



Social entrepreneurship in nursing in the light of Imogene King's Theory of Goal Attainment

Empreendedorismo social na enfermagem à luz da Teoria do Alcance de Metas de Imogene King

Emprendimiento social en la enfermería a la luz de la Teoría del Logro de Metas de Imogene King

Matheus Moraes Silva¹

Sandra Milena Aponte Franco¹

Alacoque Lorenzini Erdmann¹

1. Universidade Federal de Santa Catarina,
Programa de Pós-Graduação em Enfermagem.
Florianópolis, SC, Brasil.

ABSTRACT

Objective: to reflect on social entrepreneurship as a transformative practice in nursing care, in the light of Imogene King's Theory of Goal Attainment. **Method:** this is a theoretical-reflective study. **Results:** the reflection resulted in two analytical axes. The first presents an approximation of the Theory of Goal Attainment and its personal, interpersonal, and social systems. The second addresses the integration of this theory with social entrepreneurship in nursing, highlighting the nurse's role as an interaction mediator and promoter of transformative care practices. Finally, a conceptual model developed from the Theory of Goal Attainment and reinterpreted in light of social entrepreneurship in nursing is presented. **Final considerations and implications for practice:** the articulation between King's Theory and social entrepreneurship broadens the understanding of care as a relational, intentional, and socially transformative practice. The proposed conceptual model strengthens nurses' professional autonomy and supports entrepreneurial practices grounded in nursing theories, with potential application in education, the health system, and innovation in care.

Keywords: Nursing Care; Entrepreneurship; Nursing; Role of the Nursing Professional; Nursing Theory.

RESUMO

Objetivo: refletir sobre o empreendedorismo social como prática transformadora do cuidado em enfermagem, à luz da Teoria do Alcance de Metas de Imogene King. **Método:** trata-se de um estudo teórico-reflexivo. **Resultados:** a reflexão deu origem a dois eixos analíticos. O primeiro apresenta uma aproximação da Teoria do Alcance de Metas e de seus sistemas pessoal, interpessoal e social. O segundo diz respeito à integração dessa teoria com o empreendedorismo social na enfermagem, destacando o papel do enfermeiro como mediador de interações e promotor de práticas transformadoras do cuidado. Ao final, apresenta-se um modelo conceitual elaborado a partir da Teoria do Alcance de Metas e reinterpretado à luz do empreendedorismo social na enfermagem. **Considerações finais e implicações para a prática:** a articulação da Teoria de King ao empreendedorismo social amplia a compreensão do cuidado como prática relacional, intencional e orientada à transformação social. O modelo conceitual proposto fortalece a autonomia profissional do enfermeiro e subsidia práticas empreendedoras fundamentadas em teorias de enfermagem, com potencial aplicação na formação, no sistema de saúde e na inovação do cuidado.

Palavras-chave: Cuidados de Enfermagem; Empreendedorismo; Enfermagem; Papel do Profissional de Enfermagem; Teoria de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre el emprendimiento social como práctica transformadora del cuidado de enfermería a la luz de la Teoría del Logro de Metas de Imogene King. **Método:** estudio teórico-reflexivo. **Resultados:** la reflexión dio lugar a dos ejes analíticos. El primero presenta una aproximación de la Teoría del Alcance de Metas y de sus sistemas personal, interpersonal y social. El segundo se refiere a la integración de esta teoría con el emprendimiento social en enfermería, además de destacar el papel del enfermero como mediador de interacciones y promotor de prácticas transformadoras del cuidado. Finalmente, se presenta un modelo conceptual elaborado a partir de la Teoría del Alcance de Metas y reinterpretado a la luz del emprendimiento social en enfermería. **Consideraciones finales e implicaciones para la práctica:** la articulación de la Teoría de King con el emprendimiento social amplía la comprensión del cuidado como una práctica relacional, intencional y orientada a la transformación social. El modelo conceptual propuesto fortalece la autonomía profesional del enfermero y respalda prácticas emprendedoras fundamentadas en teorías de enfermería, con potencial aplicación en la formación, el sistema de salud y la innovación del cuidado.

Palabras clave: Cuidados de Enfermería; Emprendimiento; Enfermería; Papel del Profesional de Enfermería; Teoría de Enfermería.

Corresponding author:

Matheus Moraes Silva.

E-mail: matheusmoraes1980@gmail.com

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INTRODUCTION

Social entrepreneurship has been recognized, from diverse perspectives, as an instrument for promoting collective well-being by driving creative and transformative solutions aimed at overcoming social challenges. Individuals engaged in this process stand out for their sensitivity to community needs and for their ability to coordinate innovative initiatives that foster human and societal development.¹⁻³

Within nursing, this movement integrates clinical and managerial competences to generate social value, particularly in vulnerable contexts where conventional health services are limited or absent.^{4,5} From this perspective, nurses have developed consultations, home visits, community consultancy, and educational activities such as workshops, courses, and programs focused on promoting health and citizenship, reaffirming the social and emancipatory nature of care.^{6,7}

Nursing care, as a social and entrepreneurial practice, manifests itself across multiple professional spaces. It appears both in the social organization of care and within institutional dynamics, expressed through nurses' human and interactive competences as well as through their engagement with the social contradictions present in the contexts where care takes place.⁸ Moreover, this form of practice reaffirms the transformative potential of nursing and finds historical support in the legacy of Florence Nightingale, who transformed social and sanitary problems into opportunities for innovation and care reorganization. Her political leadership, systemic vision, and humanitarian commitment redefined professional practice, establishing scientific and social foundations for the consolidation of modern nursing.⁹

Professional practice inspired by this legacy materializes in actions aimed at empowering individuals, families, and communities through interactive and associative processes that promote healthy living and shared responsibility in care.¹⁰ To achieve a deeper understanding of these interactions and the dynamics sustaining them, it becomes relevant to draw on theoretical frameworks that explain the relational process of care.

In this regard, Imogene King's Theory of Goal Attainment (TGA) stands out, as it understands care as an intentional process of interaction among individuals, guided by the definition and pursuit of goals. Grounded in personal, interpersonal, and social systems, this theory emphasizes the interdependence of human actions and the environment, enabling an understanding of the nurse's role as an interaction mediator and an agent of social transformation.¹¹

Therefore, King's theory represents a coherent framework for analyzing nurses' entrepreneurial practice in the social context, as it values communication, perception, and the establishment of shared goals - key elements for the development of transformative practices. Thus, this study aims to reflect on social entrepreneurship as a transformative practice in nursing care, in light of Imogene King's Theory of Goal Attainment.

METHOD

This is a theoretical-reflective study grounded in Imogene King's TGA.¹¹ The study was developed within the discipline "Philosophy of Science, Nursing, and Health" (Filosofia da Ciência, da Enfermagem e da Saúde, in Portuguese) of the doctoral program in nursing at the Federal University of Santa Catarina, Brazil. The critical-reflective process was guided by the theoretical categories of TGA, considering its personal, interpersonal, and social systems, used as analytical operators to interpret social entrepreneurship in nursing as a transformative care practice, allowing articulation of individual, relational, and collective dimensions in professional practice.

RESULTS AND DISCUSSION

The reflection produced two analytical axes. The first presents a theoretical approximation of TGA and its personal, interpersonal, and social systems. The second addresses the integration of this theory with social entrepreneurship in nursing, highlighting the nurse's role as an interaction mediator and promoter of transformative care practices. Finally, a conceptual model is presented, developed from TGA and reinterpreted in light of social entrepreneurship in nursing.

Imogene King's Theory of Goal Attainment: theoretical approximation

Inspired by the nursing theoretical frameworks from the 1960s, Imogene King developed the Nursing Systems Model, from which TGA emerged, classified as a middle-range theory. The conceptual foundation of her thinking is based on the interaction established between the nurse and the person receiving care, oriented toward jointly defined and developed goals while also considering the individual's relationship with the environment in which they are situated.¹¹

The open-systems model proposed by King conceives health as a state of dynamic balance, continuously influenced by internal and external environmental factors. From this perspective, the systems that compose the human being are understood as structures in constant interaction, whose purpose is to maintain harmony and adaptation in response to contextual changes. TGA is organized into three interdependent systems that constitute the foundation for understanding human behavior and the care process, as illustrated in Figure 1.

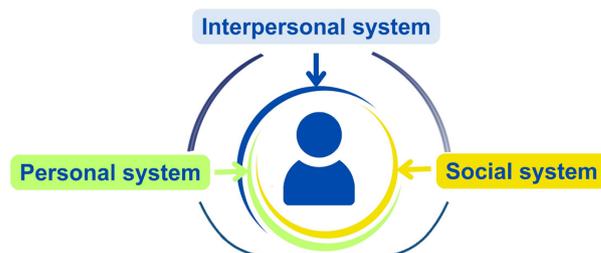


Figure 1. Interrelated systems of the Theory of Goal Attainment. Source: Developed by the authors based on King.¹¹

Within the personal system, King understands the individual as a unique, integrated being in permanent interaction with the environment. From this perspective, each person is viewed as a self-contained system composed of interrelated dimensions such as perception, self-concept, growth and development, body image, space, and time.¹¹ This system recognizes each person's uniqueness and their ability to influence their own health.¹²

The interpersonal system encompasses relationships established between two or more individuals, comprising dimensions such as communication, role, interaction, transaction, and stress. Within this sphere, the effects of interpersonal relationships on health goal attainment become evident, emphasizing the dynamics of interaction between nurse and person in care.¹¹ It is within this transaction process, supported by effective communication and mutual participation, that goals are defined and decisions are jointly constructed, fostering autonomy and shared responsibility in care.¹²

The social system corresponds to the broader context of human interactions, encompassing institutions, norms, cultural values, and structures of power. This system highlights the influence of the social environment on both health and nursing practice, positioning the nurse as part of institutional and community networks that shape and guide professional action.¹² From this perspective, King emphasizes that the social system assists professionals in understanding and managing their roles, supporting both the achievement of care goals and the social recognition of the profession, particularly in the public health sphere. Its key dimensions include organization, authority, power, status, and decision-making-elements that uphold the social structure of care.¹¹

Thus, the integration among the three systems enables nurses to comprehend individuals' needs in a broader sense and to direct care in accordance with the concepts underlying each system, linking theory and practice in constructing more coherent and effective care.¹³

Interaction, goal-setting, and shared decision-making constitute the core structure of the Theory. For King, nursing is a relational practice supported by clear communication, active listening, and mutual respect. Interaction therefore goes beyond the mere exchange of information, representing a dynamic process that enables the construction of genuinely collaborative care plans.¹⁴ Goal definition derives directly from this process, in which nurse and person in care share perceptions, expectations, and needs. It represents an open and active dialogue in which both recognize themselves as agents capable of influencing health outcomes. Joint goal-setting strengthens the bond of shared responsibility and fosters both adherence to care and the individual's autonomy.¹⁴

Social entrepreneurship in nursing within personal, interpersonal, and social systems

Social entrepreneurship in nursing is characterized by innovative practices aimed at promoting health and transforming realities through collective engagement and the active role of care

agents. In light of TGA,¹¹ this practice can be understood as a phenomenon sustained by open interactions among individuals, communities, and institutions, constantly adapting to social and organizational transformations in care. Similar to the systems proposed by King, it mobilizes personal, interpersonal, and social dimensions that mutually influence one another: nurses' perception and intentionality drive the creation of collaborative networks and, at the same time, are shaped by contextual responses and relational dynamics. Thus, social entrepreneurship takes form as a system of entrepreneurial relations that both nourishes and is nourished by the interactions sustaining it, fostering innovation, shared responsibility, and transformation in care practices.

Within the personal system, the nurse is recognized as an autonomous, reflective, and creative subject, capable of identifying emerging demands and mobilizing competences in a critical and innovative manner.¹² This dimension goes beyond technical action and involves a broader consciousness of self and others, linked to perception, a central concept in King's theory. Perception guides how nurses interpret the social context, recognize opportunities, and define goals aimed at improving the quality of life of individuals and communities.¹¹ Social entrepreneurship, therefore, emerges as an exercise of professional self-awareness that challenges nurses to reinterpret their role in facing inequalities and to propose transformative interventions.

However, the autonomy required for this process is not always guaranteed, since factors such as work overload, limited resources, and hierarchical institutional cultures can restrict the expression of creative potential. Strengthening this system demands educational processes that encourage critical reflection, self-confidence, and ethical, context-oriented decision-making, which are essential foundations for nurses' performance as agents of social innovation. By recognizing themselves as autonomous and creative professionals, nurses reaffirm care as an ethical and emancipatory practice, in which social transformation begins with acknowledging one's own capacity to act in the world.

Within the interpersonal system, the focus lies on building relationships, effective communication, and horizontal dialogue among professionals, users, families, and communities.¹² Entrepreneurial interactions are founded on shared responsibility and collective goal-setting, where nurses serve as mediators of collaborative processes. Initiatives such as discussion circles, participatory workshops, and community programs illustrate the transformative potential of these relationships, in which communication becomes a tool for listening and shared knowledge building. In King's theory, this process is described as a transaction, that is, the negotiation and agreement among subjects regarding the goals to be achieved.¹¹

In the context of social entrepreneurship, these transactions are realized through collaborative practices that strengthen protagonism and a sense of belonging. However, such interactions demand relational skills and ethical sensitivity from nurses to deal with conflict, cultural differences, and power asymmetries.

The interpersonal system therefore serves as a privileged space for developing shared leadership and communicative strategies that sustain care as a transformative action.¹¹ These interactions, by promoting shared responsibility and horizontal dialogue, also assume a political dimension, as they challenge traditional hierarchies and foster more equitable and inclusive forms of care.

Within the social system, the entrepreneurial nurse's practice extends beyond clinical boundaries and projects onto the collective sphere, involving the formation of partnerships, mobilization of networks, and creation of sustainable solutions for social challenges. This practice requires an understanding of organizational structures, power processes, and institutional dynamics that influence the achievement of health goals.¹² Concepts such as organization and decision-making, central in King's theory,¹¹ are reinterpreted within the context of social entrepreneurship as strategic competences integrating science, management, and ethical commitment to the common good.

By leading intersectoral projects, proposing local health-promotion policies, or contributing to care-program development, the nurse assumes the role of political coordinator and agent of change. Nevertheless, challenges persist, such as the limited recognition of nursing as an entrepreneurial force and bureaucratic barriers hindering the implementation of autonomous initiatives. Overcoming these limitations involves strengthening the profession as a social leadership and expanding its capacity for dialogue with multiple sectors, influencing decision-making and the redesign of public policies. At this level, social entrepreneurship demands from nurses not only managerial abilities but also political awareness to intervene in structures that perpetuate health inequities, transforming care into deliberate social action.

The interaction among personal, interpersonal, and social systems within the context of social entrepreneurship manifests in a dynamic and adaptive manner. Individual perceptions and intentions (personal system) stimulate the creation of bonds and collaborations (interpersonal system), which, in turn, reshape collective structures and practices (social system). This process of mutual influence and continuous feedback reflects the open and self-organizing nature of King's systems, in which care and social entrepreneurship are constructed and renewed through human and contextual interactions.

From this systemic perspective, social entrepreneurship in nursing can be interpreted as an ethical, intentional, and transformative care practice. The pursuit of shared goals transcends the fulfillment of action plans and is manifested in the nurse's ability to create collective meaning and construct solutions that foster equity and social emancipation. This articulation between theory and practice reveals that care, when supported by interaction and shared responsibility, surpasses the clinical space and becomes an instrument of social change, reaffirming care as a political and transformative practice in which communication, perception, and shared responsibility function as instruments of innovation and social justice.

To facilitate clearer understanding of the reflections developed herein, Figure 2 presents a conceptual model developed from TGA and reinterpreted in light of social entrepreneurship in nursing, adapted from a conceptual model originally proposed for patient care based on TGA.¹⁵

The model represents the social entrepreneurial nurse as a mediator of interactions among personal, interpersonal, and social systems, articulating communication, perception, and shared goals directed toward transforming care. At its core, the process of adaptation to change and the mutual establishment of goals symbolizes the transaction between nurse and individuals, guided by shared responsibility and the pursuit of innovative health solutions (Figure 2).

FINAL CONSIDERATIONS AND IMPLICATIONS FOR THE PRACTICE

This theoretical-reflective study enabled the articulation of TGA with social entrepreneurship in nursing, resulting in the proposal of a conceptual model that understands care as a relational, intentional practice oriented toward social transformation. By grounding social entrepreneurship in a classical nursing theory, the study reinforces that entrepreneurial practices in care can arise from nursing's disciplinary knowledge itself, strengthening nurses' professional autonomy and expanding their work beyond traditional care models.

From the perspective of nursing education, the proposed model provides support for incorporating social entrepreneurship as a transversal component within curricula, in articulation with nursing theories. Understanding personal, interpersonal, and social systems, as well as the processes of interaction, communication, and goal-setting, fosters the development of entrepreneurial competences directed toward identifying real problems, innovating care, and constructing socially committed solutions.

Within the health system and care practice, the conceptual model contributes to viewing nurses as mediators of interactions, network coordinators, and transformation agents capable of proposing innovative strategies grounded in nursing's theoretical frameworks. This perspective broadens the understanding of care as a legitimate space for entrepreneurial practices aligned with equity promotion, social innovation, and effectiveness in health actions.

It is recognized that, being a theoretical study, the proposed conceptual model represents an analytical proposition whose consolidation requires processes of operationalization, testing, and empirical validation. Accordingly, future studies are recommended to explore the model's application in educational, organizational, and care contexts, through qualitative or quantitative research, to examine its developments and potential contributions to social entrepreneurship, care practice, and nursing education. By demonstrating that social entrepreneurship can be understood and implemented through nursing theories, this study broadens the theoretical scope of the field and reaffirms the discipline's innovative potential to propose entrepreneurial practices in care, grounded in autonomy, intentionality, and social commitment.

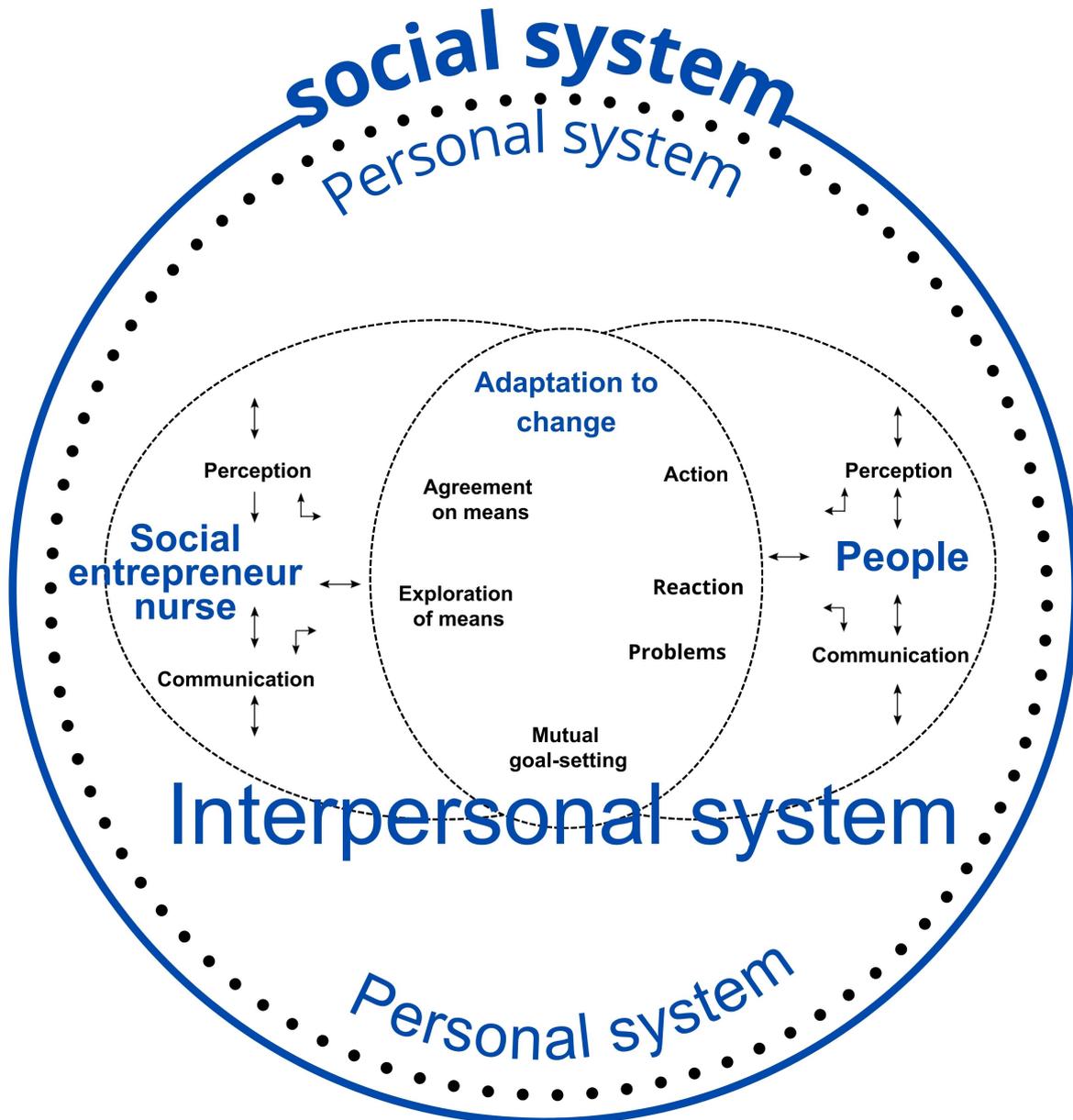


Figure 2. Conceptual model derived from Imogene King’s Theory of Goal Attainment, reinterpreted in light of social entrepreneurship in nursing.

Source: Adapted from Moreira and Araújo.¹⁵

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DATA AVAILABILITY RESEARCH

The data underlying the research text are contained within the article.

CONFLICT OF INTEREST

No conflicts of interest.

REFERENCES

1. Backes DS, Lomba ML, Leão SD, Sartori ARS, Rocha LDM, Büscher A. Nursing care strategies such as well-being, from the social entrepreneurship perspective. *Rev Gaúcha Enferm.* 2025;46:e20240356. <http://doi.org/10.1590/1983-1447.2025.20240356.en>. PMID:40561268.
2. Schwarz G, Alharthi GW, Schwarz S. Social Entrepreneurs' perceptions of the institutional environment: the influence of human and psychological capital. *Int J Public Adm.* 2023;47(16):1122-38. <http://doi.org/10.1080/01900692.2023.2272298>.
3. Kuckertz A, Bernhard A, Berger ESC, Dvouletý O, Harms R, Jack S et al. Scaling the right answers: creating and maintaining hope through social entrepreneurship in light of humanitarian crises. *J Bus Vent Insig.* 2023;19:e00356. <http://doi.org/10.1016/j.jbvi.2022.e00356>.
4. Ngoie VS. Nursing entrepreneurship in South Africa. Cape Town: Shofar Books; 2024.
5. Meintjies CS, Maritz JE. Nurse-led social entrepreneurship as a career. *Health SA.* 2025;30:2700. <http://doi.org/10.4102/hsag.v30i0.2700>. PMID:40357244.
6. Copelli FHS, Erdmann AL, Santos JLG. Entrepreneurship in Nursing: an integrative literature review. *Rev Bras Enferm.* 2019;72(suppl. 1):289-98. <http://doi.org/10.1590/0034-7167-2017-0523>. PMID:30942375.
7. Backes DS, Colomé JS, Mello GBD, Gomes RDC, Lomba MDLLF, Ferreira CLL. Social entrepreneurship in the professional training in Nursing. *Rev Bras Enferm.* 2022;75(3):e20220391. <http://doi.org/10.1590/0034-7167-2021-0391>. PMID:36169505.
8. Backes DS, Erdmann AL, Büscher A. Nursing care as an enterprising social practice: opportunities and possibilities. *Acta Paul Enferm.* 2010;23:341-7. <http://doi.org/10.1590/S0103-21002010000300005>.
9. Backes DS, Toson MJ, Ben LW, Erdmann AL. Contributions of Florence Nightingale as a social entrepreneur: from modern to contemporary nursing. *Rev Bras Enferm.* 2020;73(suppl. 5):e20200064. <http://doi.org/10.1590/0034-7167-2020-0064>. PMID:33084809.
10. Backes DS, Zamberlan C, Colomé J, Souza MT, Marchiori MT, Erdmann AL et al. Systemic interactivity between interdependent concepts of nursing care. *Aquichan.* 2016;16(1):24-31. <http://doi.org/10.5294/aqui.2016.16.1.4>.
11. King IM. A theory for nursing: systems, concepts, process. New York: Wiley Medical Publications; 1981.
12. Rivera-Rojas F, Valencia-Contrera M, Villa-Velasquez J, Reynaldos-Grandon K, González-Palacios Y. Critical analysis of Imogene King's goal attainment theory. *Rev Enferm Referência.* 2023;1-5. <http://doi.org/10.12707/RVI23.17.29335>.
13. Silva VGF, Melo LGS, Silva BN, Souza NL. Nursing care in serodifferent relationships: an analysis in the light of Imogene King. *Esc Anna Nery.* 2024;28:e20240016. <http://doi.org/10.1590/2177-9465-EAN-2024-0016en>.
14. Pissinati PDSC, Martins EAP, Costa RG, Haddad MDCF. Goal setting in retirement planning: reflection in the light of Imogene King. *REME Rev Min Enferm.* 2020;24. <http://doi.org/10.5935/1415-2762.20200012>.
15. Moreira TMM, Araújo TL. The conceptual model of interacting open systems and Imogene King's goal attainment theory. *Rev Lat Am Enfermagem.* 2002;10:97-107. <http://doi.org/10.1590/S0104-11692002000100015>. PMID:12080596.

AUTHOR'S CONTRIBUTIONS

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