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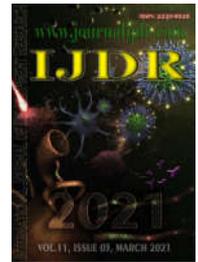
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RESEARCH ARTICLE

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NURSING CONSULTATION WITH A PERSON WITH SYSTEMIC ARTERIAL HYPERTENSION BASED ON IMOGENE KING THEORY

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ABSTRACT

Objective: Develop a nursing consultation tool for patients with hypertension and non-adherence to treatment in the primary health care setting, based on Imogene King goal attainment theory reflection. **Methods:** This is a theoretical-reflexive study, built on a critical reading of Imogene King Theory, the nursing process, and the taxonomy of nursing diagnoses, classification of nursing interventions, and classification of nursing outcomes performed in a dialectical process between pertinent literature, scientific theoretical support, and current reflections. **Results:** construction of nursing consultation instrument for patient with systemic arterial hypertension and non-adherence to treatment in the context of primary health care. The main nursing diagnoses identified were ineffective health control and dysfunctional family processes. After the diagnoses were established, the short, medium and long-term goals were created in common agreement nurse-patient according to the theory of Imogene King. **Conclusion:** The instrument of nursing consultation for patients with hypertension and non-adherence to treatment in the context of primary health care, favors the implementation of the systematization of nursing care, taking the patient as a total being, which relates to your environment and is able to make decisions conducive to health. In this sense, the instrument certainly contributes with the patients and subsidizes nursing care to achieve the goals of systemic blood pressure control in primary health care.

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INTRODUCTION

Systemic arterial hypertension (SAH) is a serious global public health problem. In Brazil, around 65% of individuals over 60 years of age present SAH; and in both genders, the frequency of SAH increases with age, reaching 61.5% in men and 68.0% in women. In view of these epidemiological data, one should also consider the epidemiological transition that the country has been undergoing, with an even greater number of elderly (≥ 60 years) in the coming decades, which will lead to a substantial increase in the prevalence of

SAH and its complications, resulting in high costs to the health sector (Brasil, 2021). The Brazilian Guidelines on SAH (2020), define it as a non-transmissible chronic disease (NCD) defined by elevated blood pressure (BP) levels, i.e., systolic BP (SBP) greater than or equal to 140 mmHg and/or diastolic BP (DBP) greater than or equal to 90 mmHg, measured with the correct technique, on at least two different occasions, in the absence of antihypertensive medication (Barroso et al., 2020). The drug treatment of SAH is composed of groups of drugs with several essential actions to reduce cardiovascular morbidity and mortality.

It is important to highlight that the treatment is complex because it involves, besides drug therapy, lifestyle modification. Being necessary changes in some habits and customs, in relation to food, tobacco and alcohol use, as well as the practice of physical exercises. Making this disease difficult to control and maintain blood pressure levels within the recommended limit, highlighting the problem of low adherence to treatment (Moura *et al.*, 2016). This adherence to treatment consists of the positive relationship between the orientation given by the health professional and the patient's conduct. It is estimated that half of the people living with chronic diseases do not follow their treatment properly. In Brazil, the Ministry of Health (MS), aiming to combat this public health problem, created the program for the control of Arterial Hypertension (AH) and Diabetes Mellitus (DM), the National Program of Hypertension and Diabetes Mellitus - Hiperdia, promoting the reorientation of assistance to these users and providing the continuous and free supply of medication, in addition to the continuous and systematic monitoring of clinical conditions by Primary Health Care (PHC) (Lopes *et al.*, 2015). Among the factors that influence the adherence of users to treatment are the financial costs; amount and side effects of drugs; bond with the health professional; social, behavioral and cultural factors; gender; assiduity to consultations; lifestyle habits and absence of educational programs (Mota *et al.*, 2019). Users feel valued and cared for when care is humanized, individualized and with group educational activities, and this intensifies the bond of the health team with the community, increasing adherence to treatment (Araújo *et al.*, 2005).

The PHC has the purpose of ensuring universal access and quality to people, considered the gateway to the health system, with the role of organizing the demands of health-disease in an appropriate and timely manner, positively impacting the health conditions of collectivities (Brasil, 2017). Contemplated by the presence and extension of four essential attributes: first contact, continuity or longitudinality, completeness and coordination; and three derived attributes: family centeredness, community orientation and cultural competence (Reichert *et al.*, 2016). However, this public policy and its prevention programs for the disease will not be effective if there is no adherence by the user. This adherence relies on three essential factors for the human being with SAH: awareness of the problem he faces, developing commitment to therapy, incentives and clarifications from health professionals and family support, in addition to factors related to the person, the disease, the therapeutic scheme and the relationship between client and health professional (Lopes *et al.*, 2015).

The nursing consultation works on behavior change and non-medication treatment, increasing adherence to treatment. To prevent complications caused by diseases arising from chronic conditions, the nursing consultation needs to be based on scientific evidence. The nurse must appropriate the Nursing Process (NP), considered a scientific method that systematizes nursing care (Mota *et al.*, 2019). Through NP the nurse has clinical judgment about the response to the health situation that the individual presents in order to be able to raise the main problems and, from there, develop nursing diagnoses, and continue with other steps. To establish a standardized language among nurses that describes their knowledge, the taxonomies Nursing Diagnosis (NANDA-I), Nursing Intervention Classification (NIC) and Nursing Outcomes Classification (NOC) were created, are part of the NP, and should be used. Despite their importance, there are gaps in their implementation during the nursing consultation (Mota *et al.*, 2019). The NP in PHC is a tool for safe nursing practice, which is a way to systematize the care provided to the person, family or community focusing on the completeness of care and interaction between professional-patient-family, ensuring the construction of interpersonal relationships. Such considerations support the assumption that the professional nurse, a member of the health team that cares for patients with SAH, has technical training and theoretical and scientific knowledge to act during treatment effectively, interacting and identifying goals and ways to achieve with this and the health team, the common goals of improving quality of life and healing (Mota *et al.*, 2019). Among the models of theoretical support to support this process of care in PHC, the Goal Achievement Theory proposed by

Imogene King stands out, becoming an important theoretical reference that guides the action of nursing in this perspective. This assumes that, through the relationship between nurse and patient, it becomes possible to jointly establish the needs of each individual (Oliveira, Rivemales, 2021). To direct and substantiate nursing practice, it is essential to use Imogene King Nursing Theory, in order to identify the specific needs of each person, family or community, with a holistic approach to patients. Taking into account this scientific evidence presented, the need to study the nursing process in the light of this theory is justified for effective nursing actions in PHC to hypertensive users to strengthen the nurse's performance in this strategic area (Mota *et al.*, 2019). Therefore, the objective of this study was to develop a nursing consultation instrument in the form of a checklist for patients with SAH and non-adherence to treatment in the context of PHC, based on the reflection of Imogene King theory of goal attainment integrated with the concepts of nursing metaparadigms: client, environment, health and nursing, considering the nursing diagnoses of NANDA-I taxonomy, NIC and NOC. Thus, this study aims to answer the research question: what aspects are necessary to compose an instrument to be used in the nursing consultation with patients with SAH and non-adherence to treatment in the context of PHC? The Nursing Consultation Tool developed in this study for patients with SAH and non-adherence to treatment in the context of PHC was applied to a hypothetical patient created by the authors, aiming to assess whether it helps patients, facilitating their adherence to treatment and stipulating joint goals based on King Goal Achievement Theory and planning and implementing nursing care for patients.

MATERIALS AND METHODS

This is a theoretical-reflective study, based on a critical reading of Imogene King Theory, the nursing process and the NANDA-I taxonomy, NIC and NOC, carried out in a dialectical process between relevant literature, scientific theoretical support and current reflections for the construction of a nursing consultation tool for patients with SAH and non-adherence to treatment in the context of PHC (Minayo, 2001). This theoretical-reflective study was part of the discussions of the subject Advanced Nursing Care developed in the doctoral course of the Postgraduate Program in Nursing Care Management at the Federal University of Santa Catarina. The reflective construction of a nursing consultation tool for patients with SAH and non-adherence to treatment in the context of PHC occurred in four well-defined stages: the 1st and 2nd were carried out through the theoretical construction that approaches the qualitative approach, in view of the interpretation and analysis of the theoretical elements obtained through the bibliographic survey carried out, with the intention of in the 1st stage studying in depth Imogene King Nursing Theory, preparing a synthesis of that theory (theoretical synthesis) in order to support the construction of the Nursing Consultation Instrument for patients with SAH and non-adherence to treatment in the context of PHC and elect for the study the nursing taxonomy that supported the stages of diagnosis, outcomes and nursing interventions of that instrument; In the second stage, still through the bibliography surveyed, the concepts of nursing metaparadigms (client, environment, health and nursing) related to the nursing process model proposed in this academic work were elaborated.

The methodological path of the 1st and 2nd stages included, first, the bibliographic survey of narrative review, this review method allows a broad description of the subject, but does not exhaust all sources of information, since its realization is not done by systematic search and analysis of data. Its importance lies in the rapid updating of studies on the theme, used to describe the state of the art of a specific subject, from a theoretical or contextual point of view. (Cavalcante, Oliveira, 2020). This narrative review used documents in electronic format present in the Virtual Health Library (VHL), in the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (Lilacs), International Literature on Health Sciences (Medline) and nursing databases (BDENF).

Other sources of information were also used, such as books, manuals and official documents from the MH. The Descriptors in Health Sciences DECS used were: "Nursing Theory", "Nursing Process", "Nursing Care", "Classification", "Treatment Adherence and Compliance", "Hypertension" and "Primary Health Care". The inclusion criteria for the selection of studies were: full-text research articles, national and international; without time restriction; in English, Portuguese and Spanish. Duplicate studies and those without adherence to the research question were excluded. This search took place in October 2021, in a dialectical process between pertinent literature, theoretical support, and reflection. The 3rd step occurred after the survey and synthesis of the bibliography, this step was based on the construction of the nursing consultation instrument for recording the nursing process according to Imogene King Nursing Theory and NANDA-I Nursing Taxonomy, NIC and NOC defined in the 1st and 2nd steps through the literature; After this construction, the 4th stage was followed by the application of the instrument with a hypothetical patient with SAH with non-adherence to treatment in the context of PHC, where the nurse researchers were able to perform this applicability and analyze the necessary adjustments in the nursing consultation instrument.

RESULTS

As a result of this study, a nursing consultation instrument was developed in the form of a checklist using scientific literature for patients with Systemic Arterial Hypertension (SAH) and non-adherence to treatment in the context of Primary Health Care (PHC) based on the Imogene King theory of goal attainment integrated with the concepts of nursing metaparadigms: client, environment, health and nursing, considering the nursing diagnoses of the NANDA-I taxonomy, NIC and NOC. After this construction, a hypothetical patient was created for application and evaluation of the instrument. During the application of the nursing consultation instrument for patients with SAH and non-adherence to treatment in the context of PHC, the following main nursing diagnoses were identified: Ineffective control of health and dysfunctional family processes. Other diagnoses were formulated, but without confirmation by the patient, such as: health behavior prone to risk; sedentary lifestyle; risk of unstable blood pressure; risk of unstable blood glucose; low situational self-esteem and overweight. For the planning of nursing care, the diagnosis "Ineffective Health Control" was chosen, for being, according to the patient, the one that has caused him the most problems. The related factors were: Insufficient knowledge about the therapeutic regimen; Perceived barrier; Ineffective coping strategies; Insufficient problem-solving skills; Inadequate understanding; Stressors; Insufficient knowledge about the health benefits associated with physical exercise; Inconsistency with the medication regimen; Insufficient knowledge about modifiable factors; Change in social role, and Disorganized eating behaviors. As defining characteristics of the nursing diagnosis were found: Difficulty with the prescribed regimen; Choices in daily life ineffective in achieving health goals; Failure to act to reduce risk factors; Failure to include the treatment regimen in daily life; Inability to accept help; Inability to adapt to change; Distrust; Failure to act to prevent health problems; Preference for activities with little physical activity, Use of antidepressant agents. After the nursing diagnoses were established, the goals were created in common agreement nurse-patient according to Imogene King theory, using the taxonomy NANDA-I (Herdman, *et al.*, 2021); NIC (Bulechek *et al.*, 2016) and NOC (Moorhead *et al.*, 2016); generating short, medium and long-term goals to be achieved by the patient under the guidance and support of the professional nurse, shown in (Board 1). The nursing interventions identified in the NIC as necessary to assist the client in achieving goals in the first moment were: Identify factors related to personal, interpersonal and social systems that might interfere with control over the therapeutic regimen and find out what could be done about such factors; allow the person to overcome and express intense emotions before starting instructions; Investigate contributing factors, irregular schedules, unbalanced diet, stress and inadequate exercise; review daily routine; assist the client to identify strengths, abilities; initiate health education and referrals when needed (include family members in group education sessions).

DISCUSSION

Theory-driven nursing practices ground the profession by considering the metaparadigms of nursing (client, environment, health and nursing), providing structure and organization to nursing knowledge, giving these professionals a systematic view of the patient's situation, while providing a holistic and systematic way of data collection (Ribeiro *et al.*, 2018). Thus, this topic discusses the concepts of metaparadigms and Imogene King nursing theory, related to the proposed nursing process model in order to support the construction of the nursing consultation instrument for patients with Systemic Arterial Hypertension (SAH) and non-adherence to treatment in the context of Primary Health Care (PHC).

Understanding the concepts of Nursing Metaparadigms: Client, environment, health and nursing for comprehensive health care in Primary Care: Over time, nursing has been evolving its scientific concepts, which went from a biomedical concept to an integration concept and then a transformation concept that emerged and gave rise to different paradigms such as: categorization, integration, and transformation (Kérouac *et al.*, 2017). Chronologically first paradigm the one of categorization was called biomedical model in the 18th / 19th century, in which the conception of nursing care corresponds to the execution of what was prescribed or delegated by the physician (Ribeiro *et al.*, 2018). The second paradigm is the integration paradigm, which began in the 1950 and influenced the orientation of care towards the person, differentiating nursing from medicine, in which nursing care aimed at maintaining the person's health in all dimensions: biopsychosocial-spiritual and cultural, giving rise to the concept of holism. Within this scope of the integration paradigm, conceptual models emerged and one of them was from the interaction school, reported to Hildegard Peplau, Ida Orlando, Joyce Travelbee, Ernestine Wiedenbach and Imogene King (Kérouac *et al.*, 2017).

Finally, the transformation paradigm emerged in the 1970, in a context in which people were recognized as having the ability and possibility to be agents and partners in health decisions that concern them and that, initially, were the sole and exclusive responsibility of health professionals (Kérouac *et al.*, 2017). Given this context of conceptual transformations in nursing, in 1978, Fawcett wrote for the first time about the central concepts of nursing, formalizing them in 1984 as the nursing metaparadigm. And in the early 1980, numerous nursing scholars detected that the dominant phenomena of nursing science the metaparadigm revolved around the concepts of client, health, environment and nursing (Ribeiro *et al.*, 2018). In this period, King published his theory in 1981, describing the nurse's performance through the understanding that the human being should be seen in three interacting systems (the personal, the interpersonal, and the social), whose nurse-person interaction is fundamental for the establishment and achievement of health goals, providing the development of potentialities in the client, person, and community (King, 1981a,b). Thus, we analyze that the metaparadigm of nursing, which is composed of the concepts of human beings, nursing, health and environment, is introduced in King theory. He defines human beings as social, reactive, perceptive, controlling, intentional and oriented to action and time (King, 1981b). In this concept, the client is considered an active agent in the health-illness process, and it is up to the nurse, fundamentally, to establish purposeful interactions with these clients, for the joint establishment of goals, according to individual priorities (Mantovani *et al.*, 2019). Another concept defined by King (1981b) is that of health as: "dynamic life experiences of human beings, which imply constant adjustment to stressors in the internal and external environment through the optimal use of one's own resources to achieve the maximum potential for daily living". And the environment which is considered a main concept in King framework that states "the environment is a function of balance between internal and external interactions", this concept has not been defined specifically for goal attainment theory, although it is indicated as one of the main concepts in the conceptual framework of systems and understood as an organized and bounded system of social rules, behaviors, and practices developed to maintain

values and mechanisms that regulate the practices and rules (Ribeiro *et al.*, 2018). In this context of the metaparadigm, nursing is defined as "a process of action, reaction, and interaction whereby the nurse and client share information about their perceptions in the nursing situation" and as "a process of human interactions between nurse and client through which each perceives the other and the situation and, through communication, establish goals, explore means, and agree on the means to achieve the goals" (King 1981b). Here the theorist highlights clients as agents potentially capable of promoting health actions from opportunities and stimuli triggered by appropriate nursing interventions (K erouac *et al.*, 2017). Thus King goal attainment theory defines the role of the professional nurse, who discusses goals by helping the individual maintain their health through participatory stimulation in their experiential and knowledgeable environment. The goals, needs, and values of the nurse and client influence the interaction process. In this way, the professional nurse has the role of interpreting information through the nursing process in order to plan, implement and evaluate nursing care (King, 1981a).

These concepts of the metaparadigm client, nursing, health and environment evidence the importance assigned to the participation of the client in the health-disease process, and that in agreement with the PHC orientation, highlights the character of self-management of health and the view of the individual as a being that is constantly receiving internal and external influences, since it is immersed in interacting systems (Brasil, 2017). In the same way, the proposal of PHC is presented, aimed at nurses to create conditions for the development of potentialities of people, their families and the community, believing that they can and should exercise social control over health services and take care of themselves. PHC is committed to providing universal, integral, equitable, continuous, and resolute care to the population according to their real needs. Always seeking customer satisfaction through the close relationship of professionals with the individual, family, and community (Ribeiro *et al.*, 2018).

In PHC, nurses are guided to expand and strengthen the bond with customers, being co-responsible for the health of the enrolled population, being responsible for interacting in order to recognize the real needs and potentialities of the community, through a process of interaction and permanent exchange of knowledge. Highlighted, therefore, that human beings in interaction can acquire autonomy and thus be able to set goals and objectives of life, in addition to defining strategies for their achievement (Brasil, 2017). The PHC setting is favorable to work with King theory in accordance with the nursing metaparadigm when defining client, nursing, health and environment, since PHC has the family and the social space as the core of its approach, as well as the encouragement to community organization (Sousa *et al.*, 2015). In this sense, the creation of a systematic instrument to assist patients with hypertension and non-adherence to treatment, in the context of PHC, demonstrates that the vision of Imogene King about the three interacting systems (personal, interpersonal and social) is essential to establish the interaction between nurse and client using the theory of goal attainment, being consistent with the guidelines and goals of PHC (Sousa *et al.*, 2015). Focusing on central points such as: the establishment of a bond between nurses and the community, community participation, the co-responsibility of the community with the health-disease process, and favoring the exercise of citizenship (Brasil, 2017).

Reflection of Imogene M. King Theory for Nursing Consultation in PHC: One of the great challenges for PHC nursing today is to develop patient-centered care, where professionals bring the patient to the center of care by maintaining a relationship of involvement in the care process, following daily changes and advances and aiming to make the patient healthier, focused on the prevention of health problems and quality of life (Araujo *et al.*, 2016). Among the theoretical support models to support the patient-centered care process in PHC is the Goal Achievement Theory proposed by Imogene King, which has become an important theoretical reference that guides nursing action in this perspective. This assumes that, through the relationship between nurse and patient, it becomes

possible to jointly establish the needs of each individual (Oliveira, Rivemales, 2021). The goals for health improvement and well-being are established in agreement with the patient, directing the nurse's work, to detect any reaction that he/she may have when facing a new situation. Thus, health is defined as continuous adjustment to stressors in the internal and external environment by optimizing the person's resources to achieve maximum potential for living (Pissinati *et al.*, 2020). In this context, nursing constitutes a process of information exchange between the impressions of the professional and the client. Nursing actions are performed in environments in which a relationship is established between the parties involved. From this moment it becomes possible to define common goals that generate better results (King, 1981a,b). The Goal Achievement Theory arises from the Conceptual Model of Open Interacting Systems developed by the nurse Imogene King, from the vast knowledge in the areas of cognitive and experimental domain, defines human beings as open interacting systems, which comprise the personal, interpersonal and social these are open to the environment and interact to ensure the balance and health of the individual (Oliveira, Rivemales, 2021).

The interacting systems include: the personal system that includes the characteristics of each person, who will react to the events experienced according to their perceptions, expectations and anxieties. Then, the interpersonal system comprises the dimension where human interactions occur, which define how an individual perceives himself and reacts to the actions of others. And, the social system that represents the roles, behaviors, and practices that delimit the reactions of groups (Teixeira *et al.*, 2019). Imogene King developed this theory of goal attainment in the early 1960, with the basic concept that "nursing is a process of action, reaction, and interaction in which nurses and patients share information about their perceptions" (Garcia, 2014). With this goal attainment theory, the predictable propositions are observed: perceptual accuracy, role congruence, and communication in a nurse/patient interaction that results in stimulating goal attainment, growth, and development; goal attainment leads to the situation and effective nursing care (Mantovani *et al.*, 2019). This theory explains that nurse and patient need to act together, communicating information, setting goals, and acting to achieve them. Given the exposed conceptual description, it is possible to state that nurses and patients are reactive human beings who interact in specific situations to achieve specific purposes. Thus, nurses care for all individuals, always seeking to enable them to use their potential ability to function as human beings, developing to the maximum the performance of their daily roles (King, 1981a,b). To this end, the patients themselves establish priorities according to their interests, motivated to achieve their health status. However, for the individual to adhere to the defined goals, it is necessary that the nurse establishes a close interpersonal relationship with the client, through communication that promotes an effective bond.

The challenge of reaching goals can be overcome through dialogue and understanding the specificities of the patient who experiences the health-disease process (Oliveira; Rivemales, 2021). The main objective of nurses when using the theory of goal attainment is to help the individual stay healthy, being necessary to see him as a total person, influenced by the external environment in which he lives. Therefore, the factors related to the health-illness process must be worked in an integral way by the nurse, recognizing the amplitude of internal and external influences that determine the actions and reactions of the sick patient (Pissinati *et al.*, 2020). In view of this, Imogene King considers that man has three basic health needs: information, preventive care against disease and when unable to take care of themselves. By considering this assumption, nurses assume, in their practice, the responsibility of guiding the patient in the preparation for their self-care by providing the necessary information (Garcia, 2014). It is observed that Imogene King theory represents a managerial tool to direct the establishment of goals to the sick patient. In addition, it contributes to the achievement of goals, since the nurse-patient interaction, as well as the exchange of information, stimulates patient adherence to the daily care plan (Pissinati *et al.*, 2020).

Board 1. Description of the short-, medium- and long-term goals for patients with SAH and non-adherence to treatment in the context of PHC. Florianópolis, SC, 2021

SHORT-TERM GOALS	MEDIUM-TERM GOALS	LONG-TERM GOALS
<ul style="list-style-type: none"> - Acceptance behavior: prescribed medication(s); - Acceptance behavior: prescribed activity (s); - Acceptance behavior: prescribed diet (s); - Acceptance behavior: reducing alcohol consumption; - Self-direction to resources available in the community to assist in lifestyle changes; - Behavior: social interaction. 	<ul style="list-style-type: none"> - Behavior: reduce the consumption of salt in the diet (maximum of 6g of salt/day or 2.3g of sodium/day); - Behavior: reduce consumption of products high in saturated fat (opt for mono- or polyunsaturated) and preservatives; - Behavior: reduce consumption of coffee and other caffeine-rich products; - Behavior: reducing consumption of products with high sugar content; - Adherence behavior: healthy diet (the consumption of soluble fiber should include at least five servings of fruits, vegetables, and greens in the daily eating plan, trying to vary the types and colors consumed during the week). 	<ul style="list-style-type: none"> - Self-monitoring of SAH; - Self-directed care about lifestyle changes after SAH diagnosis; - Behavior adherence: search for health; - Behavior adherence: physical activity (it is recommended to do at least 30 min/day of moderate physical activity, continuously (1 x 30 min) or cumulatively (2 x 15 min or 3 x 10 min) in 5 to 7 days a week); - Behavior: cessation of alcohol abuse; - Behavior: smoking cessation; - Behavior: lifestyle balance.

The goal of this theory is to help individuals maintain a healthy state and thus help them perform their roles in society. The means of achieving a common goal vary in each professional group and according to their roles and functions in society. The overall goal of nurses is to promote health, prevent disease, and care for the sick (King, 1981a). King nursing process comprises: Initial interaction, which is an initial contact that induces a reaction between the nurse and the patient. It is extremely influenced by the perception that one has of the other and the communication established between them; Diagnosis, which is the detection of the care needs of human beings with a view to achieving health, and should be confirmed with the patients; Establishment of common goals for the nurse-patient dyad, based on the detected diagnoses and in common agreement of the parties; Exploration and feasibility of means to achieve the goals outlined, and both parties must agree on these means; Evolution, which is the continuous evaluation of the achievement of goals, highlighting intervening factors in the three systems, to develop the patient's ability to face problems, developing well in everyday roles (King, 1981a,b). This process is permeated by action and reaction, since individuals are reactive beings, and based on the diagnosis and on the search for the resolution of problems, which will only be achieved if there is an effective nurse-patient interaction. King's theory provides a theoretical basis for the nursing process and provides basic knowledge of nursing as a process of interactions that lead to transactions. A meta-oriented record facilitates the use of this theory. In addition, the theory provides clinical reasoning a systematic approach for nursing to make diagnoses of patient responses (King, 1981a,b). Clinical reasoning is present when identifying the nursing diagnosis; defining short, medium and long term goals; choosing interventions and evaluating the results obtained that are judged in terms of reaching these goals, and at this moment the NOC can be used to establish these goals to be reached and measured by the effectiveness of nursing care. In this case before choosing the interventions the results are converted into goals by determining the point to be reached through the results that are expected to be achieved, enabling care to be determined and evaluated in agreement with the patient (ALBA, et al., 2015). Thinking about the practice of care, the operationalization of its nursing process occurs in the following way: existence of an initial interaction, in the course of which information should be shared, diagnoses made, mutual goals set, and means to achieve them should be made possible; implementation of a nursing plan, which will undergo continuous evaluation of the evolution by nurse-patient interactions, nurse observations, and measurements of biological and psychological variables, among others. During all stages, patients should be asked to participate in the decisions (Teixeira et al., 2019). In the initial interaction, an anamnesis instrument may be used. From the application of this instrument, changes, problems, and concerns related to the patients' daily life will be detected, and only the diagnoses that are confirmed by them should be considered. Common goals can be defined between the nurse and the patient in the short, medium, and long term, and nursing interventions can be established.

Patients should be seen in a periodic nursing consultation to evaluate their evolution, when a redefinition of goals may or may not occur (Oliveira, Rivemalen, 2021). In this context, the application of Imogene King goal attainment theory integrated with the nursing metaparadigm for the creation of a nursing consultation tool for patients with SAH and non-adherence to treatment in the context of PHC helps in the planning and implementation of nursing care systematization (SAE) using the nursing process and considering the nursing diagnoses of NANDA-I taxonomy, NIC and NOC. Finally, it is important to emphasize that the significance of the contribution of Imogene King theory to nursing, especially to individual health care, is based on its investigative character with the achievement of goals proposed together with the patient, which makes it an essential theory for the present day, which seeks patient-centered care in an effective, efficient, and humanized way, and also inspires new theories that favor the search for excellence in care and the consolidation of nursing as a science.

CONCLUSION

Systemic Arterial Hypertension (SAH) is a disease of prolonged course, and most of the time of its evolution, it is asymptomatic, which makes its diagnosis difficult, and early discovery and referral are essential to prevent the evolution of the disease and avoid its complications. In this scenario, the goal attainment theory proposed by Imogene King is considered as an important theoretical reference that guides the nursing consultation with the user/patient with SAH in a comprehensive and resolute way in Primary Health Care (PHC). This nursing theory proves to be very useful to work on patient-centered care with SAH and difficulties in treatment compliance, because it assumes that, through the relationship between nurse and patient, it becomes possible to establish shared and agreed goals that meet the individual's needs. In this regard, in light of King theory, a nursing consultation tool was developed for patients with SAH and non-adherence to treatment in the context of PHC, which favors the implementation of SAE, taking the patient as a total being, who relates to his environment and is able to make decisions conducive to health. This instrument will certainly contribute with patients and subsidize nursing care to achieve the goals in the control of systemic BP in PHC.

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