



ORIGINALS

Beyond physical care: emotional expectations of chronic patients towards Nursing in primary care

Más allá del cuidado físico: expectativas emocionales de pacientes crónicos hacia Enfermería en Atención Primaria

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<https://doi.org/10.6018/eglobal.631911>

eLocation-id: e631911

Received: 28/10/2024

Accepted: 15/6/2025

ABSTRACT

Introduction: Patients with chronic diseases require comprehensive health care through Nursing care that includes assessment of their emotions.

Objective: To analyze the perceptions of a group of chronic patients regarding the care provided by Nursing professionals in managing their emotions.

Method: Descriptive exploratory qualitative study applied to 25 chronic patients in a primary care health center in Ecuador. An in-depth interview was used as the data collection instrument. Data analysis involved text mining through the R Core Team program and discourse analysis.

Results: The following categories emerged: emotional support, interaction, communication, and comprehensive health.

Conclusion: There is an urgent need to integrate emotional support as an essential element in Nursing care for chronic patients, in accordance with Watson's human caring theory.

Keywords: chronic disease; emotions; Nursing care; humanization of assistance.

RESUMEN

Introducción: los pacientes con enfermedades crónicas requieren una atención integral de su salud a través de un cuidado de Enfermería que incluya la valoración de sus emociones.

Objetivo: analizar las percepciones de un grupo de pacientes crónicos en relación con el cuidado que brinda Enfermería en el manejo de sus emociones.

Método: estudio de diseño cualitativo tipo descriptivo exploratorio aplicado a 25 pacientes crónicos en un centro de salud de Atención Primaria en Ecuador. Se aplicó como instrumento de recolección una entrevista a profundidad. El análisis de datos implicó la de minería de texto través del programa R Core Team y el análisis de discurso.

Resultados: emergieron las siguientes categorías; apoyo emocional, interacción, comunicación y salud integral.

Conclusión: existe la apremiante necesidad de integrar el apoyo emocional como elemento esencial en el cuidado de Enfermería a pacientes crónicos, en concordancia con la teoría del cuidado humano propuesta por Watson.

Palabras clave: enfermedad crónica; emociones; cuidado de Enfermería; humanización de la atención.

INTRODUCTION

Primary Healthcare faces a growing challenge due to the increasing burden of chronic diseases globally. According to recent statistics from the World Health Organization (WHO), chronic diseases such as diabetes, cardiovascular disease, and respiratory conditions are responsible for 71% of deaths worldwide, corresponding to 41 million people annually. This rising prevalence not only places significant pressure on healthcare systems but also highlights the need for a comprehensive approach that includes the emotional and psychological aspects of affected patients ⁽¹⁾.

These pathologies require adaptations focused on lifestyle improvements by patients to control symptoms and prevent complications ⁽²⁾. This process necessitates a change in how individuals cope with their illness and approach their health. Consequently, patients must develop autonomy that enables them to effectively and consciously confront the various challenges generated by their pathology ⁽³⁾.

Furthermore, everyone reacts emotionally differently upon learning of their diagnosis, depending on factors such as personal and family history, myths, values, and beliefs. Additionally, environmental stressors can influence the course and management of their health condition. All these conditions can affect their immune system as well as treatment adherence, thus highlighting the importance of maintaining patients' emotional well-being ^(4,5).

Emotions are spontaneous and automatic responses that occur in response to different situations, experiences, and stimuli of daily life. These reactions may be satisfactory, such as joy, calmness, and love, or unsatisfactory, such as sadness, disappointment, anger, and worry. Moreover, they enable people to connect with their environment, express feelings and needs, and make decisions. Rengifo⁽⁶⁾ argues that recognizing, understanding, and managing emotions is crucial for coping with stress and cultivating healthy interpersonal relationships. Similarly, Doas⁽⁷⁾ contends that emotions play a regulatory role in human behavior, extending beyond the personal realm to contribute to both social harmony and individual development.

Evidence addressing emotional support in chronic disease management has been documented in various studies including meta-analyses and systematic reviews. These have demonstrated that emotional support provided by family members and healthcare professionals has a direct impact on treatment adherence and patients' quality of life. Byrne⁽⁸⁾ found that patients receiving adequate emotional support show

significant improvements in symptom control and overall well-being. Another analysis conducted by Stepheson et al.⁽⁹⁾ concluded that integrating emotional support into chronic patient care reduces the likelihood of hospitalizations and improves long-term outcomes.

Another approach is that developed by Watson's theory⁽¹⁰⁾ regarding the 10 factors centered on caring. These have been modified and are currently known as "caritas processes," encompassing the metaphysical aspect of care. Factor 5 addresses the manifestation of constructive and deconstructive emotions in patients through genuine listening to their life experiences. In this way, patients can express their feelings and be actively heard by Nursing professionals. From this perspective, emotions constitute an essential component of care, and Watson⁽¹¹⁾ describes them as "a window through which the soul is visualized."

However, there are occasions when the care provided by Nursing professionals is limited solely to the traditional biomedical model, neglecting the emotions that arise because of the person's health status. Therefore, it is fundamental to recognize that emotional needs are as important as physical ones for patients' comprehensive well-being.

The importance of patient-centered care has been emphasized by international organizations. The WHO ⁽¹²⁾, in its primary care guidelines, maintains that health systems must be redesigned to prioritize patients at the center of care. Likewise, the Organization for Economic Cooperation and Development (OECD)⁽¹³⁾ recommends that national strategies include a comprehensive approach centered on physical treatment, emotional and psychological support as fundamental elements in chronic disease care. This leads to a paradigm shift toward more humane and personalized care, where patients' emotional needs are not only valued but become a key component of Primary Healthcare.

Within this context, this study is relevant and provides deeper understanding of how Nursing can meet the emotional expectations of chronic patients, contributing to improved health outcomes and quality of life for this growing population. Thus, the purpose of this study was to explore chronic patients' perceptions of the care offered by Nursing professionals in relation to their emotions.

MATERIAL AND METHODS

A qualitative exploratory descriptive study was conducted with the participation of 25 patients diagnosed with chronic pathologies (diabetes and hypertension), selected from a total population of 72 patients who regularly attend their check-ups at a primary care center located in the city of Ibarra, Imbabura province, Ecuador. The sample was composed mainly of women (22 participants) and a minority of men (3 participants), with an age range between 24 and 82 years.

The inclusion criteria established were voluntary acceptance to participate in the study, absence of disabilities, and legal age. For data collection, an in-depth interview was employed using a semi-structured guide designed by researchers. This instrument was organized into two sections: the first contained sociodemographic items to characterize the participants; the second included two guiding questions that explored

whether the Nursing staff addressed the emotional aspects of patients and what were the expectations of the latter regarding the emotional care provided by Nursing professionals in the health unit.

Data collection was carried out during the first quarter of 2024. All interviews were recorded in audiovisual format, with an average duration of 15 to 20 minutes per participant. To determine the sample size, the theoretical saturation method was applied, which consists of simultaneous data collection and analysis, continuing with interviews until new data no longer provide significant elements to the research. Saturation was reached with 25 participants, confirming that the last three interviews did not generate new categories or additional relevant information to that already obtained.

For data analysis, the R Core Team software from 2022 was used, which facilitated the organization, coding, and thematic analysis of the interview content. In addition, the software allowed efficient management of qualitative data and helped in the identification of patterns and relationships between emerging categories.

A three-phase triangulation process was implemented to strengthen the validation of results. In the first phase, three analysts independently evaluated the data and subsequently compared their interpretations to reach consensus on the final categories. In the second phase, through methodological triangulation, the interview analysis was complemented with field notes and systematic observations. Finally, in the third phase, perspectives were compared among patients with different characteristics such as age, gender, and type of chronic disease. Additionally, member checking was conducted, and preliminary findings were presented to a sample of participants to confirm that the interpretations accurately reflected their experiences and perspectives.

The methodological rigor applied in data collection and analysis ensured the credibility and transferability of the results. The study met all ethical requirements, including obtaining informed consent from each participant and prior approval of the research by the Ethics Committee of the Faculty of Health Sciences at Universidad Técnica del Norte, through resolution UTN-CI-2023-125-R.

RESULTS

The sociodemographic analysis revealed that the sample consisted of 22 women and 3 men, with ages ranging from 24 to 82 years. Regarding educational level, 10 participants had primary education, 9 had secondary education, and 6 had higher education. In terms of occupation, 17 participants were engaged in domestic tasks, 3 were retired, 3 were entrepreneurs, 1 was a public employee, and 1 was a student. Concerning marital status, married patients predominated, followed by single, widowed, and divorced individuals. The majority religious affiliation was Catholic, with a minority of Mormon and atheist participants. All participants resided in urban areas, and the majority earned incomes below the established minimum wage.

It was found that younger patients (24-40 years) were more interested in recreational interactions and relaxation techniques, while older patients (60+ years) valued emotional support and treatment adherence monitoring. Women prioritized the need

for empathy and sensitivity, while men focused on open communication and understanding of their health conditions. Patients with severe chronic diseases such as advanced diabetes demanded more comprehensive care and treatment follow-up, while those with less limiting conditions emphasized emotional support and recreational activities.

Of the 25 patients, only 2 responded positively, affirming that there is care focused on emotions. However, the majority expressed the opposite.

"That's a joke, nobody has asked me about that." 025

"No, they never asked me, only the psychology people ask me about my emotions." 001

"No, the Nursing professional has never asked me about my emotions." 023

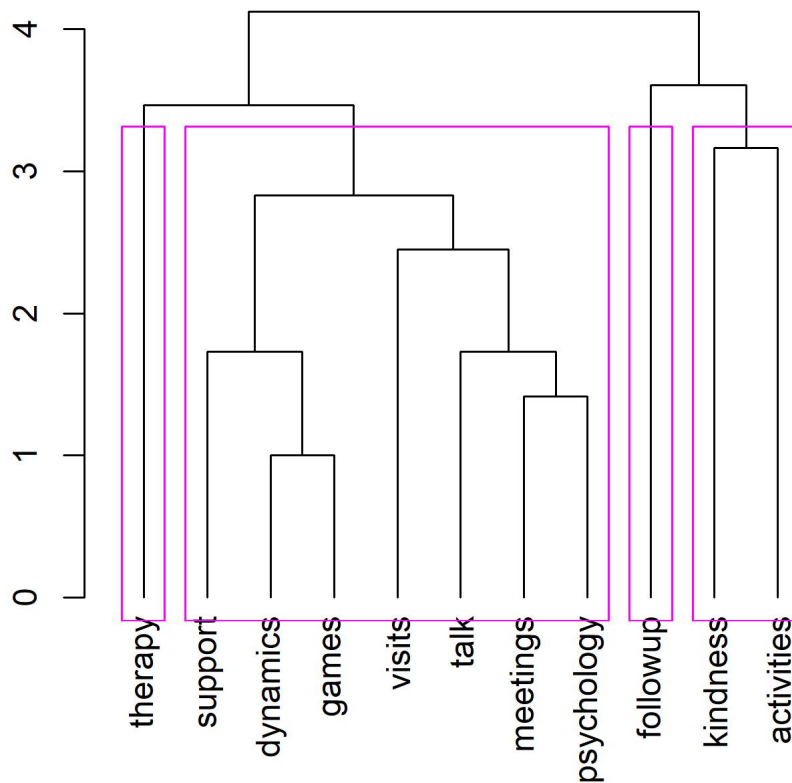
Another result of the analysis includes the frequencies of occurrence of each category and subcategory (Table 1).

Table 1. Frequencies of occurrence of each category and subcategory regarding the emotional expectations of chronic patients towards Nursing in primary care.

Category	Subcategory	Frequency
Emotional support	Empathy and sensitivity	10
	Acceptance of feelings	6
Interactions	Recreational activities	8
	Relaxation and breathing techniques	5
Communication	Open and assertive dialogue	9
	Listening and understanding	7
Comprehensive health	Information on lifestyles	4
	Treatment follow-up	6

According to this table, the most frequent categories were emotional support and communication, which underscores the importance that patients place on being heard and receiving emotional support. The subcategories related to empathy, sensitivity, and open dialogue were mentioned more frequently, indicating that patients seek human interaction that addresses their emotional needs (Figure 1).

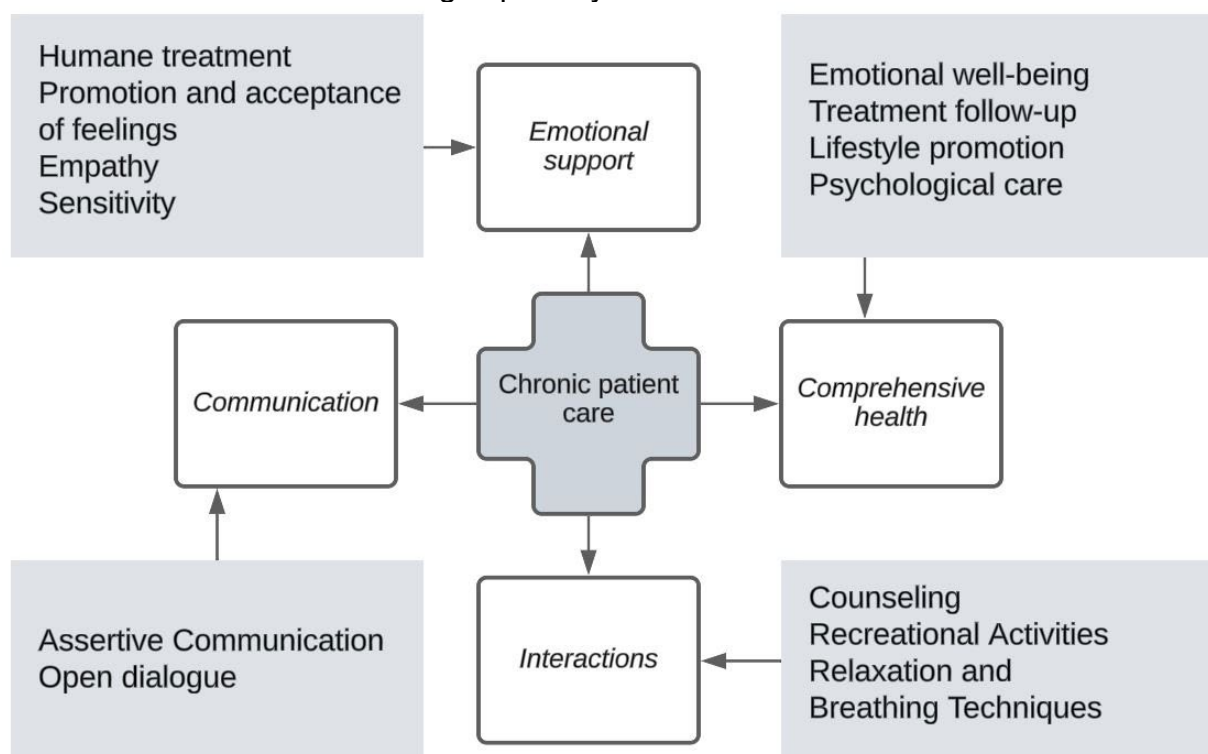
Figure 1: Dendrogram on the units of meaning in relation to the emotional expectations of chronic patients towards Nursing in primary care in relation to emotions.



The figure represents the expectations users expressed regarding the care provided by Nursing professionals in relation to their emotions.

Through cluster analysis (Figure 1), four categories were recognized based on patient expressions, which have been structured according to the measure of similarity or distance based on correlation. The first category, called emotional support, includes the term "therapy," and the comprehensive health category with the term "follow-up"; these are distinguished from the rest of the categories. In addition, terms such as dynamics, games, visits, meetings, and psychology are observed, forming the category "emotional support." On the other hand, the last identified categories "social interactions" and "communication," include terms like kindness, talks, and activities (Figure 2).

Figure 2: Categories and subcategories, emotional expectations of chronic patients towards Nursing in primary care in relation to emotions.



CATEGORY 1: EMOTIONAL SUPPORT

Patients express in their discourse the need for *emotional support* through empathy, sensitivity, and promotion of acceptance of their feelings.

"I would like them to put themselves in the patient's place, to show more empathy; Nursing professionals lack sensitivity with their patients. With just a small conversation, I would feel better." 025

"It would be wonderful if they had more affection, joy, and goodwill to talk about the emotions experienced in daily life; they would help us understand this situation in all aspects of the disease." 003

CATEGORY 2: INTERACTIONS

Patients demand more direct *interaction* with Nursing professionals at the health center. Therefore, in their narratives, they recognize the therapeutic value of these connections. Additionally, they express the need for interventions such as counseling, recreational activities, and relaxation and breathing techniques.

"I think the professionals should be more committed to us, they could organize activities and talks. I would like interaction with recreational dynamics to disconnect from my health problems." 017

"I would like them to hold meetings to address our emotions, asking us about them." 012

"That they give us the importance we need with a more manageable conversation so we can express ourselves." 020

CATEGORY 3: COMMUNICATION

In the context of communication, patients highlight the importance of assertive conversation and open dialogue with Nursing professionals. The demand arises from their appreciation for feeling heard and understood, which provides them with tranquility and confidence in addressing their health condition.

"Comprehensive communication from the Nursing staff is essential; I would appreciate them taking the time to have conversations that help us better understand how to take care of ourselves and how to face our disease." Feeling listened to and understood through a talk." 004

CATEGORY 4: COMPREHENSIVE HEALTH

Patients demand a greater focus on comprehensive health, recognizing the relevance of more holistic care. They require the provision of information on healthy lifestyles and constant monitoring of their treatments.

"I would like the Nursing staff to visit me because they used to visit me; there I felt very good and calm because they explained all the medications, the food, and everything to me." 008

"That they are not only a health professional, but that they value this human part of people; by engaging in conversation, they can make people express their feelings and vent, giving a little opening to emotions." 021

DISCUSSION

This study reveals important findings regarding the emotional expectations of chronic patients toward Nursing professionals in primary care, highlighting four main categories: *Emotional support, interactions, communication, and comprehensive health*. The results are consistent with research conducted in other cultural contexts. The study conducted in New Zealand by Byrne et al.⁽⁸⁾ found that care based on empathy and emotional support significantly improves treatment adherence and patient satisfaction.

However, in healthcare systems such as the Swedish model, Nursing is more oriented toward technical care and less toward emotional needs. Pejner et al.⁽¹⁴⁾ argue that professionals need more knowledge about how emotional support can be utilized in Nursing interventions for the development of comprehensive patient care. In contrast to these assertions, the results suggest that professional training and healthcare system context may influence the prioritization of emotional care for chronic patients.

Emotional support is an essential component of healthcare. Emotions are an intrinsic part of daily life and play a fundamental role in the experience of chronic patients. Their dysregulation can exacerbate both psychological and physical conditions⁽¹⁵⁾. The narratives reveal that chronic patients expect more than care oriented toward their physical needs; they demand emotional attention accompanied by empathy and a closer relationship with professionals. The lack of emotional support indicates a lack of sensitivity in addressing their needs, which may compromise treatment adherence and overall well-being.

In the second category termed *interaction*, the need of chronic patients for a closer connection with professionals was explored, recognizing the therapeutic value of this relationship through interventions such as counseling, recreational activities, relaxation techniques, and breathing exercises. Thus, evidence addresses various comprehensive strategies that include emotional aspects that can improve clinical outcomes and increase patient satisfaction. Studies exist that demonstrate the effectiveness of Nursing interventions in providing coping mechanisms and emotional support to improve overall well-being ^(16,17).

Communication emerges as a key category; patients' demand for emotional support and a comprehensive health approach reflects this need, especially regarding topics directed toward lifestyle guidance and emotional management. In this regard, some studies maintain that Nursing professionals must communicate effectively with patients, demonstrating courtesy, kindness, and sincerity, maintaining confidentiality and considering the patient's environment. These actions lead to satisfaction and achievement of positive outcomes in patients ^(18–20).

Through the *comprehensive health* category, the patients' need to humanize their care is recognized, as described by Watson⁽²¹⁾ through *Caring Science* and the concept of *Caritas*. These findings also align with other Nursing theories such as Orem's ⁽¹¹⁾, which emphasize that patients need support in managing their self-care, both physical and emotional, focusing on the need to help patients manage their self-care holistically.

On the other hand, the results contrast with Meleis's *Transition Theory* ⁽²²⁾, which declares the importance of accompanying patients through health changes. Although patients in this study highlighted the lack of emotional support, this theory suggests that transitions associated with chronic diseases require emotional care, which was insufficiently provided by Nursing professionals according to the patients.

Furthermore, it is important to highlight that emotional management and assertive communication constitute soft skills in Nursing professional training. From this perspective, various studies support that soft skills are essential due to their significant impact on care humanization and complement the technical skills necessary to provide comprehensive patient care ^(23,24).

In this regard, continuing education programs should focus on developing skills such as empathy, active listening, and emotional management, following holistic care models. Additionally, workshops on basic counseling techniques and group dynamics should be included, as these have been demanded by patients as mechanisms to address their health problems.

The demographic composition of the sample, predominantly female and low-income, could have influenced the results, as this gender tends to express emotions more openly and demand more empathetic care. Moreover, from a geographical context, most of this patient group resides in urban areas. This characteristic could also have affected the expectations reflected in their responses. In this sense, patients in rural environments might have different perceptions regarding emotional support or access to health resources.

A key recommendation for future research would be to conduct longitudinal studies that examine how the emotional expectations of chronic patients change over time. This would allow capturing the evolution of their emotional demands and the impact of long-term Nursing care accompaniment.

To obtain a more balanced view of the phenomenon, the perspective of Nursing professionals should be incorporated in other studies. Understanding their challenges, limitations, and perceptions regarding emotional care would facilitate the design of more effective strategies to improve emotional care. Likewise, it would be important to explore in depth how professionals manage the emotional stress inherent to their daily practice and the institutional and personal barriers they face when attempting to provide more humanized care centered on patients' emotional expectations.

CONCLUSIONS

This study reveals the urgent need to integrate emotional support as an essential component in Nursing care for chronic patients, aligning with Jean Watson's theory of humanistic care. The findings underscore four critical areas of patient expectations: emotional support, meaningful interactions, effective communication, and a comprehensive health approach. These expectations transcend the traditional biomedical model, demanding care that recognizes and validates the emotional experiences of patients, establishes deeper therapeutic connections, and promotes assertive and empathetic communication. Furthermore, it is important to consider the interconnection between physical and emotional health in the management of chronic diseases.

The need to reorient Nursing practice towards a model that fully integrates emotional care is highlighted, recognizing its fundamental role in the health experience of chronic patients. Only through this holistic approach can we move towards truly patient-centered care and significantly improve the quality of life of those living with chronic diseases. It is essential to recognize the kindness and emotional sensitivity of human interactions as essential pillars of care, as proposed by Watson in her theory, to create a compassionate and empathetic care environment for the patient.

The results have significant implications for multiple aspects of Nursing. In clinical practice, it is imperative to develop care protocols that systematically incorporate emotional support. Also, Nursing education could emphasize the development of skills in emotional intelligence and therapeutic communication. At the health policy level, guidelines that recognize and promote the importance of emotional care in the management of chronic diseases are required.

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