ABSTRACT
Objective: to describe the systematization of Nursing Care to a worker at the State University of Ceará. 
Method: case study, with Theory of Imogene King Goals Achievement as theoretical reference, using the nursing diagnoses of NANDA Taxonomy II, the Nursing Interventions of NIC and Nursing Outcomes of NOC developed with an autonomous worker in November 2014. A structured interview was used as instrument. The research project was approved by the Research Ethics Committee, CAAE 22739713.7.0000.5534. Results: setting common goals to nurse-patient dyad, based on the listed diagnoses. Conclusion: we realize that the use of the nursing process becomes a very important tool in assisting, making the nurse’s actions consistent, rational and scientific in order to ensure the completeness and the quality of care. 
Descriptors: Nursing Process; Health Education; Nursing Theory.

RESUMO
Objetivo: descrever a Sistematização da Assistência de Enfermagem a um trabalhador da Universidade Estadual do Ceará. Método: estudo de caso, tendo como referencial teórico a Teoria do Alcance de Metas de Imogene King, utilizando os Diagnósticos de Enfermagem da Taxonomia II da NANDA, as Intervenções de Enfermagem da NIC e os Resultados de Enfermagem da NOC, desenvolvido com um trabalhador autônomo no período de novembro de 2014. Utilizou-se como instrumento um roteiro de entrevista estruturada. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 22739713.7.0000.5534. Resultados: estabelecimento de plano de metas comuns à dupla enfermeiro-paciente, com base nos diagnósticos elencados. Conclusão: percebemos que a utilização do processo de enfermagem faz com que este instrumento se torne de suma importância na assistência, tornando as ações do enfermeiro com caráter coerente, racional e científico de modo a garantir a integralidade e a qualidade da assistência. 
Descritores: Processo de Enfermagem; Educação em Saúde; Teoria de Enfermagem.

RESUMEN
Objetivo: describir la Sistematización de la Asistencia de Enfermería a un trabajador de la Universidad Estatal de Ceará. Método: estudio de caso, teniendo como referencial teórico la Teoría del Alcance de Metas de Imogene King, utilizando los Diagnósticos de Enfermería de la Taxonomía II de NANDA, las Intervenciones de Enfermería de la NIC y los Resultados de Enfermería de la NOC desarrollado con un trabajador autónomo en el período de noviembre de 2014. Se utilizó como instrumento una guía de entrevista estructurada. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 22739713.7.0000.5534. Resultados: establecimiento plano de metas comunes a la dupla enfermero-paciente basados en los diagnósticos enumerados. Conclusión: notamos que la utilización del proceso de enfermería se vuelve un instrumento de suma importancia en la asistencia, tornando las acciones del enfermero con carácter coherente, racional y científico para garantizar la integridad y la calidad de la asistencia. 
Descripciones: Proceso de Enfermería; Educación en Salud; Teoría de Enfermería.
INTRODUCTION

The World Health Organization (WHO) defines health as not only the absence of disease, but also as the perfect physical, mental and social well-being situation. This definition, advanced for the time it was held, is today unrealistic, outdated and one-sided, since it considers health as unattainable state and even highlights physical, the mental and the social.

The search for health, as the only work focus, is still part of health professionals daily life, especially those in which training has Cartesian remnants and positivist pragmatism of the biomedical model of health care, still in force.

Thus, it is common, even today, to have a healing and mechanistic practice, of cause/effect and diagnosis/therapy in the medical offices and health units. This fact is evidenced when we realize that the first questioning of the professional to the patient usually refers to symptoms, that is, it is clear that by the patient actually being in a unit searching for health, it must necessarily be an complaint.

From the elaborations of the Ottawa Charter, written and published widely after the 1st International Conference about Health Promotion, held in 1986, the health view must add determinants (social justice, income, food, education, housing, etc.), becoming more comprehensive and complex.

Health promotion arises as an important way to restructure the health care when seeking to overcome the biological ideal in the relationship between health and disease, by proposing the full view at the individual, considering him not only the physical body but also in the social, cultural, economic and psychological spheres.

In this way, investing in health promotion means the transition from the model then primarily marked by individualism and facing the disease to the paradigm based on the completeness of the human being, in which professionals involved in the care interact with the patient and his family, developing the listening to the subjects and the commitment to quality of life.

A way to ensure that health promotion in nursing is using Nursing theories, promoting the rational and systematic practice of nursing, making the patient an active subject of his health-disease process.

Care models, based on nursing theories reflect the linkage of the profession with the social, political and historical process and its posture to the use of knowledge, clearly demonstrating its ideology in the educational activity.

Nursing has as performance scenarios a wide variety of health care tools, as the clinics, an important clinical practice environment for the nursing consultation. This space is widely used for carrying out health promotion and disease prevention and, generally, there is the service free demand of patients, but all with complaints and symptomatology.

Unfortunately, often we realize in everyday life unrelated practice of theoretical support, or in some occasions when theories are used we verify your its use in patients’ care with health problems already established.

The goal of the theories is to help individuals maintain a state of life that enables them to perform their functions in society, having or not apparent signs or symptoms.

Our proposal in this study is to show the applicability of nursing theory in a subject in a nursing clinic consultation, chosen randomly. This proposal was instigated discipline Concepts Practices Clinical Care Nursing and Academic Master of Health Clinical Health Care (CMACCLIS), the State University of Ceará (UECE). The choice of base nursing theory for the study was guided in its approach to the subject of the Master degree dissertation.

The Imogene King’s theory evolved from the early writings on its development. In her first book, in 1971, the nursing foundations and related disciplines in a theory for that same specialty were synthesized (King, 1971).

She wrote the goal of realization theory in 1980. The latest edition (King, 1995) contains enhancements and a more detailed explanation of the overall structure and nursing theory.

Clinical nursing care is for humans needs in their life path. The care process is established in the moment that the nurse understands that patients are people with certain types of needs. This care requires not only a series of instant actions aimed to achieve the immediacy of a given proposed objective, but considering the subjectivity of the individual.

Therefore, it is understandable that the clinical care involves nursing and health care practices using as basis the methodological theoretical and philosophical concepts, policies and management of clinical nursing care and health directed to the human beings, the individual and collective perspectives and their life cycle, including nursing as a
profession of social, scientific, producing technology and innovation practice.⁹

From this perspective, before the holism of nursing care in various scenarios, and the possibility of contributions proposed by the methodology of care, the question is; what clinical care nurses held in evaluation on the theory perspective to reach Imogene King’s goals?

To answer this question, we propose to conduct a case study, using Imogene King’s Goals Achievement theory as a possibility to carry out a differentiated clinical care guided by the interaction.

♦ OBJECTIVE

♦ To describe the Systematization of Nursing Care of a worker at the State University of Ceará.

♦ METHOD

Study prepared as a case model, which constitutes a search mode widely used in biomedical and social sciences, commonly performed in order to recognize specific situations. The goal of the study is to contribute to the understanding of certain situations and the consequent imposition of compatible behaviors, being an important tool for investigating the issues faced by professionals in their practice.

Research conducted in November 2014 in the Nursing Ambulatory of Collective Practices Laboratory for Health (LAPRACS) of the Health Sciences Center (CCS) at the State University of Ceará (UECE).

To collect the cases for the study, the X group of the Academic Master in Health Clinical Care promoted dissemination offering outpatient nursing consultation service to users of the campus. Thus, the case of study was chosen randomly, by spontaneous demand, and the person involved agreed to participate and signed the Informed Consent and Informed. He was instructed on how would his participation be and the confidentiality of his identity, as recommended by Resolution 466/12 of the National Health Council, for the ethical aspects of research involving human beings.

We applied the Nursing Process in Imogene King goals Achievement Theory in three sequential meetings at two-week intervals, with an average duration of 60 minutes.

From this perspective, the Nursing process was worked, according to the precepts outlined by King: Step 1 - Initial interaction, an initial contact that induces a reaction between the nurse and the patient; Step 2 - Diagnosis, detection of the care needs of human beings in order to achieve health, being confirmed with patients; Step 3 - Establishing common goals to nurse-patient dyad, based on the detected diagnostics; Step 4 - Exploration and feasible means to achieve its goals and Step 5 - Evolution, ongoing assessment of achievement of goals.¹⁰

In order to facilitate data collection in the initial interaction stage, we use a structured interview guide that supported all data collection, including the physical examination.

For the second step, after the analysis of data collected through the clinical judgement about the issues presented based on the precepts of Imogene King, the nursing diagnoses were created according to NANDA Taxonomy II - North American Nursing Diagnosis Association (NANDA). From the diagnostic we developed the goals and determined the interventions proposed.¹¹

When applied to clinical nursing care, the nursing classifications are revealed as effective tools to give solutions, unifying behaviors and ensuring effective results to meet the needs of the patient. They delineate the professional identity, showing why of the profession, contributing to the autonomy in care.¹²

In this point of view, in order to strengthen professional practice, standardizing the language in nursing, we used the Nursing Diagnosis Classification Systems (NANDA-I), the Classification of Nursing Interventions (NIC) and Nursing Outcomes Classification (NOC), which provided dynamic interaction during the execution of the nursing process and at the same time, facilitated the detection of essential care and the organization of nursing actions, in order to meet the individual needs of the health care.¹³

Later, together with the patient, a plan of care was traced, advocating the establishment of common goals in the nurse-patient dyad and the determination means that enable their power, according to King’s precepts.¹⁴

For the next step, exploration and feasibility of means to achieve its goals developed; with the participation of the subject of the study; a meta-oriented record, which identifies short, medium and long term goals.

Finally, in the evolution, we judged the scope of the planned goals, measured by the effectiveness of nursing care, serving to assess its quality. Its entry can provide a framework for collaboration and cooperation of other professionals, enabling care to be evaluated.
The ethical and legal aspects of the research with human beings were respected and considered in the course of the whole research, according to 466/2012 Resolution of the National Health Council/Ministry of Health. Thus, the client has been duly clarified about the purpose of the study, and it assured anonymity and freedom as participation. Their consent was supported by the signing of the Informed Consent Term before the start of data collection, after being informed of the purpose of the goal. The study was approved by the Research Ethics Committee (CEP) of the State University of Ceará with Protocol 446.753 of 30/09/2013, CAAE: 22739713.7.0000.5534.

RESULTS

Patient 33 years old, male, single, atheist, natural from Fortaleza, university professor with post-graduation in progress (master degree) and family income around eight times the minimum wage, coming from Fortaleza (CE) and a native of São Paulo (SP). He lives in masonry own house with eight rooms, septic tank, sewerage and regular garbage collection. He lives with fifteen relatives and two pets, one dog and a cat. He presents frequent complaint from low back pain and recurrent otitis on the right ear and he considers his general health as regular. No history of hospitalizations or personal history of hypertension, heart diseases, kidney diseases or cancers. Family history of diabetes mellitus type 2 (maternal grandfather). Daily smoker, two cigarettes a day for fifteen years. Alcohol consumption on weekends and not user of illicit drugs. He does not take medication routinely. Allergic to shellfish. Preserved appetite. He does three meals a day with a daily intake of meat, eggs, rice, beans, milk and coffee (five to six times a day). Weekly he intakes fruits, vegetables and juices. Rarely drinking soda. He does not control fluid intake, which is around half liter a day. He reports heartburn with strong stomach discomfort associated with intake of certain foods in specific (flour, couscous ...). Sleeps an average of eight hours a night, waking willing to activities that he does. In his spare time, he watches movies often. He is not engage in exercise and refers mild joint pain in his right knee efforts. Physical examination: cognitive function maintained, communicative, gait and balance preserved, hemodynamically stable (PA=130/70 mmHg; FC=90 bpm), febrile (T = 36.5 ° C) eunpeic (FR = 16 bpm), normoglycemic ( Dx postprandial = 127 mg / dl), normal skin color, fair skin and skin turgor maintained. Normal cephalic, whole scalp, symmetrical face, lined eyes, spontaneous eye opening, isochoric and photo reagent pupils, normochromic ocular mucosa, presents myopia and astigmatism, and visual acuity fully corrected by wearing glasses. Dental arch with apparent tartar, halitosis and absence of the first lower left molar. Absent cervical region of palpable nodules. Symmetrical chest, physiological audible breath sounds. Normal heart sounds in two stages. Flabby abdomen palpation, noise present air-fluid, liver and spleen impalpable. Frequency of bowel movements one episode every two days pasty characteristic. Spontaneous diuresis around four to five times a day with “sui generis” characteristic. Upper limbs containing few hypochromic spots. Absent lower extremity edema, with range of motion and pulses: dorsalis pedis, posterior tibial, popliteal palpable.

Anthropometric data: Weight: 80Kg; height: 1,79m; BMI: 25 kg/m2; CA: 80 cm.

♦ Therapeutic demand

After data collection, along with the patient and according to the assumptions of nurse-patient dyad, in the initial interaction proposed by King, we met the therapeutic demand of information for the preparation of a range of plan goals. We expose the demands in the following figure:

<table>
<thead>
<tr>
<th>Therapeutic demand verified in initial interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbago</td>
</tr>
<tr>
<td>Ssnoking</td>
</tr>
<tr>
<td>Repetition otitis</td>
</tr>
<tr>
<td>Heartburn</td>
</tr>
<tr>
<td>Hypochromic spots on the upper limbs</td>
</tr>
<tr>
<td>Daily smokers</td>
</tr>
<tr>
<td>Joint pain in the right knee</td>
</tr>
<tr>
<td>Sedentary lifestyle</td>
</tr>
</tbody>
</table>

Figure 1. Therapeutic demand verified in the initial interaction of the researched patient. Fortaleza/CE, 2014

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Xavier GA, Guedes MVC.

Education learning process-oriented goal...
After surveying the main needs in the initial interaction with the consent of the case study, we used the clinical judgement of Inogene King for identification of nursing diagnoses (ND) according to the taxonomy II of NANDA: Domain 9: Coping/stress tolerance - Behavior health prone to risk related to inadequate understanding and smoking. Domain 12: Comfort - Chronic pain related to chronic disability. Domain 4: Activity/Sleep - Sedentary lifestyle related to lack of resources (time), interest and motivation.

According to King (1981) after the diagnoses, we established common goals to nurse-patient dyad, based on the above diagnostics and in agreement with the subject of the study. We present the goals in the following figure:

<table>
<thead>
<tr>
<th>Nursing diagnoses</th>
<th>Goals</th>
<th>Method</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health behavior prone to risk related to inadequate understanding and smoking</td>
<td>Personal safety behavior</td>
<td>To promote</td>
<td>Long</td>
</tr>
<tr>
<td>Chronic pain related to chronic disability</td>
<td>Health promotion behavior</td>
<td>To promote</td>
<td>Long</td>
</tr>
<tr>
<td></td>
<td>Guidance for health</td>
<td>To guide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge: Mechanical Body</td>
<td>To teach</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Body mechanics performance</td>
<td>To guide</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Pain harmful effects</td>
<td>To promote</td>
<td>Short</td>
</tr>
<tr>
<td></td>
<td>Joint movement: Knees</td>
<td>To guide</td>
<td>Short</td>
</tr>
<tr>
<td>Sedentary lifestyle related to lack of resources (time), interest and motivation</td>
<td>Knowledge: prescribed physical activity</td>
<td>To guide/teach</td>
<td>Short</td>
</tr>
<tr>
<td></td>
<td>Oral hygiene</td>
<td>To guide/teach</td>
<td>Short</td>
</tr>
</tbody>
</table>

Figure 2: Nursing diagnoses and goals to be achieved in accordance with the term based on the nurse-patient dyad. Fortaleza/CE in 2014.

Following the nursing process, with the goals to be achieved, we selected the appropriate nursing interventions based on the Classification of Nursing Interventions (NIC), favoring the achievement of goals according to Nursing Outcomes Classification (NOC), as shown in Figure 3.

<table>
<thead>
<tr>
<th>Nursing Diagnosis</th>
<th>Intervention</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health behavior prone to risk related to inadequate understanding and smoking</td>
<td>Assistance in self-modification: Strengthening of self-directed change, initiated by the patient to achieve important personal goals.</td>
<td>To plan risk reduction activities, along with the individual.</td>
</tr>
<tr>
<td></td>
<td>Risk identification: Analysis of risk factors, determining health risks and prioritizing risk reduction strategies for an individual or group.</td>
<td>To use the mutual goal setting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To review the past medical history and document seeking to evidences of current and previous medical and nursing diagnoses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To help the patient identifying behaviors-target needing changes, in order to achieve the desire goal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To investigate with the patient the potential barriers for behavioral changes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acceptance: Health state.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coping.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality of life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal well-being.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health seeking behavior.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk control: Tobacco use.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participation of health care decisions.</td>
</tr>
<tr>
<td>Chronic pain related to biological and physical agents.</td>
<td>Intervention</td>
<td>Activities</td>
</tr>
<tr>
<td></td>
<td>Pain control: Pain relief or its reduction to a level of comfort that is acceptable by the patient.</td>
<td>To conduct a comprehensive assessment of pain, including the location, characteristics, initiation, duration, frequency, quality or severity of pain and the precipitating factors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To determine the impact of pain experience in quality of life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To investigate with the patient, factors that relieve / worsen the pain.</td>
</tr>
</tbody>
</table>
• To guide about about pharmacological methods of pain relief.

Results
• Pain control.
• Symptoms control.

Nursing Diagnosis
Sedentary lifestyle related to lack of resources (time), interest and motivation.

Intervention
• Education: activity/exercise prescription: Patient preparation to achieve and/or maintain the level of prescribed activity.

Activities
• To assess the current level of patient exercise and the knowledge he has about the activity/exercise prescription.
• To inform the patient about the purpose and benefits of the activity/exercise prescribed.
• To inform the patient about the appropriate activities based on physical condition.
• To guide the patient about a good posture and body mechanics, when appropriate.
• To help the patient in the incorporation of activities/exercise programs to the daily routine/lifestyle.

Result
• Risk control.

Diagnosis
Teething impaired related to chronic use of coffee, tobacco and ineffective oral hygiene.

Intervention
• Restauration of oral health.

Activities
• To encourage the use of no wax floss about twice a day if the board levels are above 50,000 / mm3.
• To discourage smoking and alcohol consumption.
• To determine the patient's perception regarding the changes in taste, swallowing, the voice quality and comfort.
• To assist the patient to select non-acidic, soft and creamy food.
To plan smaller, more frequent meals, selecting creamy foods and serving them warm or at room temperature.

Result
• Self-care: Oral hygiene.


DISCUSSION

There are four main diagnoses considered in the study, health behavior prone to risk related to inadequate understanding and smoking; chronic pain related to biological and physical agents; sedentary lifestyle related to lack of resources (time), interest and motivation and teething impaired related to chronic use of coffee, tobacco and ineffective oral hygiene. After clinical judgement of therapeutic demands, we realized that interventions required changes in attitudes and behaviors in order to achieve healthier lifestyles. Most of these interventions were based on health education, helping the patient, information on lifestyle modifications.

The choice of King as a theoretical reference in this study is based on the fact that King’s Nursing process can be used to guide the teaching-learning process in nursing, as it is permeated of action and reaction, by the very characteristic interactional theory.

We realized that the diagnosis of health behavior prone to risk related to inadequate understanding and smoking stands out among the rest, because the patient feels healthy, indeed he does not realize the risk behaviors that adopts and may also explain the other diagnostics. This can be seen, by adopting lifestyle practices such as smoking, does not seek health care for recurrent pain (low back pain, arthralgia knee and ear pain), excessive habit of coffee intake and inefficient oral hygiene. The fact of not having permanent disabling problem, it can cause the patient neglect its consideration of health and wellness.

The diagnosis of chronic pain related to biological and physical agents were also addressed with setting goals on awareness and reflection on learning habits and determining the impact of the experience of intermittent pain on quality of life. Actions to support education aimed at pain control through pharmacological actions or not.

The literature shows that smoking and physical inactivity are associated with worse evaluation of health status, as published in studies of southern Brazil, having influence risk for developing chronic diseases12.
Interventions about the reversal of inactivity, also undergo education activities in health and the health belief model. As previously mentioned, it is an activity of prevention, because the subject is considered healthy do not exercise mentioning lack of time.

As regards the teething impaired related to the chronic use of coffee, tobacco and ineffective oral hygiene, the actions guided the correct oral hygiene teaching and guidance about the importance of the complete dental arch to the process of mastication and digestion. We also suggested consultation with dentist for complete evaluation of the teeth and replacement of the missing lower left molar tooth.

In the first meeting, measurements, anamnesis and physical examination were held. At the second meeting, we develop the care plan with simple and concise language, establishing priorities along with the patient. We realized that building the nursing process together, to define the clinical and educational practices was important in the internalization of the need for change, as many of the interventions have been proposed by the patient.

CONCLUSION

We understand the need for patient compliance to any proposed treatment critical to its success. A privileged moment nursing consultation of effective interaction shows that the proposal by the theory, during the interview was focused on setting mutual goals, being key to encourage the patient to proceed, preventing complications and giving him the possibility of being active subject of all the nursing process proposed.

Thus, the Theory of Goal Achievement proposed by King, allows the realization of case studies in a more personal way, because facilitates and stimulates nurse patient interaction, necessary therapeutic efficacy and health education. 13

We realized through the use of theoretical reference, the use of the nursing process becoming a paramount important tool in assisting, making the nurse’s actions with consistent, rational and scientific aspect in order to ensure the completeness and the quality of care.

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