Care of the Client Utilizing the Goal Attainment Theory

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Abstract:- Through the utilization of the Goal Attainment Theory, this clinical study was developed to monitor the client's Level of Adaptive Response to answer his self-image problem due to obesity. Nursing Care Plans and a Health Teaching Plan were formulated to be implemented to the client for ten (10) consecutive days. In the implementation phase, the progress of client's adaptive response and coping ability after each intervention were documented, counterchecked by the Public Health Midwife of the Barangay for authenticity and reliability, and then evaluated using the evaluative scale of the level of adaptive response as follows: 0 - 1.0 score as low; 1.1 - 2.0 as below average; 2.1 – 3.0 as average and 3.1 – 4.0 as high.

Utilizing the Assessment Tool based on Imogene M. King's Goal Attainment Theory and the statistical mean to determine the client's level of adaptive response, the findings were: In the Initial Assessment, the client obtained a mean score of 2.5 that showed an Average Level of Adaptive Response. Based from the identified priority problems in the initial assessment, nursing interventions were formulated. After the implementation of the nursing interventions, the client obtained a mean score of 3.1 in the Final Assessment that showed a High Level of Adaptive Response. A mean difference of 0.6 was obtained by the client that indicates an improvement in the Level of Adaptive Response from Average to High.

Based on these findings, the study recommended for the use of King's Goal Attainment Theory in the nursing process particularly in the care of obese clients as it is effective in increasing the level of adaptive response, hence, reducing the weight of the obese client. This study is useful to nurses as it guides them in the care of clients with self-image problem using the individualized assessment tool of Imogene M. King's Goal Attainment Theory.

Keywords:- Theory of Goal Attainment, Self-image Problem, Obesity, Level of Adaptive Response.

EXECUTIVE SUMMARY

I. INTRODUCTION

When it comes to the mind, apart from the various health and skin problems it can cause, obesity can also prove harmful. People who are battling obesity will often suffer from severe self-image issues. Society takes a negative view of those who are obese or overweight, and this can cause many emotional problems for people who have a weight problem. The negative attitudes in society towards those who are obese are major factors in self-image issues. Studies have revealed that more than 60% of people who are obese will suffer from psychological problems, including low self-esteem, poor self-image and depression (Obesity and Self-image, 2011).

A study conducted for the International Journal of Obesity found that among depressed individuals, those who were obese were five times as likely to overeat, and consequently, gain weight. That being said, one may deduce that psychological issues not only result from obesity; they also prevent it from being conquered (Long, 2010).

Although most cases of obesity due to faulty eating habit are caused by eating too many calories than what is to expend, it can also be linked to other factors. Current lifestyles denote that many of us exercise less. More and more, we use cars and modern gadgets and this, combined with less physically demanding jobs, signifies that we often do not do enough physical activity, promoting less expenditure of the calories we take in.

According to Windale (2012), in her article Beat Obesity and Be Happy – Love Yourself – Self-esteem is the Key, behavioral factors, specifically faulty eating habit, play a major role in the etiology of obesity, resulting for someone to have self-image problem. The habit of eating unhealthy food, binging and not paying attention to the appropriate time to eat, drastically affect one's size and can cause for one to be obese. This is very alarming due to obesity's close association with disorders such as hypertension, diabetes, and liver disease, which are growing epidemics across the world, not just here in the Philippines.

With the prevalence of being obese reaching more than half a billion people in the world, World Health Organization (WHO) states that obesity is one of the ten (10) most preventable health risks. Yet, at least 2.8 million deaths every year can be linked to obesity (Overweight: Situation and Trends, 2011). These findings indicate that obesity because of faulty eating habit is already a major health concern in the world today. Since it is the leading determinant for the increased mortality rate of people nowadays, this condition should not to be taken for granted. Health approaches must focus on interventions that would educate and inform the public on the dangers of inappropriate habit of eating and poor lifestyle choices, with their subsequent effects.

There are a number of behavioral models or theory to answer self-image problem due to obesity. All of them are geared towards helping individuals develop a set of skills to achieve a healthier weight. It is more than helping people to decide what to change; it is helping them identify how to change by being facilitated through the use of self-monitoring, goal setting and problem solving. Behavioral treatment is based primarily von principles of classical conditioning which posit that eating is often prompted by antecedent events or cues that become strongly linked to food intake. Behavior treatment helps clients identify cues that trigger inappropriate eating and activity to learn new responses to them. Treatment also seeks to reinforce or reward the adoption of positive behaviors (Brownell, 2000).

According to Gary D. Foster, Angela P. Makris and Brooke A. Bailer (2012), in their study Behavioral Treatment of Obesity, behavioral treatment produces weight loss of 8-10% during the first 6 months of treatment. Structured approaches such as meal replacements and food provision have been shown to increase the magnitude of weight loss. Most research on behavioral treatment has been conducted in university-based clinic programs. Although such studies are important, they tell us little about the effectiveness of these approaches in settings outside specialized clinics. Future research might focus more on determining how these behavioral techniques can be best applied in a real-world setting. Thus, this clinical study was conceptualized.

Making use of King's Goal Attainment Theory to help the client improve his level of adaptive response is of utmost important. The care must focus to take into consideration his personal, interpersonal and social aspects, to attain his goal of reducing weight, answering his self-image problem. Readers can now elicit information from the client's self-image problem due to obesity towards his goal for weight reduction through his adaptive response level. Eventually, readers will be aware of the threat that self-image problem poses.

The concepts of this study are applicable to validate the transmission of such knowledge by practicing nurses and researchers that will add to the unique body of knowledge essential to the profession and career. The systematic use of the Theory of Goal Attainment provides a framework for nursing practice. It gives a structure for teaching professional student nurses on how to base their practice and would aid to increase their general information through the implementation of the research findings, serving as a scientific development of a profession.

➢ *Research Problem*
How can a client with self-image problem due to obesity be assisted to increase his level of adaptive response for attaining his goal of weight reduction utilizing Imogene M. King's Goal Attainment Theory in the nursing process?

II. THEORETICAL FRAMEWORK

This is a clinical case study focused on the utilization of King's Theory in order to answer a client's self-image problem due to obesity by monitoring his Level of Adaptive Response. This Theory of Goal Attainment was developed by Imogene M. King, a nursing theorist, who has made significant and noteworthy contributions to the growth of nursing knowledge.

This theory offers insights into nurses' interactions with individuals and groups within the environment. It highlights the magnitude of client's participation in decision that influences care and focuses on both the process nurse-client interaction and the outcomes of care. (Application of Theory of Goal Attainment, 2011).

King this theory to emphasize the importance of the interaction between nurses and clients. She focused on man as a dynamic human being whose perceptions or ideas of objects, persons and events influence his social interaction and health; with an open systems framework as the basis of goal attainment. King formulated three (3) interacting systems, with each system having its own distinct group of concepts and characteristics. The relationship between these three (3) systems led to the Theory of Goal Attainment. She believed that interactions between the nurse and the client lead to transactions that result in goal attainment and through mutual goal-setting, transactions result in enhanced growth and development for the client (Imogene King's Theory of Goal Attainment, 2012).

These systems include personal system, interpersonal system, and social system. The personal system refers to the individual. The individual's perceptions of self, of time and of space influence the way he or she responds to persons, objects, and events in his or life. As he or she grows and develops over time, experiences with changes in structure and functions of their bodies influences their perceptions. Interpersonal system refers to individual's interacting with one another. Interactions and transactions that occur between the nurse and the client represent an example of an interpersonal system. The third and final interacting system is the social system. These are groups of people within a community or society that share common goals, interests, and values. It provides a framework for social interaction and relationships, establishing rules of behavior and courses of action. It is within these groups that individual's beliefs, attitudes, values and customs are formed (Imogene King's Theory of Goal Attainment, 2012).
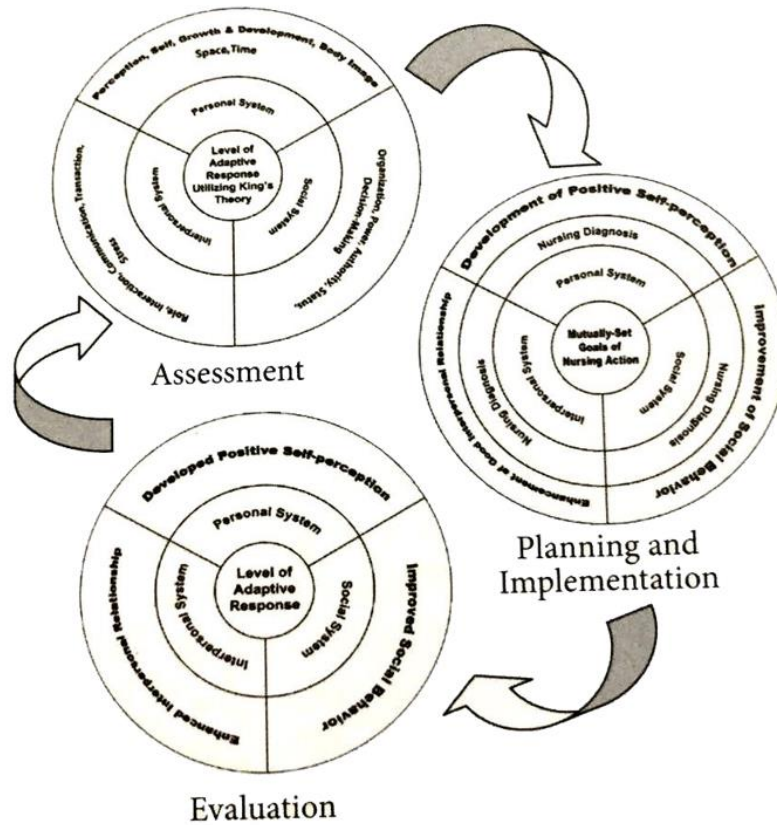
Fig l:- The Nursing Process Flowchart

Figure 1, The Nursing Process Flowchart, illustrates the utilization of Imogene M. King's Theory of Goal Attainment in the nursing process. It depicts to the client with self-image problem due to obesity in the promotion of his level of adaptive response.

III. METHODOLOGY

The Public Health Midwife referred the client from a community setting after a permission letter was sent to the health center to allow selection of such client to be the subject of the study. A behavior contract was executed between the nurse and the client for ten (10) consecutive days starting December 15 to December 24, 2011 to foster a lifetime of healthy choices and to develop a healthy eating habit. towards reducing weight.

During the assessment phase, a tool (checklist) was constructed and utilized to assess the client's adaptive response level based on the three (3) interacting systems of Imogene M. King to prioritize client' need. The data at the level where the mean score of the client per interacting system (category), namely: Personal System, Interpersonal System and Social System was computed and ranked to determine the priority problem areas to indicate its level of adaptive response. The mean is ranked from the least to the greatest to verify the areas which are deficit for the prioritization of Nursing Care Plans and the Health Teaching Plan. In the planning phase, each interacting systems were given goals mutually-set by both the nurse and the client. For the personal system, development of positive self-perception was agreed. Enhancement of good interpersonal relationship was laid down for the interpersonal system. And for the social system, improvement of social behavior was set as the goal.

Based on the priority problem areas identified in the initial assessment of the client, three (3) Nursing Care Plans were put together for each Interacting Systems summing up to nine (9) Nursing Care Plans. In addition, a Health Teaching Plan was formulated for health education with the topic, "Ways to Cope with Stress through Healthy Diet and Lifestyle Modification". During the Implementation Phase. a daily progress of the client's level of adaptive response was monitored and documented for ten (10) consecutive days from December 15 to 24, 2011, with the following objectives:
➢ Identify coping abilities and previous ways of dealing with life problems
➢ Verbalize understanding of body changes
➢ Attain desirable body weight with optimal maintenance of health

The data for evaluating the client's progress for weight reduction is based on measurable goals and outcome criteria. The Level of Adaptive Response is measured to determine the attainability of the client's goal to reduce weight. All statements in the assessment tool were to evaluate the client's level of adaptive response in relation to self-image problem. A perfect score of one hundred-twenty (120) indicates a high level of adaptive response, and the lowest score of zero (O) indicates that the client has no adaptive response at all. The data collected were treated through a statistical measure of central tendency.

All throughout the data analysis, the mean was utilized and computed through the following formulas:

To determine the Item Mean Score of the client's Level Adaptive Response during Initial and Final Assessment.

$$\text{Item Mean} = \frac{\text{Clients Score}}{\text{Number of Items}}$$

To determine or compute for the Overall Mean of the client's Level of Adaptive Response.

$$\text{Overall Mean} = \frac{\text{Total Mean of interacting Systems (Categories)}}{\text{Total Number of interacting Systems (Categories)}}$$

To determine the comparative result of the Initial and Final Assessment of the client.

Total Mean Score – Total Mean Score = Difference in the Level
(Final Assessment) (Initial Assessment) of Adaptive Response

The resulting mean was interpreted and plotted on an evaluative scale for the client's Level of Adaptive Response shown on Figure 2.
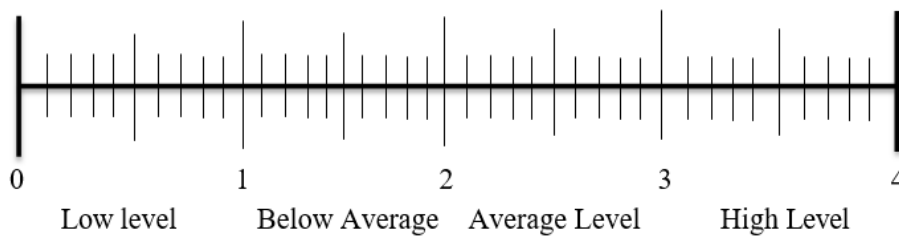

Fig 2

IV. SUMMARY OF FINDINGS

➢ *Assessment Phase*

Table 1 shows the data on the initial assessment of the client's level of adaptive response by category, namely: personal system, interpersonal system and social system. Among the three categories, the client got the highest mean score of 3.0 (average) in the Interpersonal System, followed by Personal System where he got the mean score of 2.7 (average). While in Social System, he obtained the lowest mean score of 1.8 (below average). These resulted in the overall mean score of 2.5 which meant that the client had an average adaptive response level.

Interaction Systems (Categories)	Number of Items	Perfect Score	Client's Score	Mean	Inter-pretation	Rank
1. Personal System Perception of Self	7	28	18			
Growth and Development	2	8	5			
Body Image Space	3	12	8	2.7	Average	2nd
Time	2	8	6			
Total/Mean						
	2	8	6			
	16	54	43			
2. Interpersonal System	2	8	6			
Communication Role	2	8	6			
Interaction and Transaction				3	Average	3rd
Stress	2	8	6			
Total/Mean	2	8	6			
	8	32	24			
3. Social System						
Organization	2	8	4			
Power. Authority						
and	2	8	3	1.8	Below	1st
Status	2	8	4		Average	
Decision-making						
Total/ Mean						
	6	24	11			
Grand Total and Overall Mean	30	120	78	2.5	Average	

Table 1:- The Initial Assessment of the Client's Level of Adaptive Response

The client's overall mean score of 2.5 during the initial assessment which indicated an Average Level of Adaptive Response is further shown in the scale below:
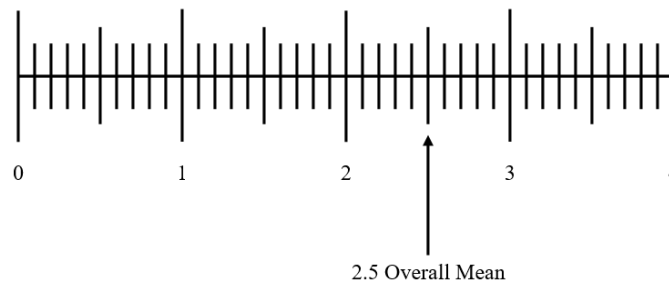

2.5 Overall Mean

Fig 3:- The Evaluative Scale Showing the Level of Adaptive Response in the Initial Assessment of the Client.

➢ *Evaluation Phase*

As shown in the following Table 2, the data in the three categories of Personal System, Interpersonal System, and Social System were computed and ranked to determine the client's adaptive response level in the final assessment. Result revealed that the client obtained a mean score of 2.8 in the Personal System category, which was considered only average, however, he got the mean scores of 3.4 and 3.2 in the Interpersonal System and Social System categories, respectively; both had a descriptive value of being high. The overall mean score was 3.1 which meant that the client showed a high level of adaptive response after the implementation of the nursing interventions.

Interaction Systems (Categories)	Number of Items	Perfect Score	Client's Score	Mean	Interpretation
1. Personal System Perception of Self Growth and Development	7	28	19		
Body Image Space	2	8	5		
Time		12	9		
Total/Mean	3	8	6	2.8	Average
	2	8	6		
	2				
	16	54	43		
2. Interpersonal System Communication Role	2	8	7		
Interaction and Transaction	2	8	7	High	
Stress	2	8	6		
Total/Mean					
	2	8	7		
	8	32	27		
3. Social System					
Organization	2	8	6		
Power. Authority	2	8	6		
and Status				3.2	High
Decision-making	2	8	7		
Total/ Mean					
	6	24	11		
Grand Total and Overall Mean	30	120	91	3.1	High

Table 2:- The Final Assessment of the Client's Level of Adaptive Response

The client's overall mean score of 3.1 during the assessment implied a high level of adaptive response as shown in the scale below:
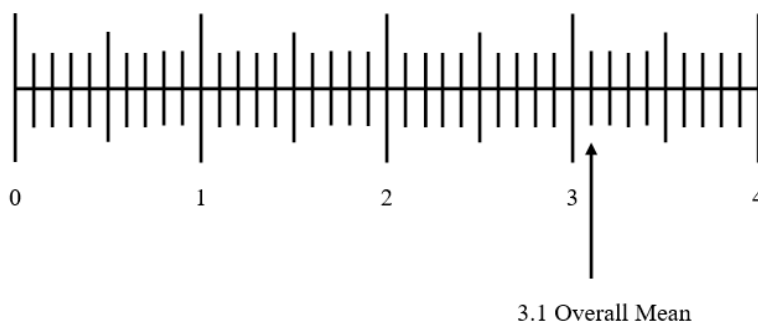
3.1 Overall Mean

Fig 4:- The Evaluative Scale Showing the Level of Adaptive Response in the Final Assessment of the Client

Table 3 shows the data at the level where mean score is compare in the initial and final assessment of the client. The mean computed to determine the mean difference of the client's adaptive response level in the final assessment from the initial assessment. The mean difference corresponds to the difference in the adaptive response level of the client. When the client's mean score (2.3) in the initial assessment was compared with his mean score (3. 1) in the final assessment, the mean difference was 0.6. This meant that there was an increase in the client's level - that is, from average level in the initial assessment to high level in the final assessment. The result further implied that the implemented nursing interventions were effective.

Categories	Initial Score	Initial Mean	Final Score	Final Mean	Mean Difference
1. Personal System Perception of Self Growth and Development Body Image Space Time Total/Mean Difference	18 5 8 6 6 43	2.7	19 5 9 6 6 43	2.8	0.1
2. Interpersonal System Communication Role Interaction and Transaction Stress Total/Mean	6 6 6 6 24	3	7 7 6 7 27	3.4	0.4
3. Social System Organization Power. Authority and Status Decision-making Total/ Mean	4 3 4 11	1.8	6 6 7 19	3.2	1.4
Grand Total and Overall Mean	78	2.5	91	3.1	0.6

Table 3:- Comparative Result of the Initial and Final Assessment of the Client's Level of Adaptive Response

The comparative result between the initial and final assessments reflects the difference of the client's level of adaptive response as shown in figure 5 below:
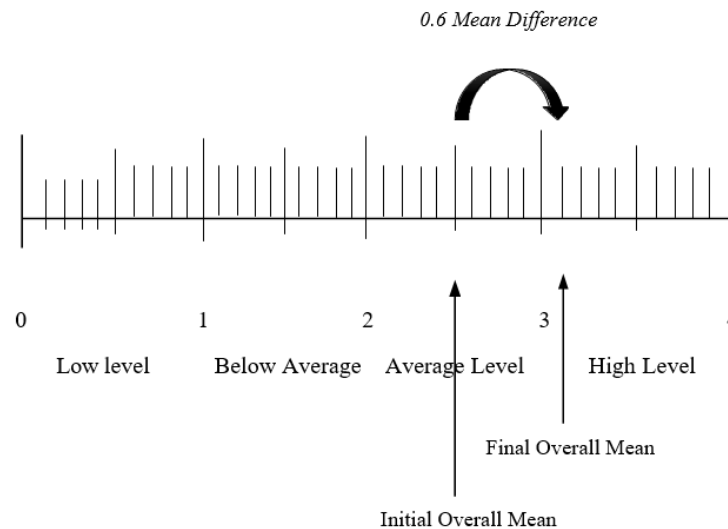
0.6 Mean Difference

Fig 5:- The Comparative Evaluation Scale Showing the Level of Adaptive Response in the Initial and Final Assessment of the Client

V. CONCLUSION

In utilizing the Imogene M. King's Goal Attainment Theory, the client with self-image problem was assisted to increase his level of adaptive response by attaining his goal of weight reduction. The nurse used ten (10) major concepts to support the Theory of Goal Attainment, namely; human interactions, transaction, perception, communication, role, stress, time, space, growth and development. The essence of this theory is wherein nurse and client interactions are characterized by verbal and nonverbal communication, in which information is exchanged and interpreted through transactions resulting to the desired goal of both the client and the nurse (Fawcett, 2005).

For the last 10 years, utilizing behavioral modification in application of learning theory to manage self-image problem due to obesity has been a standard therapeutic strategy for both adults and children. The energy imbalance leading to obesity is usually caused by behaviors that lead to increased food intake or decreased energy expenditure, denoting the habit of faulty eating. Behavior modification is recommended as one of the first approaches to obesity treatment however if it is not successful, medical treatments such as pharmacological or surgical interventions used in conjunction still with behavior amendment may be necessary. Treatment encourages individuals to make healthier lifestyle choices or transactions by including dimensions of increasing physical activity and modifying eating habits (Behavior Modification, 2011).

Effectively of the goal attainment depends greatly in the transaction being established by the nurse and the client. A successful transaction can only be achieved with an accurate perception of thought, similarity of role and therapeutic communication between the client and the nurse applying the theory. The Theory of Goal Attainment showed to be applicable in identifying priority problems that requires using interventions. This theory proved to be useful as the goals were formulated and set mutually by the client and the nurse taking in consideration the theorist Three (3) Interacting Systems. It highlighted the importance of client's participation in decision-making and the process of nurse-client interaction that influenced the effectiveness of nursing care for the attainment of goals.

In utilizing King's Goal Attainment Theory, the nursing interventions were instrumental in assisting the client to increase his level of adaptive response by not just developing a positive self-perception, but also enhancing interpersonal relationship and improving his social behavior. Consequently, attaining his goals for weight reduction as evidenced by weighing from 104 kilograms down to 98 kilograms after the implementation period of ten (10) days. Based on the findings of this clinical study, It is therefore concluded that the utilization of King's Goal Attainment Theory in the nursing process can serve its purpose to increase the Level of Adaptive Response to reduce the weight of the obese client, thus solving b self-image problem.

RECOMMENDATION

➢ Based on the outcome, it would be fitting to disseminate the result through this clinical study in the form of publication and research forum to capture the attention and interest of nurse practitioners, nurse educators, nurse administrators and the public that self image problem due to obesity could be intervened through the utilization of Imogene M. King's Goal Attainment Theory in the Nursing Process.

➢ Furthermore, it can be utilized by nurses working in the hospital or in the community for clients with problems or alterations in behavior and their response level.

➢ To set goals and specific objectives for their employees, nurse managers can make use of the Goal Attainment Theory of Imogene M. King by facilitating intended aim or purpose through transaction.

➢ The Nursing Field, in general, should recognize Imogene M. King's Goal Attainment Theory as competent and valuable in the professional practice of nursing,

specifically in the communication process.
- ➢ And due to its essential characteristic dealing in nurse-client interaction, the Goal Attainment Theory of Imogene M. King should be integrated in the nursing curriculum so as to enhance the knowledge, skills and attitudes of student nurses in caring clients with self-image problems and behavioral changes.

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