 th District, Florida Nurses Association	1982-1983
Appointed member, Faculty Senate Ad Hoc Committee to study Salaries	1982-1983
Member, Committee on Research, Florida Nurses Association	1982-1985

Appointed member, College of Nursing, University of South Florida Faculty Personnel Committee	1982-1983
Member, Board of Directors, Florida Nurses Association	1981-1985
Chairperson, Membership Committee, Florida Nurses Association	1981-1982
Elected Counselor, Delta Beta Chapter, Sigma Theta Tau	1981-1983
Member, Board of Directors, Delta Beta Chapter, Sigma Theta Tau	1981-1983
Appointed member, Research Council, University of South Florida	1981-1984
Appointed to Membership Committee, 4 th District, Florida Nurses Association	1981-1982
Elected First Vice President, 4 th District, Florida Nurses Association	1981-1982
Chairperson, FNA Convention Planning Committee, 4 th District, Florida Nurses Association	1981-1982
Elected Director, Region II, Florida Nurses Association	1981-1983
Member, Journal Club on Ethics, University of South Florida Medical Center	1981-1985
Member, Institutional Review Board for Protection of Human Subjects, University of South Florida Medical Center	1980-1985
Appointed member, College of Nursing, University of South Florida Faculty Council, Graduate Council	1980
Appointed Member, College of Nursing, University of South Florida, Graduate Curriculum Committee	1980-1990
Appointed member, College of Nursing, University of South Florida, Research Committee	1980-1989
Chairperson, Committee on Research, College of Nursing, University of South Florida; Member	1980-1990
Member, Subcommittee on Research, Chicago Heart Association	1976-1978
Co-chairperson, Committee on Ethics, Illinois Nurses Association	1978-1980
Elected Chairman, Division of Medical-surgical-Nursing Practice	1977-1979

Illinois Nurses Association	
Member, Board of Directors, Illinois Nurses Association	1977-1979
Elected Chairman, Executive Committee of the Division of Nursing Practice, Illinois Nurses Association	1977-1979
Member, Finance Committee, Illinois Nurses Association	1977-1979
American Public Health Association	1976-1978
Chairman, Committee on By-Laws, 19 th District, Illinois Nurses Association	1976-1978
Media Consultant for Nurses Educator and The Journal of Nursing administration	1976-1980
Appointed to Planning Commission of City of Wooddale, Illinois	1975
Elected Alderman, 4-year term, City of Wooddale, Illinois	1975-1979
Operations Research Society of America, Health Research Section	1975-1978
Member, Education Committee, Department of Medicine Loyola University Stritch School of Medicine	1975-1977
Member, American Association of Higher Education	1974-1978
Appointed Member Graduate Board, Loyola University, Chicago	1974-1975
Member, Task Force on Research, Illinois Nurses Association	1974-1975
Co-Chairman, task Force to revamp Illinois Nurses Association	1974-1977
Appointed Member, IRB, Clinical Investigation to Protect Human Rights, Loyola University Medical Center	1974-1979
Member, National Conference, Classification of Nursing Diagnosis St. Louis University, St. Louis, MO.	1973-1976
Defense Advisory Committee on Women in the Services, U.S. Department of Defense, Washington D.C. (DACOWITS)	1972-1975
Member, Council on Research, American Nurses Association	1972-1975

Member, American Association for the Advancement of Science	1971-1977
Chairman (1971-72) and member (1972-73), Nominating Committee, Nursing Education Alumni Association, teachers College, Columbia University, New York, N.Y.	1971-1973
Member, Editorial Board, Journal of Nursing Administration	1971-1982
Member, Pilot Research Review Committee, Ohio Division of American Cancer Society, Columbus, Ohio	1969-1972
Major advisor and member of thesis committee for master degree Candidates and member of doctoral committees, Ohio State University, Loyola University of Chicago, University of Iowa, University of South Florida	1969-1990
Member of Interdisciplinary team in adaptive systems studying Health care systems, The Ohio State University	1968-1972
Member of Executive and Administrative Committees, College of Medicine, The Ohio State University	1968-1972
Member, Graduate Committee, Research Committee, Undergraduate Curriculum Study, School of Nursing, Ohio State University, Columbus, Ohio	1968-1971
Member, Advisory Committee, American Nurses' Association Conferences in Clinical Nursing	1965-1967
Chairman, Council of Baccalaureate and Higher Degree Programs, Illinois League for Nursing	1965-1966
Chairman, Executive Committee, Illinois Association Arts State Project	1964-1965
Appointed to Committee on Legislation, Illinois Nurses Association	1963
Vice Chair, Faculty Council, Loyola University, Chicago, Illinois	1963-1965
Member, Committee on Legislation, Illinois Nurses Association	1963-1965

Taped radio interview on Legislation & Nursing Bill, Illinois Nurses Association	1963 – March
Television appearance, Channel 2, interview on the Lee Phillips Show, 12:15 am on the Nursing Bill in the State Legislative Session	1963 – April
Member, Coordinating and Advisory Committee of the Office of Superintendent of Public Instruction State-wide Project, Illinois Associate in Arts in Nursing	1963 -1966
Member, Graduate Board, and member, Library Committee Loyola University of Chicago, Chicago, Illinois	1962-1965
Chairman, Curriculum Committee, Loyola University School of Nursing, Chicago, Illinois	1962-1966
Appointed to Illinois League for Nursing, Committee on Associates Degree Nursing Programs as Illinois Nurses Association representative	1962
Invited to speak on Associate Degree Nursing Programs at First District, Illinois Nurses Association	1961
Member, Curriculum Committee, Missouri League for Nursing	1957
Chairman, Bylaws Committee, Missouri League for Nurses	1953-1955
Member, EACT Executive Committee, Missouri Nurses Association	1953-1957
Chairman, Nominating Committee, Missouri League for Nursing	1952-1954
Member, Nominating Committee, St. Louis District Nurses Association	1950
Chairman, Curriculum Committee, St. John's Hospital School of Nursing, St. Louis MO.	1950's
Member of Executive Committee, Admission Committee, Curriculum Committee, St. John's Hospital School of Nursing, St. Louis, MO.	

HONORS and AWARDS

Inducted into American Academy of Nursing as a Living Legend	2005
Inducted into ANA Hall of Fame at the Convention	2004

Inducted into FNA Hall of Fame at the Convention	2003
Awarded plaque, District IV, FNA, Contribution to Nursing, Tampa, FL	1998
Awarded an Honorary PhD, Doctor of Science, Loyola University, Chicago, Illinois	1998
Given an award from the University of Tampa for outstanding service	1997
Honored at the University of Tampa for outstanding service	1997
Honored at the University of Tampa: Annual Research Award Named the Imogene M. King Research Award has been established to be given to a worthy graduate student annually	1997
<u>Sigma Theta Tau</u> and the American Nurses Foundation naming a Research Grant Award for Dr. Imogene King	1997
Given the Governor Lawton Chiles Medal for Contribution To Nursing and Health Care in Florida	1997
American Nurses Association, Jessie M. Scott Award at the 1996 Convention celebrating the 100 th anniversary of the ANA. This Award required a 50 minute speech at the same convention Entitled “Nursing in the Twenty-First Century”	1996
Given lifetime membership in the Florida Nurses Association at the 1996 convention	1996
Invited to <u>Sigma Theta Tau</u> , Indianapolis, IN to discuss electronic means to record the history of the theory movement and view future plans for preserving and using information in the library.	1993
Honored with others as Virginia Henderson Fellow at the Biennial Convention of <u>Sigma Theta Tau</u> International, Indianapolis, IN	1993
Distinguished Scholar Series speaker for <u>Sigma Theta Tau</u> International	1990-1991
Co-Chairperson, local planning committee for <u>Sigma Theta Tau</u> International, Biennial Convention, Tampa, Florida	1990-1991

Theodore and Venotte Askounes-Ashford USF Distinguished Scholar Award, University of South Florida, Tampa	1988
Listed in who's Who in American Nursing	1986
Phi Kapa Phi, Scholar Award, Chapter 126 University of South Florida, Tampa	1986
Research Award at the Florida Nurses Association Convention September	1985
Phi Kappa Phi chapter, Honorary in Higher Education, University of South Florida	1984
Listed Who's Who in American Women	1981-2007
Received the Distinguished Nursing Education Alumni Award, Teachers College, Columbia University, N.Y.	1982
Awarded Florida Nurse of the Year Award at the Annual Florida Nurses Association State Convention in September	1983
Awarded Honorary Plaque for recognition of contributions to Nursing by 4 th District, Florida Nurses Association and the Nursing Education Association of Tampa	1981
Awarded Honorary PhD., Southern Illinois University, Carbondale, Illinois	1980
Sigma Theta Tau, Delta Beta Chapter, University of South Florida, Transferred membership	1980
Listed Who's Who in America	1979-2007
Listed Who's Who in the Midwest	1978
Listed in Personalities of the West and Midwest	1977-1978
Awarded gold medallion from 19 th District Illinois Nurses Association annual dinner meeting, September, in recognition of Contributions to nursing	1975

Awarded highest honorary recognition from Illinois Nurses Association at biennial convention in October for contributions to nursing	1975
Listed in the Bicentennial Memorial Edition of Community of Community Leaders and Noteworthy Americans	1975-1976
Listed in Dictionary of International Biography	1975
Selected I. King's Toward a Theory for Nursing as a book of the year in the American Journal of Nursing, January, p. 126	1973
Received the Centennial Medallion for Leadership in nursing as a distinguished alumnae, St. Johns' School of Nursing, St. Louis, MO.	1971
Alpha Tau Delta, Honorary member, The Ohio State University Chapter (Inactive)	1969
Received the Alumni Merit Award of St. Louis University Presented during Founder's Week in October	1969
Selected Director, Seminar in Research, The World Health Organization, Manila, Philippines	1969
<u>Sigma Theta Tau</u> , Alpha Beta Chapter, Loyola University Chicago, Charter member, Honorary in Nursing	1963-1980
Kappa Delta Pi, Honorary in Education, (Inactive)	1960
Pi Lambda Theta, Honorary in Education (Inactive)	1960

RESEARCH

Speaker, Nursing Informatics Conference, Stockholm, Sweden	1997
Doctoral student at Wayne State University, Detroit, Michigan, developed dissertation titled "Patients perception of Professional Nursing Care" with instrument to measure patient satisfaction using concept of perception from King's Theory.	1997-1998
Speaker, Research & Theory Conference, Malmo, Sweden	1996
Speaker, Research and Theory Conference, Tokyo and Osaka, Japan	1995

External dissertation committee member doctoral student at Wayne State University, Detroit, MI derived a theory of power for Nursing administration based on the concept of power in my Social System framework	1995
External dissertation committee member doctoral student at Wayne State University, Detroit, MI on dissertations in which my theory of goal Attainment was being tested.	1995-1998
Served as a resource person on Doctoral dissertations where doctoral Students are deriving nursing theories from my Conceptul System.	1995-1998
Speaker, research and Theory Conference, Canada	1993
Speaker, Research and Theory Conference, Tokyo, Japan	1991
Consultant, A Study of Goal Attainment in Multiple VA Hospitals in Florida by V. Nodhturft in Cardiovascular	1989-1990
Presented Concept Development and Validation as a measurement Project to build knowledge for nursing, March, San Diego, sponsored by University of Maryland	1988
Poster Presentation, Concept Validation Project, Sigma Theta Tau, Region & Conference, Tampa, Florida	1987
Presented Research Symposium on Pain, Sigma Theta Tau Biennial Convention, San Francisco	1987
Presented paper at Sigma Theta Tau Biennial Convention San Francisco, Titled: Theory in Nursing Science: Domain Definition	1987
Consultant, Pain Study, Tampa General Hospital	1987-1989
Submitted proposal to Division of Nursing, Special Projects titled "Concept Validation in Nursing" Approved for funding	1986
Chairperson, Committee for Conference for Faculty in Florida, "Concept Validation through Nursing Research"	1985
Submitted Research Grant Proposal to the Division of Nursing, Washington, D.C., Body Temperature	1985

Submitted proposal to Charitable Trust District V, Florida Nurses Association, Miami and funds granted to conduct conference on Concept Validation	1985-1987
Presented Body Temperature Study – Annual Research Conference, University of Arizona, Tucson	1984
Presented Body Temperature Study, Sigma Theta Tau luncheon, Florida Nurses Association Convention, Jacksonville, Florida	1984
Speaker at Tampa VA, research conference on a Theoretical Framework for Research	1984
Member, Florida Nursing Research Network to test hypotheses generated from my theory of goal attainment	1984
Consultant for study of goal attainment, Dr. Marchette, Mt. Sinai Medical Center, Miami	1984-1985
Invited to consult with director and nurses at Polk Community Health Department in Winter Haven to continue their program of research.	1984-1985
Chairperson, Research Team II, College of Nursing, USF to test hypotheses in King’s theory in several areas of clinical practice.	1984-1987
Designed a modified replication of a Body Temperature study with Research Team I.	1984-1986
Designed a study to test Goal Attainment theory with four faculty Members, Research Team II and submitted to Federal Government for outside funding	1984-1986
Chairperson, Research Team I, University of South Florida, College Of Nursing, study of Circadian Rhythms-Body Temperature completed and submitted for publication.	1983-1984
Consultant to study “Effects of King’s Goal Attainment Theory” in nursing care of elderly in two VA hospitals.	1983-1987
Designed a study to develop a functional ability assessment tool and a goal attainment measurement tool as part of continuing education at the University of Maryland.	1983-1985

Have consulted with G. Nodturf, VA, and served as consultant to her research to test hypotheses generated from my theory of goal attainment.	1983-1985
Consultant, doctoral and master students relative to their research to test King's theory of goal attainment	1982-2000
Member, Doctoral Committee, University of South Florida, College of Education (2 Dissertations)	1982-2000
Chairperson, Committee on Research, USF, Worked with committee to sponsor First Annual Research Conference College of Nursing	1981-1983
Appointed to the Research Council of the University of South Florida. Vice Chairperson (elected)	1981-1984
Member Research Committee, nurses at VA Hospital, Tampa, Florida	1980-1990
Member, Doctoral Committee, University of Iowa, College of Education	1980-1982
Member, Doctoral Committee, University of Iowa, College of Education	1980-1984
Consulted with Nurses in the Tampa Bay community about their research ideas.	1980-1990
Member, Institutional Review Board, University of South Florida, Tampa	1980-1984
Conducted a National Survey of Philosophies of Nursing Education in the United States.	1979
Conducted a study "The Effects of Structured and Unstructured Preoperative Teaching"	1979-1980
Chairperson and member of master's thesis committee, Loyola University of Chicago, University of South Florida	1979-1980
Member, Advisory Committee, Nurse faculty Research Development in the Midwest, CIC, Dr. Werley, Project Director	1978-1980
Member, Committee on Long Range Planning for Research, Loyola University Medical Center, Chicago, Illinois	1977-1978
Appointed Coordinator for Research in Clinical Nursing, Loyola University Medical Center, Maywood, Illinois	1977-1980

Member, Health Status Assessment research Group, University of Illinois, College of Nursing, Doctoral Program Expansion Grant	1977-1980
Conducted exploratory study to describe the transaction process in King's theory of goal attainment	1975-1977
Appointed member, Institutional Review Board for protection of rights of human subjects in research, Loyola University Medical Center	1974-1979
Conducted a study to further explore methods and techniques for data collection and data reduction in testing King's theory of Goal Attainment	1973
Member of Interdisciplinary Team to conduct and report on research in aging.	1973-1974
Conduct a feasibility study to determine if my theory for nursing was testable as defined.	1972
A method to study the transaction Process in the theory of Goal Attainment	1971
Principal Investigator, Faculty Research Development Grant and General Research Support Grant, Ohio State University, Columbus, Ohio	1969-1972
Member, PhD. Candidates and as reader on PhD. Committees The Ohio State University (education and systems research)	1969-1972
Major advisor and member of thesis committee for master degree candidates and member of doctoral committees, Ohio State University, Loyola University of Chicago, University of Iowa, University of South Florida	1969-1990
Member of Interdisciplinary team in adaptive systems studying health care systems, The Ohio State University	1969-1972

PUBLICATION

King, I. M. (007) Twenty-First Century: King Structure, Process, Outcome

Frey, Maureen, Sieloff, Christine (eds) (2007) King's Conceptual System & Middle Range Theory Development

- King, I. M. (2006) A systems Approach in Nursing Administration, *Nursing Administration Quarterly*. Vol. 30 No. 2 April-June, pp. 100-104
- King, I.M. (2003) Assessment of Functional Abilities and goal Attainment Scales: A Criterion Referenced measure. P. 3-20. In Strickland, O., Dilorio, C.(eds) *Measurement of Nursing Outcomes. Client Outcomes and Quality of care.* Vol. 2 Springer Pub. Co. N.Y.
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- King, I.M. (2001) The Nurse Theorists: 20st Century Updates
Fawcett, J., Scholarly Dialogue. *Nursing Science Quarterly*, Vol 14, No 4, 311-315.
- King, I.M. (2000) Evidence-based Nursing Practice. *Theoria: The Journal of Nursing Theories.* May. Malmö, Sweden. Swedish Society for Theories in Nursing Practice, Education, & Research.
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- King, I. M. (1996). The theory of goal attainment in research and practice. *Nursing Science Quarterly,* 9 (2), 61-66.
- Frey, M. & Sieloff, C. (1995) (eds). *Advancing King's Systems Framework and Theory of Nursing.* Thousand Oaks, CA: Sage Publication. Chapter 2. Imogene M. King Systems Framework for Nursing, p. 14-22. Chapter 3. Imogene M. King. The Theory of Goal Attainment, p. 23-32.

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LECTURES, SPEECHES, WORKSHOPS, SEMINARS

- 2000-2006 Invited to present my Theory of Goal Attainment, St. Petersburg College Department of Nursing, St. Petersburg FL.
- 2000-2006 Invited to present my Theory of Goal Attainment, University of Tampa, Department of Nursing, Tampa FL
- May 2000 Invited to Keynote Sigma Theta Tau Research Conference: Title: Nursing/Sigma Theta Tau – Past, Present, Future, Florida State University, School of Nursing, Tallahassee, FL
- April 2000 Invited to Keynote the Isabel Stewart Research Day, Teachers College, Columbia University, NY. Title: Nursing research in The 21st Century.
- March 2000 Invited Keynote speaker: Sigma Theta Tau International Theta Epsilon Chapter, Orlando, FL. Research day. Title: Evidence Based nursing practice.
- February 2000 Invited Keynote speaker at Student Nurses Day to discuss “Nursing-Past, Present and Future, also King’s Theory of Goal Attainment.” Pasco-Hernando Community College.
- April 1999 Invited Keynote speaker, Sigma Theta Tau International Induction, University of San Francisco, San Francisco, CA.
- May 1999 Invited to present a Commentary on a presentation at the Philosophy of Nursing Science Conference, University of Alberta, Canada.
- June 1999 Invited by colleagues to present my theory in a symposium in London, England. About King’s Nursing Theory, Research, Practice at the ICN.
- September 1999 Discussed my Theory of Goal Attainment, testing in research At the University of Central Florida, Orlando, FL. Students and Faculty.
- October 1999 Keynote: First Educ. Conference of the King International Nursing Group. Troy, MI. King’s Conceptual System.
- October 1999 Keynote: Southeastern Psychiatric Clinical Nurse Specialists Annual meeting, Orlando, FL. Title: Body, Mind, Soul.

- October 1999 Keynote: Florida nursing Student Association annual convention, St. Petersburg, FL. Title: High Tech, High Touch: Nursing in the new millennium.
- October 1999 Keynote: Ethics Conference, Loyola University, Chicago, IL. Title: Discovery, Controversy, Self-Actualization.
- December 1999 Invited to speak on “Implementing a Research Program in a large Medical Center”, Department of Nursing, Clearwater, FL. Serve as a local consultant.
- May 1998 Keynote speech, District 21, Nursing and the Future. Ft. Lauderdale, FL.
- 1997-2006 Invited to present my Theory of Goal Attainment, University of Tampa, Tampa, FL.
- October 1997 Invited to speak on Nursing and Health Care in the Twenty-First Century as the keynote for the Idaho Nurses Association Convention.
- September 1997 Invited to speak on “Nursing’s vision for the future” at the AORN Convention in Sarasota, FL.
- October 1997 Invited to present A Theoretical Basis for Nursing Informatics at the International Nursing Informatics Conference, Stockholm, Sweden.
- July 1997 Invited to discuss “What is the theoretical basis for Nursing Informatics,” University of Maryland. Summer Institute on Nursing Informatics. A Reception was given for me to meet Faculty and students at the University on one of the evenings of the conference.
- May 1997 Invited to present the Induction Speech at the University of Miami, Sigma Theta Tau Chapter.
- May 1997 Invited to speak on nursing and the future in health care at District V FNA, Nurses Week luncheon.
- May 1997 Invited to give the Convocation Address at the Barry University Miami Shores, Graduate and Undergraduate nursing students.
- April 1997 Research presented to University of Rochester, New York on

- April 1997 Nurse-Patient Interactions leading to Transactions. Colloquium on Testing Theories for Nursing. University of Arizona, Tucson.
- September 1996 Keynote address. Florida Nurses Association Convention, Orlando, Florida.
- May 1996 Invited to present my theory of goal attainment at International Theory Convention. Malmö, Sweden.
- June 1996 Invited to present a 50 minute speech at the American Nurses Association, celebrating the 100th Anniversary. Title: Nursing & Health Care in the 21st Century. This was part of receiving the Jessie M. Scott Award.
- July-August 1995 Invited to present my Conceptual System and Theory of Goal Attainment and studies related to testing the theory in research and theory-based practice in health care settings in Tokyo and Osaka, Japan.
- May 1995 Consultant to nurses at Ft. Wayne General Hospital, Ft. Wayne Indiana. Implement my theory of goal attainment in practice.
- April 1995 Invited to give the speech at a Sigma Theta Tau Induction dinner. Clemson University, Clemson, South Carolina.
- December 1994-96 Invited to teach the Nursing Theory course in a new Master of Science in Nursing Program. University of Tampa, Tampa, FL.
- December 1994 Invited to present my Conceptual System & Theory of Goal Attainment at a Symposium, Loyola University of Chicago School of Nursing.
- August 1993 Consultant to nurses at Morristown, NJ. Morristown Memorial Hospital, to discuss the use of my theory in nursing practice.
- June 1993 Speaker in a Symposium at the International Research Conference, Sigma Theta Tau International. Madrid, Spain. The symposium Included nurses from Sweden, Japan, and the United States and was peer reviewed.
- May 1993 Consultant on implementation of theory-based practice, Bay Center Hospital, Bay City, MI.

- March 1993 Invited as a consultant to Hamilton Hospitals. Hamilton, Ontario, Canada, to discuss ways to implement knowledge of the concepts of my framework and theory to demonstrate theory-based practice.
- March 1993 Invited to discuss my theory of goal attainment at an International Nursing Theory Conference. Toronto, Canada
- May 1992 Invited to present my theory of goal attainment at West College of Georgia., Carrollton, GA.
- May 1992 Invited to give Commencement Speech. University of Tampa, Dept. of Nursing. Title: Another Goal Achieved.
- May 1992 Invited to discuss implementation of Theory-based practice using my theory of goal attainment. Winter Haven Hospital, Wilkes-Barre, PA.
- April 1992 Invited to give keynote speech as an update on Nursing Theory at Sigma Theta Tau conference & discuss my theory. Wilkes-Barre, PA.
- March 1992 Invited to give keynote speech as an update on Nursing Theory at Sigma Theta Tau conference & discuss my theory. Pittsburgh, PA.
- March 1992 Invited to present Research: Past, Present and Future. Sponsored By three Sigma Theta Tau Chapters. Valdosta, GA.
- December 1991-
January 1993 Continuous consultation with nurses at the Tampa General Hospital. Tampa, FL., to implement into practice the concepts of my theory of Goal Attainment.
- July 1991 Invited to present my Conceptual System and General System Theory of Goal Attainment to Japanese nurses at an International Nursing Theory Conference, Tokyo, Japan.
- May 1991 Invited to present my theory and its use in guiding practice for nurses at Bay Medical Center Hospital, Hudson, FL.
- April 1991 Invited to give the induction speech at Barry University, Miami, FL. (Sigma Theta Tau).

- March 1991 Invited to be the keynote speaker at the Sigma Theta Tau Chapter in Erie, PA., Titled: Application of King's Theory to Nursing Practice.
- January 1991 Attended presentation of awards for participation in a study of goal attainment at VA Hospital, Lake City, FL.
- February 1990 Invited to consult with nurses at Borgess Medical Center, Kalamazoo, MI. where they were implementing theory-based practice using my theory of goal attainment.
- February 1990 Invited to give the Summary at the Ninth Annual Research Conference. USF Studies in Abuse and Violence. Tampa, FL.
- February 1990 Invited to give the Summary at the Ninth Annual Research Conference. USF Studies in Abuse and Violence. Tampa,FL.
- March 1990 Invited to give the keynote speech at a Sigma Theta Tau Research conference in Hershey, PA.
- April 1990 Invited to give the Induction speech at Sigma Theta Tau Chapter. Orlando, FL.
- April 1990 Presented speech titled Transactions: The Key to healthy family dynamics at the 2nd Annual Conference on Family Health. USF College of Nursing, Tampa, FL.
- May 1990 Invited to give the speech at the Nurses Day celebration during Nurses Week at Tampa General Hospital. Tampa,FL. Title: Together in Caring.
- June1990 Elected delegate from Florida Nurses Association to American Nurses Association. Annual meeting – Boston, MA.
- July 1990 Invited to conduct a two-day seminar on theory and its use in Research and practice. Wayne State University. Detroit, MI.
- July 1990 Invited to give the annual lecture at St. Joseph's Center. Atlanta.
- September 1990 Invited to give keynote speech at the VA Research Conference. Lake City, FL.

- September 1990 Invited to give a speech at the Council of Nursing Research. Florida Nurses Association. Conference titled: Enhancing Nursing Research Visibility.
- October 1990 Invited to conduct a 1-day conference for nurse in Sedona, AZ., on theory-based Quality Assurance in Nursing.
- October 1990 Invited to conduct a 2-day seminar at the University of Tennessee. College of Nursing on Theory. Research. Nursing Science and my Theory of Goal Attainment.
- 1990-1997 Invited to present my Theory of Goal Attainment, USF College of Nursing, Tampa, FL., to Master students.
- November 1990 Invited to be the dinner speaker at the Florida Nurses Association, District 7. Ft. Myers on the relationship of theory, research and nursing practice.
- April 1989 Consultant, Curriculum and Instruction, Nurse Educators North Carolina, Department of Community Colleges.
- April 1989 Invited to present my theory at a theory conference. Cedars Sinai, Department of Nursing Education, Miami, Florida.
- April 1989 Invited to participate in a Philosophy of Science in Nursing Conference, Banff, Canada, sponsored by the University of Calgary. Only 40 nurses in North America.
- May 1989 Invited speech for Nurses Week, Tampa VA Hospital. Title: Nursing in the 21st Century.
- May 1989 Invited speaker at an International Theory Conference. Pittsburgh, PA. Title: Health as the Goal for Nursing.
- May 1989 Invited to give the commencement address. Bethel College of Nursing, Mishawaka, Indiana.
- October 1989 Invited to give the fifth Annual Kirkhof Scholar presentation at Grant Valley State University, Grand Rapids, MI.
- November 1989 Invited to conduct theory and research seminars for two days at the University of Alberta, Edmonton, Canada, with beginning doctoral students. Invited to speak on quality assurance at an evening meeting of nurses. Invited to speak on Research in clinical nursing at the Alexandra Hospital, Edmonton, Canada.

- November 1989 Invited to speak at the 3th District FNA dinner titled: Humor in Nursing. St. Petersburg, Florida.
- November 1989 Invited to speak on Theory: What it is and What it is not: Biennial Convention of Sigma Theta Tau International. Indianapolis, IN.
- March 1988 Presented methods of measurement used in the Concept Validation Project, USF College of Nursing, San Diego, CA.
- March 1988 Invited to present my conceptual framework and theory of goal attainment and its use in Community Health Nursing in Florida, CASE (consultants, administrators and educators in Community Health Nursing in Florida) annual conference, Orlando, FL.
- February 1988 Presented two hour conference on King's Theory of Goal Attainment and a study to test hypothesis in Rehabilitation Nursing, Tampa General Hospital, Rehab Center.
- January 1988 Presented two hour conference on research Related to Pain Management, Tampa General Hospital.
- January 1988 Consultant in Curriculum for faculty, Niagara University, Niagara, New York.
- 1988-1992 Consultant, Task Force to implement King's Theory at Tampa General.
- April 1988 Consultant, Savannah, GA., Candler Hospital, Dept. of Nursing, to work with them to use my theory in nursing practice.
- May 1988 Invited to present my theory of goal attainment, Puerto Rico Nurses Association, Mayaguez, PR. Also presented one half day Conference on Ethical Issues.
- May 1988 Member, Panel Discussion on Ethics and Euthanasia, St. Petersburg Archdiocese Conference, St. Petersburg, FL.
- May 1988 Invited to speak on Pain at the Tampa General Hospital, Pain Management Conference.

- May 1988 Presented overview of my theory prior to a nurse's Presentation of a study that tested the theory. Conference on Aging. Tampa, Florida.
- June 1988 Moderator for District IV, Program on Change.
- August 1988 Presented a new idea for use of my theory at the International Theory Congress, Toronto, Canada. Titled: King's Theory-based Quality Assurance Program.
- October 1988 Keynote address titled: Research: The Basis for Excellence in Nursing, West Virginia Nurses Association Research Symposium.
- November 1988 Two-day videotape of me as a theorist supported by Helene Fuld Foundation. A national project.
- December 1987-1989 Consultant, Sunnybrook Medical Center University of Toronto, Canada. Implement King's Theory of Goal Attainment in practice.
- November 1987 Presented research on Concept Validation of Pain, Sigma Theta Tau, Biennial Convention, San Francisco. Presented Speech titled: Nursing Theory: Domain Definition, Sigma Tau, Biennial Convention, San Francisco, CA.
- May 1987 Presentation of an update of my theory at an International Theory Conference, Pittsburgh, PA.
- May 1987 Member Panel, American Cancer Society, Florida Chapter, Clearwater, Ethics and Informed Consent.
- May 1987 Keynote, Nurses Week Program, Patient Education from a Patient Perspective, VA Hospital, Bay Pines, FL.
- April 1987 Consultant in Curriculum, Palm beach Community College, Department of Nursing, Lake Worth, FL.
- March 1987 Invited and presented my Goal Attainment Scale at the University of Maryland National Measurement program.
- March 1987 Keynote speech my theory at the Second Annual Conference on Psychiatric-Mental Health Nursing, Cornell Medical Center, White Plains, NY, Westchester Division.

- January 1987-1988 Research Consultant, Shriners' Hospital, Tampa, FL.
- 1986-2007 Member Advisory Committee, University of Tampa
- August 1986 Presented my theory of Goal Attainment at an International Theory Conference, Toronto, Canada.
- September 1986 Invited to discuss research in nursing at District V, FNA, Miami, Florida.
- October 1986 Invited and presented The Impact of My Theory on Nursing Diagnosis and Decision Making in Clinical Practice, Vancouver, Canada.
- April 1986 Consultant, Sunnybrook Medical Center. University of Toronto Department of Nursing, Toronto, Canada. Implement King's theory in practice.
- April 1986 Consultant, Nursing Service Department, York Central Hospital, Toronto, Canada.
- April 1986 Presented my theory and member of Panel Nursing Educators of Dayton, Dayton, Ohio.
- April 1986 Consultant, Curriculum, University of Tennessee, Chattanooga, Tennessee.
- March 1986 Presented my theory as a Continuing Education Program. Suncoast Heart Association, Pinellas County, Florida.
- February 1986-1987 Member, planning committee and participant in Communication With Patients Conference sponsored by USF Medical Center
- November 1985 Invited to conduct a curriculum workshop, Eastern Area Health Education, Greenville, North Carolina
- October 1985 Project Director and presenter, USF, College of Nursing, Concept Validation Project.
- October 1985 Invited to present Keynote for Missouri Nurses Association Convention, Hannibal, MO.

- September 1985 Panel member, Program on Ethics, FNA Convention, Miami, FL.
- September 1985-1988 Consultant and lecturer, University of Miami, School of Nursing, Miami Doctoral Program in Nursing.
- June 1985 Invited to present my instrument to measure goal Attainment Theory, National Conference on Measurement in Nursing, New Orleans, sponsored by University of Maryland.
- May 1985 Invited to present my Theory of Goal Attainment at a National Conference in Pittsburgh, PA.
- December 1984 Invited to be the Commencement dinner speaker, USF STUDENTS, Bayboro Campus.
- November 1984 Continuing Education for Faculty, Hillsborough Community College, Tampa, FL. Philosophy of Nursing Education and Curriculum in ADN programs.
- September 1984 Invited to present Body Temperature Study, University of Arizona, Tucson Annual Research Conference.
- October 1984 Invited to present the keynote speech, Florida Nursing Student Association, Orlando, FL. "Leadership in Professional Nursing".
- October 1984 Invited to present Body Temperature Study, Sigma Theta Tau Luncheon, Florida Nurses Association Convention, Jacksonville, Florida.
- May 1984 Invited to present my theory and its application to practice, education and research at the International Theory Conference in Edmonton, Canada.
- May 1984 Invited to present my Systems Conceptual Framework and Public Policy Issues in Nursing at a program sponsored by the University of Florida, Jacksonville.
- May 1984 Invited to present my theory and its usefulness in practice, education and research in Community Health Nursing sponsored by the Department of Public Health, University of North Carolina, Chapel Hill, NC.
- April 1984 Invited to give the speech at the University of Miami, Sigma Theta Tau Annual Induction dinner.

- March 1984 Presented a speech on evaluation as part of a workshop sponsored by USF, College of Nursing and Women's Hospital, Tampa, FL.
- March 1984 Invited to conduct a workshop on the use of my Goal Oriented Nursing record in Rehabilitation nursing for Rehabilitation Nurses, Houston, Texas. Houston, Texas.
- March 1984 Invited to present my Theory of Goal Attainment as a basis for measuring effectiveness of nursing care using my GONR at EPIC, FL. Nurse Association, Orlando.
- February 1984 Participated at the University of Maryland in a two year measurement project to culminate in a measurement tool to use in research to study my theory of goal attainment.
- February 1984 Participated on a Panel Discussion on the Image of Nursing, Sigma Theta Tau; Delta Beta Chapter, Tampa.
- January 1984 Panel member to discuss Graduate Education in Nursing, District 20, Sarasota, on a program titled Career Planning.
- June 1983 Invited to speak on the Application of my Theory of Goal Attainment in the care of patients with end stage renal disease. AANNT Convention, Philadelphia.
- April 1983 Invited to present my Theory of Goal Attainment at EPIC. Continuing Education Program, Florida Nurses Association.
- April 1983 Invited to speak as a panel member on Ethical Issues in Nursing at EPIC, Florida Nurses Association.
- March 1983 Invited to give the Keynote address at the First Annual Sigma Theta Tau Research Conference in Chicago titled: Research in Nursing: Past, Present and Future.
- March 1983 Invited to deliver the Keynote address at the Florida International University Research Symposium, Miami, Florida, titled Research in Clinical Nursing.
- March 1983 Invited to teach class at the University of West Florida on theories in nursing with emphasis on my theory of goal attainment. Also, consulted with faculty on Research.
- February 1983 Invited to teach the first two classes in a Management in Nursing course sponsored by Tampa VA Hospital. Content included Roles and Functions of Managers; a concept of organization and decision making process in health care systems.

- January 1983 Invited to present my Philosophy of Nursing Education Study at the First National Conference on Research in Nursing Education, San Francisco.
- 1982 Invited to speak to undergraduate students at the Ft. Myers and Sarasota campuses on Historical Perspectives in Nursing Research.
- December 1982 Invited to speak on Patient Education: Barriers and Gateways, VA Hospital, Regional Conference, Tampa, Florida.
- November 1982 Invited to speak at a two hour continuing education program for head nurses and staff nurses on The History and Development of Nursing Diagnosis movement. VA Hospital, Tampa, FL.
- October 1982 Invited to speak at the Wisconsin Nurses Association Clinical Sessions on issues in the Nursing diagnosis Movement.
- June 1982 Invited to present the preoperative teaching study at EPIC, Florida Nurses Association Continuing Education program. Lake Buena Vista, Florida.
- May 1982 Invited to discuss implementation of my theory of goal attainment in the hospital. Winter Haven Hospital, Winter Haven, FL.
- May 1982 Invited to be commencement speaker. University of Tampa, Department of Nursing, Tampa, FL. Titled: Another Goal Achieved.
- May 1982 Invited to present my theory of Goal Attainment at West College of Georgia, Carrollton, GA.
- April 1982 Invited to give keynote speech. Update on Nursing Theory and present my theory at a Sigma Theta Tau Conference. Wilkes-Barre, PA.
- March 1982 Invited to present the Research Process: Past, Present and Future. Valdosta, GA. Sponsored by three Sigma Theta Tau Chapters.
- March 1982 Invited to give the keynote speech titled: Update on Nursing Theory. Sigma Theta Tau, Pittsburgh, PA., and present my theory.
- 1981 Invited to conduct a three hour program on Philosophy of Nursing Education for faculty at Hillsborough Community College, Tampa, Florida.

- December 1981 Invited to present “A conceptual framework for designing a Program for Patient Education”, VA Hospital Conference for the Southern Region.
- September 1981 Invited to present “A theoretical framework for nursing research” at the Research Conference, VA Hospital, Tampa, FL.
- February 1981 Invited to speak on Nursing Research, 4th District FNA Tampa, Florida.
- February 1981 Invited to conduct a 1-day workshop on Critical Issues in Nursing Education, Manatee Junior College, Florida
- February 1981 Invited to speak at the First Meeting of the Nursing Student Association of Sarasota, University of South Florida
- April 1981 Invited to give the keynote speech at the First Research Day, University of Evansville, Evansville, Indiana.
- April 1981 Invited to conduct seminar with faculty on Concept development and testing, University of Kansas, Kansas City, Kansas.
- December 1980 Invited to conduct a workshop for Nurse Education Association, Tampa, Florida.
- November 1980 Invited to present “The Effects of Structured and Unstructured Pre-operative Teaching, Illinois Nurses Association Continuing Education meeting, Chicago, IL.
- May 1980 Invited to present my theory at Wright State University, Dayton, Ohio.
- April 1980 Invited to present a panel discussion: theory development: myths or reality. Midwest Research Conference, Kansas City, Kansas.
- April 1980 Member of a Theory Group in the National Nursing Diagnosis Movement to develop conceptual framework for the 4th National Nursing Diagnosis Movement, St. Louis, MO.
- April 1980 Invited to present my theory at Medical College of Georgia, Augusta, GA and Georgia State University, Atlanta, GA.
- April 1980 Invited to present my theory at Sigma Theta Tau dinner, Wayne State University, Detroit, Michigan.

- March 1980 Invited to present my theory in a one day conference at St. Xavier's College, Chicago, Illinois.
- March 1980 Invited to present my theory at George Mason University, Fairfax, VA. And Medical College of Virginia, Richmond, VA.
- March 1980 Invited to present my theory at Louisiana State University, New Orleans, LA.
- October 1979 Invited as a consultant in roles and relationships of clinical Specialists in nursing services, Cardinal Glennon Hospital for Children, St. Louis, Missouri.
- October 1979 Invited to conduct seminar with graduate students and faculty at the Michigan State University, East Lansing, Michigan on my model of transactions and its application to nursing.
- October 1979 Invited to conduct a seminar on my theory of goal attainment and model of transactions for master's and doctoral students at Rush-Presbyterian College of Nursing, Chicago, Illinois.
- November 1979 Invited to present my preoperative teaching study at the Sigma Theta Tau annual meeting at Loyola University of Chicago.
- September 1979 Invited to present a preoperative teaching study at the 7th Annual Research Conference, University of Arizona, Tucson.
- September 1979 Invited to discuss theory and its use in community health nursing at the Ohio Nurses Association Convention, Community Health Nurses Section.
- April 1979 Invited to serve on a doctoral committee in the College of Education at the University of Iowa, Iowa City, Iowa.
- 1978-1980 Invited to serve on a doctoral committee at Loyola University and to provide a minor field of study in theories in nursing.
- December 1978 Invited to speak on my theoretical formulations about nursing at the Second Annual Nurse Educator Conference, New York and show application to nursing education, research and practice.
- November 1978 Invited as a panelist to the Eastern Ethics in Nursing group to discuss "Telling the Truth to Patients", Farmington, Connecticut.

- October 1978 Invited to speak at a workshop titled: Nursing Strategy 1978, about “On the Job as Alderman”. Chicago District, Illinois Nursing Association, Chicago, Illinois.
- October 1978 Conducted a workshop for staff nurses on Ethical Problems Confronting Nurses, Resurrection Hospital, Chicago, Illinois
- August 1978 Invited to consult with graduate faculty and speak with students about theory at the University of New Mexico College of Nursing, Albuquerque.
- April 1978 “Clinical Nursing Research.” Keynote speech to Vanderbilt University for Sigma Theta Tau, Clinical Research Day.
- May 1978 Conducted a workshop on Ethical Considerations in Nursing, Chicago District, Illinois Nurses’ Association.
- March 1978 Conducted annual Sigma theta Tau Research Conference University of Texas, Houston; also speech on “Theory Development.”
- October 1977 Theory Development in Nursing. Speech at 2-day workshop sponsored by National League for Nursing, Kansas City, Missouri.
- October 1977 Speaker and leader in workshop by National League for Nursing, Curriculum in Baccalaureate Programs, Chicago, Illinois.
- September 1977 Invited to The University of Iowa, Iowa City, to conduct a seminar for graduate students in Perspectives in Nursing with historian in nursing, Dr. Teresa Christy, and to speak at the Alumni Day on “A Theory for Nursing Practice.”
- June 1977 “Advanced Nursing Education at the Master’s Level: The Need for Nurse Competence.” Panel participant in Special Interest Session at the International Council of Nurses, Tokyo, Japan. Also “Environmental and Technological Changes: Their Impact on Nursing with Emphasis on Hospital Infections and Occupational Health.”
- June 1977 Participant in one-week course in Bioethics sponsored by Kennedy Institute and Foundation, Georgetown University, Washington, DC.
- June 1977 Participant in 3-day workshop on Nursing Information Systems Sponsored by University of Illinois, College of Nursing.

- May 1977 Presented pilot study findings of nurse-patient interactions leading to transactions and participant in the Great Scholar Series at the University of Illinois, Chicago.
- April 1977 Research Presented to University of Rochester, New York on Nurse-Patient Interactions leading to Transactions.
- April 1977 Colloquium on Testing Theories for Nursing. University of Arizona, Tucson.
- April 1977 Discussion of my theory and the way it is being tested in nursing Marquette University, Milwaukee, Wisconsin.
- April 1977 Guest at University of Texas, San Antonio of graduate students, faculty, and dean to participate in graduate student seminar in which the students discussed the use of my nursing process theory in Maternity Nursing.
- March 1977 Speaker, Chicago Heart Association, 2-day workshop on Research in Cardiovascular Nursing Research.
- January 1977 “Protection of Human Rights – Nurses’ Responsibility.” Speech at Second District Nurses Association, Aurora, Illinois.
- January 1977 Consultant and speaker, Conceptual frameworks for curriculum development, Viterbo College, LaCrosse, Wisconsin.
- December 1976 Discussion of my clinical nursing research on testing one construct in my nursing theory. Niagara University College of Nursing, Niagara University, New York.
- October 1976 “Do Nurses Want to be Accountable.” Speech at Veterans Administration Hospital 50th Anniversary, N. Chicago, Illinois.
- June 1976 Delegate, American Nurses Association Convention from Illinois Nurses Association, Atlantic City, New Jersey.
- March 1976 Co-Chair, presented task Force Recommendations to Board of Directors Illinois Nurses Association.
- March 1976 Panel on “Ethical Issues in Protection of Human rights.” Member of panel, Regional Conference, Chicago, Illinois; sponsored by Region V, HEW, and Northern Illinois University.
- January 1976 Member, Subcommittee Nursing Research. Chicago Heart Association.

- January 1976 “Use of Conceptual Framework to Develop Curriculums in Nursing.” Curriculum workshop presented at Loyola University School of Nursing. Chicago.
- October 1975 “Curriculum Revision and the Use of King’s Theoretical Framework.” Conducted 3-day workshop at Miami-Dade Community College.
- May 1975 Presented my conceptual framework for curriculum development at Miami-Dade Community College, Department of Nursing.
- July 1975 Invited speech, Theory Development in Nursing, Faculty, University of Illinois, Chicago
- April 1975 Speech on Continuing Education, Communication in Nursing Memorial Hospital of Du Page, Elmhurst, Illinois
- April 1975 “Task Force to revamp INA.” Panel member at Chicago District Annual Meeting.
- March 1975 Speaker Ethics in Nursing for Annual Dinner, 3rd District INA Rockford.
- March 1975 “Nursing Theories-Are They Guiding Practice? King’s Theory Presented.” Panel presentation at Sigma Theta Tau Chapters, University of Maryland, and Catholic University and Georgetown University.
- September 1974 “Research in Clinical Nursing.” Center, Speech at Great Lakes Naval Department of Nursing.
- 1973-1983 Participant in the National Conferences on Classification of Nursing Diagnosis. Sponsored by St. Louis University School of Nursing and Health Professions. Also, member of subcommittee on Theory.
- June 1973 Nursing Process: A systems approach. Speech presented to Director of Nursing Service, University of Wisconsin.
- November 1973 “Nursing theory and Conceptual Frameworks.” Present to EACT Kentucky Nurses Association, Louisville, Kentucky.

- October 1973 “A View of the Nature and Values of Conceptual Frameworks for Nursing Education and Nursing Practice.” Speech at 2-day institute on nursing, Conceptual Frameworks. The Catholic University of America.
- November 1972 “Health Operations Research from the Users Point of View: Its Successes, Failures, Potential for the Future in Patient Care.” Keynote address at semi-annual Operations Research Society of America meeting in Atlantic City.
- April 1972 Consultant, Stanford University, Curriculum Project, San Francisco, CA
- April 1972 “Systems Approach and use of a General Systems theory to Develop Undergraduate Education Programs for nursing.” Seminar conducted at Dalhousie University, Nova Scotia.
- March 1972 Speaker, Continuing Education, Theory Development University of Connecticut
- March 1972 “Health Care Systems-Nursing Sub-Systems.” Paper presented at workshop on Systems Research in Nursing. Wayne State University Center for Nursing Research.
- March 1972 University of Michigan, Symposium on Theory Development
- March 1972 Fifth Annual Clinical Conference Brecksville, Ohio. Keynote Speaker, Above the earth & Beneath the Sea: Concept of Time, Space, Change, and Relevance to Nursing.
- January 1969 “Interrelationship of Theory and Practice in Clinical Nursing” A major presentation also served as resource person at the Sixth Annual Graduate Symposium, University of North Carolina, Chapel Hill.
- 1969-1971 Participant in a conference on Theory Development for Nursing, University of Kansas School of Nursing, Kansas City, Kansas. Panel member at third meeting of the group. Three publications resulted.
- February 1969 “The Role of Theory-Implications for Nursing Practice.” Keynote address and moderator for symposium at the Walter Reed Army Medical Center, Department of Nursing, Washington, DC.

- February 1969 "Toward a Theory for Nursing." Speech at the Annual Alumni Lecture, The Ohio State University School of Nursing.
- June 1969 Guest Editor: The Nursing Clinics of North American Symposium on Neurological Nursing.
- July-August 1969 Seminar Director to conduct a Research Seminar for nurses in the Western Pacific region in Manila; twenty nurses from thirteen countries attended. Application of Survey Method to Nurse-Manpower studies.
- December 1968 "Challenges for Intellectual Leadership in Nursing." Graduation Address at Wayne State University, Detroit, Michigan.
- October 1968 "An Approach to Theory Development for Nursing." Seminar to Walter Reed Army Institute of Research, Department of Nursing.
- October 1968 "Systems Analysis-implications for Nursing." Paper presented at a seminar for faculty, graduate students and alumni at Adelphi University, Garden City, New York.
- May 1968 Invited speech: "Toward the Future in Nursing Research" Western Interstate Council on Higher Education (WICHEN) Proceedings Were Communicating Research.
- April 1968 Speech titled Trends in Doctoral Programs in Nursing. Southern Region Education Board. Council on Collegiate Education for Nursing.
- 1967 Invited dinner speaker, Rhode Island Nurses Association
- 1965-67 ANA advisory Committee planning for Regional Nursing Conferences.
- 1965 Member, American Nurses Association Advisory Committee to Plan Regional Nursing Conferences.
- June 1965 Participated as faculty at the Interuniversity Conference of the New England Council on Higher Education for Nursing. New England Board of Higher education, Cape Harwichport, Mass.
- July 1965 Television Program "Live and Learn" Speech on Nursing as a Career and answered questions on this half hour program. Chicago, Illinois.

- April 1965 Panel Presentation "Problems encountered in the Master's Program in Nursing to prepare Faculty Members for ADN Programs. American Association of Junior Colleges. Chicago, Illinois.
- March 1965 Invited speech "Who is this Community College Nurse Graduate" Rockland Community College, Suffern, New York.
- February 1965 Invited speech "What has research done for Nursing" Ninth Illinois Congress for Maternal-Child Health, Springfield, Illinois.
- 1964-65 Illinois Associate in Art State Projects Coordinating Committee (elected chair)
- June 1964 Proceedings of the New England Regional Boards of Education, First Interuniversity Work Conference in Higher Education in Nursing. Presented speech titled: Curriculum Development in Baccalaureate Education in Nursing.
- 1964 Member, Panel Discussion Associate Degree Nursing Programs in Illinois at Biennial Convention, Illinois Nurses Association
- 1964 Speech "Associate Degree Nursing Programs" Loyola University School of Nursing Alumni
- 1964-65 Member, Resource person, Planning Committee for the First Associated Degree Nurses Workshop relative to the State of Illinois Project.
- April 1963 Interviewed by Lee Phillips, Channel 2, Chicago, IL 12:15p.m., Subject: Nursing Bill in the State Legislative Session
- March 1963 Taped radio interview about Legislation on the Nursing Bill in the State Legislature in Illinois
- January 1963 Appointed to Committee on Legislation, Illinois Nurses Association
- 1963 Group Leader for National League for Nursing, Department of Baccalaureate and Higher Degree meeting, Chicago
- 1963-1966 Member, Coordinating and Advisory Committee of the Office of Superintendent of Public Instruction, State-wide Project, "Illinois Associate in Arts in Nursing"

- October 1962 Appointed to Illinois League for Nursing, Committee on Associate Degree Nursing Program Illinois Nurses Association
- October 1962 Speaker at the Baccalaureate Student Association meeting
- November 1962 Member, Panel “Refresher Course for Nursing,” Chicago Council on Community Nursing.
- 1962 Speech “Patterns in Nursing Education Today” Occupational Health Nurses Section, First District Illinois Nurses Association
- 1961 Speech at Illinois Nurses Association First District “Junior College Nursing Movement in the United states”
- 1958-1959 Director of Education, Chair, Curriculum committee, Little Company of Mary School of Nursing, Chicago, Illinois
- 1948-1958 Instructor, Medical-Surgical Nursing, and Associate Director Nursing, St. John’s Hospital School of Nursing, St. Louis, MO
- 1945-1948 Private Duty Nursing, St. John’s Hospital, St. Louis

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