

HUMAN DIMENSIONS IN NURSING PRACTICE: BETWEEN ADHERENCE TO PROTOCOLS AND CHRONIC PATIENT CARE

¹CABANILLA BORBOR JENIFFER JAZMIN,
²MANZANO GALLEGOS LISSET ALEXANDRA,
³BUSTAMANTE SILVA JOSELINE STEFANÍE,
⁴ANDRADE PIZARRO, LISBETH MADELAYNE

¹UNIVERSIDAD ESTATAL DE MILAGRO

e-mail: jcabanillab@unemi.edu.ec

ORCID: <https://orcid.org/0009-0006-2704-3125>

²UNIVERSIDAD ESTATAL DE MILAGRO

e-mail: lmanzanog@unemi.edu.ec

ORCID: <https://orcid.org/0009-0004-2427-7570>

³UNIVERSIDAD ESTATAL DE MILAGRO

e-mail: jbustamantes@unemi.edu.ec

ORCID: <https://orcid.org/0000-0003-0208-2962>

⁴UNIVERSIDAD ESTATAL DE MILAGRO, ECUADOR

e-mail: landrade2@unemi.edu.ec

ORCID: <https://orcid.org/0000-0003-3847-1724>

Summary

This article analyzes the tensions and synergies between the technical and human dimensions in nursing practice, especially in the context of chronic patient care. Based on a recent literature review and a qualitative approach based on interviews with health professionals, the challenges faced by nurses in balancing adherence to clinical protocols with personalized and empathetic care are evident. The results reveal that respect for the patient's individuality, effective communication, and emotional containment are key factors that strengthen the quality of care, without necessarily conflicting with institutional regulations.

Keywords: nursing, humanization of care, chronic patient, clinical protocols, professional ethics, health.

INTRODUCTION

Nursing practice has evolved considerably in recent decades, not only in technological and scientific terms, but also in its ethical and relational dimension. In the current context, characterized by saturated health systems, population aging, and the sustained increase in chronic non-communicable diseases, the role of nursing acquires critical relevance in the construction of person-centered care (Pérez-Fuentes et al., 2021). Beyond the application of clinical protocols and care techniques, nursing care implies the ability to establish meaningful human bonds, where empathy, active listening and understanding of the suffering of others become tools as valuable as technical knowledge.

In this sense, chronic patient care represents a particularly sensitive field. This type of patient usually experiences not only persistent physical symptoms, but also psychological and social effects derived from their prolonged condition (Silva-Miranda et al., 2022). Therefore, nursing interventions must respond to a complexity that transcends the limits of biomedical care. However, the growing processes of institutionalization and standardization of clinical work, often driven by quality, accreditation, and risk reduction policies, have

promoted a strong protocolization of care, which can reduce professional practice to the execution of predefined tasks (Arévalo-González et al., 2023).

This tension between compliance with protocols and humanized care has been widely recognized in recent literature, especially in contexts where working conditions, available time, and the relationship with users are deteriorated by inflexible institutional dynamics (Rodríguez-González et al., 2020). Thus, the need arises to rethink nursing practice from an integrative perspective that allows harmonizing the technical dimension with the human dimension, particularly when it comes to the care of people with chronic pathologies, who require continuity, emotional accompaniment and adaptation to diverse personal contexts.

This research aims to critically analyze the human dimensions in nursing practice, examining how professionals face the institutional demands of protocolization without losing sight of the uniqueness and dignity of each patient. It seeks to identify the strategies, dilemmas and perceptions of nursing staff in their daily effort to provide comprehensive care to chronic patients, in the midst of standardized clinical environments.

Theoretical Framework

1. Humanization of nursing care

Humanization in care is an approach that recognizes the person as an integral being, with physical, emotional, social, and spiritual needs. In nursing practice, this concept involves much more than executing clinical procedures; it requires presence, active listening, empathy, and respect for the patient's dignity (Muñoz-Cabezas et al., 2022). This paradigm has been consolidated especially in hospital and chronic care settings, where prolonged suffering and dependency create the need to establish deeper relational links between professionals and patients.

Humanization is also linked to the ethics of care, understood as an affective and moral commitment to the well-being of others. According to Ortega-Moreno et al. (2021), humanization is a cross-cutting axis of quality care, and its absence has a negative impact on therapeutic adherence, the perception of the service, and health outcomes.

2. CLINICAL PROTOCOLS AND STANDARDIZATION OF WORK

Clinical protocols are essential tools for ensuring patient safety, reducing variability in care, and improving clinical outcomes. Its application allows evidence-based decisions to be made and institutional resources to be optimised (Martínez-Segura et al., 2020). However, its strict implementation can lead to a mechanistic view of care, displacing the uniqueness of each patient in favor of standardized processes.

In the field of nursing, this standardization has generated debates about the possible depersonalization of care. Caring under strict parameters can hinder professional creativity, adaptation to diverse social contexts, and the exercise of clinical intuition, key elements in chronic patient care (Gómez-Cantorna et al., 2023).

3. CHRONIC PATIENT CARE AS A RELATIONAL PROCESS

The care of people with chronic diseases implies a prolonged relationship between the nursing professional and the patient, which favors the development of bonds of trust, emotional accompaniment, and understanding of the family and community environment (Ramírez-Mendoza et al., 2021). This type of care is characterized by its continuity over time and by requiring interventions that address both the clinical and psychosocial aspects of the patient.

In this context, nursing plays a key role as a mediator between the health system and the patient, helping to interpret protocols from an adaptive and personalized perspective. The role of the professional is not limited to the administration of treatments, but also includes patient education, emotional containment, and facilitation of their autonomy (López-Valverde et al., 2022).

Table 1. Comparison of theoretical approaches to nursing care in chronic patients

<i>Dimension</i>	<i>Humanization of care</i>	<i>Clinical protocolization</i>	<i>Chronic patient care</i>
<i>Approach</i>	Holistic, ethical, and emotional	Technical, standardized, and evidence-based	Relational, continuous and interdisciplinary
<i>Main objective</i>	Promote the dignity, empathy and integral well-being of the patient	Reduce errors, improve efficiency and standardise procedures	Achieving therapeutic adherence and improving long-term quality of life
<i>Associated risks</i>	Excessive subjectivity, difficult to measure	Depersonalization, rigidity, bureaucratization of care	Emotional overload of staff, patient dependence
<i>Role of the nursing professional</i>	Facilitator of human bonding and emotional support	Enforcer of standards and clinical guidelines	Educator, companion and articulator of medical and social resources

Source: Authors' elaboration based on Gómez-Cantorna et al. (2023); Muñoz-Cabezas et al. (2022); Ramírez-Mendoza et al. (2021); Martínez-Segura et al. (2020); López-Valverde et al. (2022).

Methodology

This study was framed within a **qualitative approach** of an interpretative phenomenological nature, which allows us to understand the lived experiences and meanings attributed by nursing professionals to their daily practice with chronic patients (Creswell & Poth, 2021). This perspective is especially suitable for exploring human, emotional and ethical dimensions of care, which cannot be reduced to quantifiable data.

Design and participants

Purposive sampling was used to select participants who met the criteria of significant experience and direct contact with the care of chronic patients. A **total of 15 nursing professionals** from different levels of care (hospitals, primary care centers, and home care units), with at least **5 years of clinical experience**, distributed in public institutions in three departments of central and eastern Colombia, were included.

The selection sought contextual **heterogeneity**, spanning urban and rural environments, in order to capture a diversity of experiences. Theoretical saturation was reached by noticing repetition in the emerging categories, which indicated sample sufficiency (Saunders et al., 2018).

Information collection techniques

In-depth semi-structured interviews **were conducted**, with an average duration of 45 minutes per participant, recorded with informed consent and under ethical principles of confidentiality. The interview guide included exploratory-oriented questions:

- Perceptions about the relationship with chronic patients.
- Experiences around the use of protocols.
- Personal strategies for humanizing care.

The fieldwork was carried out between November 2024 and April 2025. Subsequently, the interviews were **transcribed verbatim** and subjected to rigorous analysis.

Analysis of information

The analysis was carried out using the **inductive thematic coding** technique, supported by the **NVivo 14** software. The phases proposed by Braun and Clarke (2021) were followed: familiarization with the data, generation of initial codes, search for topics, review of topics, definition of topics, and writing of the report.

Triangulation between investigators and member checking strengthened the **internal validity and credibility** of the study.

Ethical aspects

The study was approved by an institutional ethics committee (Minute No. 033-2024), complying with the principles established in the Declaration of Helsinki and Resolution 8430 of 1993 of the Ministry of Health of Colombia. All participants signed **written informed consent**, guaranteeing anonymity and academic use of the information collected.

Table 2. Methodological design of the study

Category	Description
Approach	Qualitative, phenomenological interpretative
Harvesting technique	In-depth semi-structured interviews
Sample	15 nurses with ≥ 5 years of experience
Sampling	Intentional (criteria of experience and contact with chronic patients)
Analysis tool	Thematic coding with NVivo 14
Quality criteria	Theoretical saturation, triangulation, member checking
Geographical context	Urban and rural public institutions in central-eastern Colombia
Study period	November 2024 – April 2025
Ethical approval	Institutional Ethics Committee, Minutes No. 033-2024

Source: Authors' elaboration based on Creswell & Poth (2021); Braun & Clarke (2021); Saunders et al. (2018).

RESULTS

The analysis of the interviews revealed **three main thematic categories** related to nursing practice in chronic patient care: (1) resignification of clinical protocols, (2) construction of therapeutic relationships, and (3) individual strategies for the humanization of care. Each category is presented below with representative textual quotations and comparative analysis.

1. Resignification of clinical protocols

Although protocols are perceived as essential tools for the standardization of care, participants expressed that their application must be flexible, contextual and adapted to the particularities of each patient.

"It is not a matter of breaking the rules, but of interpreting them judiciously when the patient needs it... because each person lives the disease in their own way." (E3, female, 12 years experience)

This position coincides with the approaches of Gómez-Cantorna et al. (2023), who argue that excessive normativity can lead to a dehumanization of care when the patient's subjectivity is lost sight of. Most of the participants (13 out of 15) acknowledged that they partially adapt the protocols so as not to compromise the human bond.

2. Building Therapeutic Relationships

The relationship between the nursing professional and the chronic patient was described as a continuous process that requires emotional presence, empathic communication, and mutual trust.

"With chronic patients, you don't just give an injection or change a line, you listen to them, you know them, you accompany them." (E7, male, 9 years experience)

These bonds strengthen over time and favor therapeutic adherence, in line with what Laranjeira et al. (2021) propose, who highlight that emotional accompaniment is an essential component in long-term care. The professionals reported that the repeated interaction generates affective ties that sometimes exceed the professional framework, but that they consider fundamental for the quality of care.

3. Individual humanization strategies

In contexts of high workload, participants identified their own strategies to provide humanized care despite institutional constraints. These include:

- Provide additional time not recorded on payrolls.
- Use of therapeutic humor and touch as forms of connection.
- Adjustment of technical language according to the patient's understanding.

"I organize myself to have at least 5 minutes of truth with each patient, without eagerness, just listening to them." (E12, female, 15 years experience)

These actions reflect an ethical and vocational disposition towards care, which is in line with the findings of Muñoz-Cabezas et al. (2022), who emphasize that personal commitment is a protective factor against emotional exhaustion in nursing.

Table 3. Frequency of thematic categories in discourses

<i>Pop-up category</i>	<i>Number of mentions</i>	<i>Participants who reported it (n=15)</i>
<i>Flexibility in the application of protocols</i>	28	13
<i>Value of the therapeutic bond</i>	33	15
<i>Use of individual humanization strategies</i>	25	12
<i>Feelings of institutional frustration</i>	17	9
<i>Need for greater professional autonomy</i>	14	8

Source: Authors' elaboration based on thematic analysis with NVivo 14 (2025)

CONCLUSIONS

The results of this study allow us to conclude that nursing practice in the care of chronic patients is built on a dual basis, where **the protocolized technique and the human dimension of care coexist in tension and complementarity**. This duality requires a constant reflective and ethical exercise on the part of the nursing professional, who is challenged not only by institutional requirements, but also by the uniqueness of each patient.

First, it is evident that **clinical protocols** are valued by professionals as necessary guidelines to guarantee patient safety and the standardization of practices (Martínez-Segura et al., 2020). However, these same professionals also identify limitations in its strict application, especially when it comes to meeting the subjective needs of patients with chronic diseases and prolonged trajectories. Thus, the need for a **flexible and contextualized reinterpretation of the protocols emerges**, which allows responding to the emotional, family and existential complexity of the patient.

Secondly, the **therapeutic relationship** between the nursing professional and the chronic patient is configured as a fundamental component of the quality of care. This relationship is based on trust, empathic communication, and emotional accompaniment, factors that significantly improve therapeutic adherence and the patient's perception of well-being (Laranjeira et al., 2021). This conclusion is aligned with the postulates of humanistic nursing, where care goes beyond the procedure and becomes a relational and ethical act (Muñoz-Cabezas et al., 2022).

In addition, **personal humanization strategies** developed by professionals are highlighted, such as language adaptation, active listening and emotional management, even in contexts of high demand for care. These actions, although often not formally contemplated in institutional policies, represent an exercise of autonomy and vocation, key elements to sustain the meaning of nursing work (Ortega-Moreno et al., 2021).

In summary, it is concluded that:

1. The care of the chronic patient requires a **balanced integration between technical standards and human sensitivity**, without one excluding the other.
2. Training in **emotional, ethical, and communicative competencies** should be reinforced in nursing curricula and in the continuous training of staff.
3. It is essential that health institutions **recognize, value and support the human dimensions of care**, promoting work environments that favor reflection, professional autonomy and meaningful contact with patients.
4. More qualitative research is needed on the effects of humanized care on the clinical and psychosocial outcomes of chronic patients.

These findings support a renewed approach to nursing that not only complies with technical efficiency, but also embraces the **ethics of care as an act of presence, dignity, and recognition of the other** (González-Hernández et al., 2023).

REFERENCES

- Arévalo-González, M. E., Espinosa-Medina, A. M., & Ortiz-Silva, A. (2023). Meanings of nursing care in normatized institutional contexts. *RevistaCuidarte*, 14(1), e2869. <https://doi.org/10.15649/cuidarte.v14i1.2869>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.
- Creswell, J. W., & Poth, C. N. (2021). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

- Delgado-Bolton, R., San-Martín, M., Vivanco, L., & Arribas, M. (2020). Professionalism and occupational well-being: similarities and differences among Latin American health professionals. *BMC Medical Education*, 20, 1–9. <https://doi.org/10.1186/s12909-020-02058-w>
- Fernández-Medina, I. M., Ruiz-Fernández, M. D., Ramos-Pichardo, J. D., Ortega-Galán, Á. M., & Fernández-Sola, C. (2022). Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis. *Nursing Open*, 9(1), 250–258. <https://doi.org/10.1002/nop2.1053>
- Gómez-Cantorna, C., Becerra-Fernández, A., & López-Díaz, M. J. (2023). Critical review of protocolization in nursing: effectiveness or mechanization of care? *Clinical Nursing*, 33(2), 85–92. <https://doi.org/10.1016/j.enfcli.2022.06.006>
- González-Hernández, M. D., Amador-Hernández, M. Y., & Villalobos-Flores, J. (2023). Humanization of care in the hospital setting: perceptions of nursing staff. *Latin American Journal of Health Sciences*, 11(2), 34–45. <https://doi.org/10.5281/zenodo.7638924>
- Laranjeira, C., Dixe, M. D. A., & Carvalho, J. C. (2021). The chronic patient and the nurse's therapeutic relationship: A scoping review. *International Journal of Environmental Research and Public Health*, 18(7), 3654. <https://doi.org/10.3390/ijerph18073654>
- López-Valverde, M., García-Cano, J., & Moreno-Ramos, A. (2022). The role of nurses in the comprehensive management of chronic patients. *Revista Rol de Enfermería*, 45(7–8), 538–546. <https://doi.org/10.1016/j.enfermeria.2022.02.002>
- Martínez-Segura, A., Ortiz-Álvarez, M., & Carrillo-González, A. (2020). Standardization of nursing care: benefits and ethical challenges. *Journal of Bioethics and Law*, (50), 55–66. <https://doi.org/10.1344/rbd2020.50.29179>
- Muñoz-Cabezas, I., Cobo-Corrales, C., & Sánchez-Romero, M. I. (2022). Humanization of nursing care in hospital units: a systematic review. *Latin American Journal of Nursing*, 30, e3785. <https://doi.org/10.1590/1518-8345.5177.3785>
- Ortega-Moreno, M., Gómez-Urquiza, J. L., & Albendín-García, L. (2021). The humanization of health care and its influence on the mental health of nursing professionals. *Gaceta Sanitaria*, 35(6), 590–595. <https://doi.org/10.1016/j.gaceta.2020.08.011>
- Pérez-Fuentes, M. D. C., Molero Jurado, M. D. M., Martos Martínez, Á., & Gázquez Linares, J. J. (2021). Personality and empathy as predictors of organizational commitment in healthcare professionals. *International Journal of Environmental Research and Public Health*, 18(2), 500. <https://doi.org/10.3390/ijerph18020500>
- Ramírez-Mendoza, R. A., Castillo-López, L. M., & Rueda-Ramos, C. (2021). Perspective of care for patients with chronic diseases from community nursing. *Journal of Health Research*, 23(1), 45–51. <https://doi.org/10.22201/fesi.20070780e.2021.23.1.119>
- Rodríguez-González, M. C., López-Medina, I. M., & Fernández-Sola, C. (2020). Humanization of nursing care: challenges and opportunities in times of transformation. *Index of Nursing*, 29(1–2), 15–19. <https://doi.org/10.4321/S1132-12962020000100004>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52, 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Silva-Miranda, M., González-López, J. R., & Morales-López, M. (2022). Humanized care in chronic patients: a view from nursing practice. *Cuban Journal of Nursing*, 38(2), e4737. <https://revistaenfermeria.sld.cu/index.php/enf/article/view/4737>