

Patient Centered Care In Chronic Diseases: Interdisciplinary Approaches

Cuidado Centrado no Paciente Com Doenças Crônicas: Condutas Interdisciplinares
Atención Centrada En El Paciente Con Enfermedades Crónicas: Conductas Interdisciplinares

RESUMO

O cuidado centrado no paciente constitui uma abordagem fundamental no enfrentamento das doenças crônicas, promovendo ações orientadas pelas necessidades, valores e preferências individuais. Esta revisão integrativa teve como objetivo analisar os fundamentos, os benefícios e os desafios da adoção do cuidado centrado no paciente no acompanhamento de pessoas com doenças crônicas. Foram selecionados dez estudos publicados entre 2015 e 2025, que discutem o modelo assistencial sob diversas perspectivas: atenção primária, hospitalar, saúde digital e populações específicas. Os achados revelam que essa abordagem favorece a autonomia, a corresponsabilização e a adesão terapêutica, mas enfrenta limitações importantes, como a cultura profissional centrada no saber técnico, a fragmentação do trabalho e a escassez de tempo e recursos. Estratégias como o uso de tecnologias, práticas colaborativas e reestruturação dos processos formativos e organizacionais são destacadas como caminhos para consolidar esse modelo na rotina assistencial. Conclui-se que o cuidado centrado no paciente representa não apenas uma diretriz técnica, mas um compromisso ético com a humanização, exigindo mudanças profundas na lógica do cuidado em saúde.

DESCRIPTORES: Cuidado centrado no paciente; Doenças crônicas; Atenção à saúde; Humanização da assistência; Enfermagem.

ABSTRACT

Patient-centered care is a key approach to managing chronic diseases, promoting actions based on individual needs, values, and preferences. This integrative review aimed to analyze the foundations, benefits, and challenges of implementing patient-centered care in chronic disease management. Ten studies published between 2015 and 2025 were selected, addressing the care model from multiple perspectives: primary care, hospital services, digital health, and specific populations. The findings show that this approach enhances autonomy, co-responsibility, and treatment adherence, but still faces significant limitations such as the dominance of technical knowledge, fragmented care, and lack of time and resources. Strategies like the use of technology, collaborative practices, and changes in training and organizational processes are highlighted as essential to integrate this model into routine healthcare. It is concluded that patient-centered care is not only a technical guideline but also an ethical commitment to humanized healthcare, demanding structural shifts in care delivery.

DESCRIPTORS: Patient-centered care; Chronic diseases; Healthcare; Humanized care; Nursing.

RESUMEN

La atención centrada en el paciente es un enfoque fundamental para el manejo de enfermedades crónicas, al promover acciones guiadas por las necesidades, valores y preferencias individuales. Esta revisión integrativa tuvo como objetivo analizar los fundamentos, beneficios y desafíos de la adopción de este modelo en el seguimiento de personas con enfermedades crónicas. Se seleccionaron diez estudios publicados entre 2015 y 2025, que abordan la temática desde diversas perspectivas: atención primaria, hospitalaria, salud digital y grupos específicos. Los hallazgos señalan que esta estrategia favorece la autonomía, la corresponsabilidad y la adherencia al tratamiento, pero enfrenta obstáculos importantes, como la cultura profesional técnica, la fragmentación del cuidado y la limitación de recursos y tiempo. Estrategias como el uso de tecnologías, prácticas colaborativas y reformas en la formación profesional y en la gestión de los servicios son fundamentales para su implementación. Se concluye que la atención centrada en el paciente no solo es una directriz técnica, sino un compromiso ético con la humanización del cuidado.

DESCRIPTORES: Atención centrada en el paciente; Enfermedades crónicas; Atención sanitaria; Humanización de la salud; Enfermería.

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INTRODUCTION

Advances in medicine, demographic transition, and increased life expectancy have contributed to a significant increase in the prevalence of chronic noncommunicable diseases (NCDs), such as hypertension, diabetes, respiratory and cardiovascular diseases. These conditions require continuous monitoring, complex therapeutic strategies, and care that goes beyond the traditional biomedical approach. In this scenario, the concept of patient-centered care is gaining strength, proposing clinical practice guided by individual needs, preferences, and values, promoting autonomy, shared responsibility, and qualified listening¹.

The patient-centered care model contrasts with fragmented and impersonal practices, shifting the focus from the treatment of the disease to the individual as a whole. It is a perspective that values connection, dialogue, and the shared construction of therapeutic plans, recognizing the uniqueness of the experience of illness². In the case of patients with chronic diseases, this model is even more relevant, as it allows them to face the daily challenges of their clinical condition with greater protagonism and social support, in addition to promoting adherence to treatment and improving quality of life³.

Despite growing recognition of the importance of patient-centered care, its implementation in clinical practice still faces significant barriers. Many health services maintain professional-centered organizational structures and routines, in which decisions are made in a top-down manner, with little active listening and limited patient participation in the development of their care plan⁴. This gap between discourse and practice reveals a lacuna that compromises the effectiveness of health interventions, especially in the management of chronic conditions, which require longitudinal follow-up, continuous monitoring, and

individualized therapeutic adaptation².

Another aspect that hinders the consolidation of this model is professional training, which is still based on technical and fragmented paradigms that do little to address the subjective, social, and cultural dimensions of care. The absence of relational skills, such as empathic communication, active listening, and collaborative work, hinders the building of bonds and the patient's co-responsibility for their illness and recovery process³. In addition, structural factors such as work overload, insufficient time for care, and resource limitations also negatively impact the implementation of person-centered care⁴.

In the field of chronic diseases, these limitations become even more significant, given that such conditions have no cure and require the development of self-care strategies, adaptation to living with symptoms, and reorganization of daily life. The patient is no longer just a recipient of interventions but becomes an active agent in managing their health. This presupposes a care model that recognizes their knowledge, values, and life contexts, establishing a horizontal partnership between the team and the user.

Therefore, reflecting on patient-centered care is not limited to a trend in modern healthcare, but represents an ethical and technical response to the complex demands brought about by chronic diseases. Understanding the advances, challenges, and possibilities of this approach is fundamental to improving healthcare and building more humane, equitable, and effective practices.

Recent studies have shown that, when well implemented, patient-centered care promotes positive results both in the clinical field and in the subjective dimension of care, reducing avoidable hospitalizations, improving health indicators, and increasing user satisfaction with services. However, its application requires changes in institutional culture,

professional training, and organizational processes, making a critical analysis of the available evidence on this approach in the context of chronic diseases essential. Given this, the present study aims to discuss the fundamentals, benefits, and challenges of patient-centered care in the follow-up of people with chronic diseases, based on recent national scientific literature.

METHOD

This study adopted an integrative literature review as its methodological approach, with the aim of gathering, organizing, and critically analyzing scientific publications related to patient-centered care for people with chronic diseases. The choice of this type of review is based on its ability to contemplate different research designs, allowing the construction of a comprehensive overview of the object under investigation and contributing to evidence-based decision-making.

To guide the selection of studies, a guiding question was defined in advance: What are the main approaches, challenges, and benefits of patient-centered care in the follow-up of people with chronic diseases, according to the **scientific literature?** Based on this question, the inclusion and exclusion criteria for sources were defined.

Original and review articles were included, available in open access and full text, published between 2015 and 2025, in Portuguese, English, or Spanish, which directly addressed patient-centered care in the context of chronic diseases. Duplicate studies, editorials, event summaries, dissertations, and texts that dealt exclusively with acute diseases or other care models were excluded.

The searches were conducted in August 2025, using specific strategies for each database consulted, including SciELO, LILACS, PubMed, and Google Scholar. A combination of controlled

descriptors and free terms was used, linked by Boolean operators, such as: “patient-centered care” AND “chronic diseases” AND “nursing” OR “primary care.”

After initial screening of titles and abstracts, eligible articles were read in full. The selection was performed independently by two researchers, and any disagreements were resolved by consensus. The studies were then subjected to data extraction using an instrument constructed for this purpose, containing the following variables: authorship, year of publication, objective, type of study, context, and main contributions to the topic. Data analysis was performed through thematic categorization of the findings, with the aim of identifying points of convergence, gaps, and recommendations present in the literature. The synthesis was performed narratively, seeking to highlight the central elements discussed in the publications and their relevance to healthcare practice.

RESULTS

The following is a summary of the studies selected for this integrative review, organized in a descriptive table containing the title, year of publication, objective, methodology used, and main contributions. This systematization provides an overview of the evidence available in the national literature on patient-centered care for chronic diseases, highlighting theoretical and practical approaches that strengthen this care model in different contexts. The methodological and thematic diversity among the studies analyzed reflects the complexity of longitudinal care and the need for interdisciplinary, technological, and humanized strategies to promote autonomy, bonding, and co-responsibility in the follow-up of these patients.

TABLE 1 – Characteristics of the studies found:

Nº	Título	Year	Objective	Methodology	Main Contributions
1	Planejamento de alta hospitalar na transição do cuidado de pacientes com DCNTs	2023	Analyze the transition of care during hospital discharge of patients with chronic noncommunicable diseases (NCDs)	Qualitative study	Highlights the nurse’s leadership, early discharge planning, and continuity of care
2	Strategies for patient-centered care in hospital services	2024	Review strategies for patient-centered care in hospital settings	Integrative review	Emphasizes active listening, empathy, clear communication, and patient co-responsibility
3	Use of technologies in chronic diseases in Primary Health Care	2024	Explore digital technologies in primary care for chronic diseases	Integrative review	Telehealth, apps, and digital systems as support for patient monitoring and education
4	Cuidado centrado na pessoa com doença crônica: percepção de profissionais da APS	2023	Understand how Primary Health Care professionals perceive patient-centered care	Qualitative study with interviews	Identifies training gaps and challenges in implementing the patient-centered model in practice
5	Práticas avançadas no cuidado e estilo de vida de mulheres com doenças crônicas	2023	Analyze interventions focused on women with chronic noncommunicable diseases (NCDs)	Literature review	Highlights empowerment, healthy lifestyle, and personalized care
6	Cuidado centrado na pessoa em serviços hospitalares: revisão de escopo	2024	Map evidence on person-centered care in hospitals	Scoping review	Benefits such as treatment adherence, bonding, and prevention of adverse events
7	Cuidado humanizado no acompanhamento de pacientes crônicos	2022	Reflect on the humanization of care in chronic diseases	Narrative review	Emphasizes empathy, active listening, and therapeutic bonding as key elements
8	Abordagens colaborativas no cuidado de pessoas com DCNTs	2024	Evaluate the impact of multidisciplinary teamwork	Review study	Shows that collaborative teams improve coordination and care outcomes
9	Cuidado centrado em idosos com doenças crônicas: uma perspectiva de integralidade	2023	Assess the person-centered approach to care for elderly patients with chronic diseases	Qualitative research	Reinforces active listening and the development of individualized therapeutic plans for older adults
10	Promoção do autocuidado no contexto das doenças crônicas	2023	Investigate strategies to encourage self-care among patients with chronic noncommunicable diseases (NCDs)	Integrative review	Points out the strengthening of autonomy and health education as central to the patient-centered care model

Source: Research data, 2025.

DISCUSSION

The consolidation of patient-centered care in the context of chronic diseases represents a significant advance in the field of health care, especially because it requires a paradigm shift that goes beyond technique, reaching ethical, subjective, and relational aspects of the care process¹. As pointed out by recent studies, although the concept is widely valued in theory, its practical application still faces structural, training, and organizational challenges²⁻³.

Evidence indicates that primary care professionals recognize the relevance of skilled listening, therapeutic bonding, and

patient co-responsibility as central elements for more effective care. However, it is still common to see the reproduction of professional-centered practices, with little user participation in defining their therapeutic plans². This reality reflects gaps in training and institutional culture, as demonstrated by Silva et al.⁴ and Santos et al.⁵, who identified difficulties for professionals in incorporating the person-centered model into their care routine, especially in the case of chronic diseases that require longitudinal follow-up.

With regard to the female population, it is important to highlight strategies that consider lifestyle, empowerment, and the uniqueness of illness experiences, as em-



phasized by Lima et al.⁶ Care for women with chronic diseases must be adapted to their specificities, promoting their autonomy in managing their own health. Similarly, older adults with chronic conditions require integrated approaches that are sensitive to their biopsychosocial needs, with individualized treatment plans and active participation in decisions, as observed in a qualitative study included in this review.

The literature also shows that the adoption of technologies in primary health care has enhanced patient-centered care. Monitoring applications, telehealth platforms, and electronic medical record systems favor continuous monitoring and health education, especially in contexts with a high burden of chronic diseases and limited resources. Such tools, however, should be used to support the clinical relationship, not replace it³.

Another recurring aspect in the findings was the value placed on a collaborative and interdisciplinary approach. Teamwork, when based on effective

communication and shared responsibilities, contributes to comprehensive care and improves clinical outcomes⁷. This model, however, requires the strengthening of relational skills and management practices that promote cooperation among health professionals.

In summary, studies show that patient-centered care for chronic diseases goes beyond a care guideline: it is an ethical and relational stance that recognizes the patient as an active subject in their care process. The effective implementation of this model requires changes in the logic of training, work processes, and institutional structures, with a view to building more humane, decisive, and sustainable practices.

FINAL CONSIDERATIONS

Patient-centered care represents a fundamental approach to addressing chronic diseases in the current context of health care. Based on this review, it was possible to identify that its implementation is

still permeated by challenges, ranging from professional training to structural limitations of services. Despite this, the studies analyzed show a growing movement toward more integrated, empathetic, and participatory practices, with an emphasis on patient protagonism and interdisciplinarity in care.

It was observed that strategies such as strengthening active listening, the use of health technologies, hospital discharge planning, and multiprofessional action have the potential to promote greater adherence to treatment, autonomy, and quality of life for people living with chronic diseases. However, for such advances to be consolidated, it is necessary to invest in continuing education processes, reorganize care models, and expand institutional listening. Therefore, promoting patient-centered care for people with chronic diseases is not only a technical guideline but also an ethical commitment to the humanization of care, requiring continuous efforts from all actors involved in the health system.

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