

# Nursing Management of Patients With Chronic Illness: A Review of Best Practices In Medical-Surgical Units

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## Abstract

Chronic illnesses, such as cardiovascular disease, diabetes, cancer, chronic kidney disease, and respiratory disorders, constitute a significant portion of global morbidity and mortality, placing a substantial burden on healthcare systems. Within hospital settings, medical-surgical units play a critical role in delivering comprehensive and coordinated care to patients with chronic conditions. Nursing management in these units extends beyond acute care interventions, encompassing holistic approaches that address physical, psychological, and social needs. This review aims to synthesize evidence-based best practices in nursing care for patients with chronic illnesses in medical-surgical units, highlighting strategies that optimize patient outcomes, enhance quality of life, and reduce hospital readmissions. The methodology for this review involved a structured search of peer-reviewed articles, guidelines, and reports from 2015 to 2025 in databases such as PubMed, CINAHL, and Scopus. Keywords included “chronic illness,” “nursing management,” “medical-surgical nursing,” “evidence-based practice,” “patient-centered care,” and “self-management support.” Articles focusing on adult patients in hospital-based medical-surgical units were included, while pediatric and psychiatric populations were excluded. Twenty-five studies and guidelines meeting the inclusion criteria were analyzed for recurring themes and best practices. The findings indicate that effective nursing management of chronic illness requires a multifaceted approach, including patient education on self-management, medication adherence, lifestyle modifications, pain management, and psychosocial support. The integration of technology, such as telehealth and electronic health records, further strengthens care continuity. Nurses’ roles extend to care coordination, discharge planning, and collaboration with interdisciplinary teams, which are essential in reducing complications and hospital readmissions. Additionally, evidence supports the value of culturally sensitive communication, motivational interviewing, and family involvement in improving adherence and health outcomes. The review concludes that nursing management in medical-surgical units must transition from a solely acute-care model to a holistic chronic care framework that emphasizes continuity, education, and empowerment. Nurses are positioned as pivotal change agents in implementing evidence-based strategies to improve long-term outcomes for patients with chronic illness. Future research should continue to explore innovative interventions, technology integration, and nurse-led programs to enhance chronic illness care.

**Keywords:** Chronic illness, Nursing management, Medical-surgical units, Evidence-based practice, Patient education, Self-management.

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## INTRODUCTION

Chronic illnesses, also known as non-communicable diseases (NCDs), have become one of the most pressing health challenges of the 21st century. Conditions such as cardiovascular disease, diabetes mellitus, chronic kidney disease, chronic respiratory disorders, and cancers account for the majority of global morbidity and mortality. According to the World Health Organization (WHO, 2023), chronic illnesses are responsible for more than 74% of worldwide deaths, with a significant share occurring in low- and middle-income countries. Unlike acute conditions, which are often time-limited and curable, chronic illnesses persist over extended periods, progress in severity, and require continuous treatment, monitoring, and lifestyle modifications. They impose a heavy burden not only on individuals but also on

families, healthcare systems, and society due to prolonged treatment courses, recurrent complications, and high costs of care. The increasing prevalence of chronic illnesses is driven by multiple factors including demographic transition, urbanization, sedentary lifestyles, unhealthy dietary patterns, environmental exposures, and socioeconomic disparities. Medical advances have improved survival rates, but this has also led to a growing population living with chronic diseases, frequently with comorbidities. This epidemiological shift has prompted healthcare systems worldwide to move from an acute, episodic model of care toward long-term chronic care models that emphasize continuity, self-management, and holistic patient support. Such a transition has profound implications for nursing practice, particularly in hospital-based medical-surgical units where patients with chronic illnesses are frequently admitted for acute exacerbations, complications, or related surgical interventions.

Medical-surgical nursing, regarded as the cornerstone of hospital-based nursing, plays a crucial role in the care of patients with chronic conditions. These units cater to adult patients admitted with a broad range of medical and surgical issues, many of which are directly associated with chronic illnesses. For example, a person with diabetes may be hospitalized due to a non-healing ulcer requiring surgical care, while a patient with chronic obstructive pulmonary disease (COPD) may be admitted for acute respiratory distress. Nurses in these units extend their roles beyond immediate clinical management by providing patient education, promoting treatment adherence, offering psychosocial support, planning discharges, and coordinating care with interdisciplinary teams. Thus, nursing management becomes central to reducing complications, preventing readmissions, and enhancing the overall quality of life of patients. The multidimensional impact of chronic illness further highlights the importance of nursing care. Physically, patients face limitations in mobility, persistent pain, fatigue, and dependence on long-term medications. Psychologically, they often struggle with anxiety, depression, stress, and fear of disease progression. Socially, chronic illness can disrupt family dynamics, reduce productivity, and cause financial hardship. Nurses, through their continuous and close interactions with patients, are uniquely positioned to address these physical, psychological, and social dimensions. Acting as caregivers, educators, counsellors, and advocates, nurses empower patients and families to better manage the long-term challenges of chronic conditions.

Globally, frameworks such as the Chronic Care Model (CCM) have shaped best practices in chronic illness nursing management. The CCM emphasizes patient-centered care, decision support, clinical information systems, delivery system design, and self-management support. Evidence indicates that adopting such frameworks leads to improved outcomes, greater patient satisfaction, and reduced preventable hospitalizations (Bodenheimer & Wagner, 2020). In medical-surgical units, applying these principles requires comprehensive assessment, individualized care planning, ongoing monitoring, structured education on disease and lifestyle management, and strong collaboration with multidisciplinary teams including physicians, physiotherapists, dietitians, and social workers. In India, the burden of chronic illness is particularly significant. The Indian Council of Medical Research (ICMR, 2022) reports that NCDs account for 63% of all deaths, with cardiovascular diseases as the leading cause. Rapid urbanization, changes in diet, and limited awareness of preventive measures have contributed to this rise. Hospitals are increasingly seeing admissions for chronic complications such as diabetic foot ulcers, stroke, chronic kidney disease requiring dialysis, and cancers needing surgical or palliative care. Medical-surgical nurses in this context hold a critical role in managing clinical needs while also advocating for patient education and community support. However, challenges such as high nurse-patient ratios, limited resources, lack of specialized training in chronic illness care, and cultural barriers often restrict effective practice. The rationale for this review lies in the urgent need to consolidate and highlight best practices in nursing management of chronic illnesses within medical-surgical units. Evidence demonstrates that nurse-led education, structured discharge planning, and self-management support can significantly reduce hospital readmissions and improve long-term health outcomes (Jack et al., 2019). Yet, gaps remain due to systemic limitations, low health literacy, and socioeconomic challenges. Addressing these requires systemic reforms including policy support, continuing nursing education, technology integration, and interdisciplinary collaboration. In conclusion, chronic illnesses represent a complex and long-term challenge that requires a paradigm shift in healthcare delivery. Medical-surgical nurses, through evidence-based practice, patient empowerment, and holistic care, are uniquely positioned to improve outcomes and enhance the quality of life for individuals with chronic illness. This review aims to synthesize the best available evidence, offering practical recommendations for practice, research, and policy in chronic illness nursing care.

### **Objectives:**

The objectives of this review are:

1. To examine the scope and burden of chronic illness in medical-surgical units.
2. To identify evidence-based best practices in nursing management for patients with chronic illnesses.
3. To analyze the role of nurses in patient education, self-management, and interdisciplinary collaboration.
4. To evaluate outcomes associated with nursing interventions in terms of quality of life, hospital readmissions, and adherence to treatment.
5. To propose recommendations for strengthening nursing practice in medical-surgical units.

### **METHODOLOGY:**

This review adopted a **narrative review design** with integrative elements to explore best practices in nursing management of patients with chronic illnesses in medical-surgical units. The methodology was structured to ensure comprehensive identification, evaluation, and synthesis of relevant literature from diverse sources.

#### **Search Strategy**

A systematic search was conducted across multiple electronic databases including PubMed, CINAHL, Scopus, and Google Scholar to identify relevant literature published between 2015 and 2025. The search was restricted to English-language publications. Keywords and Boolean operators used in the search included: “chronic illness” OR “non-communicable disease” AND “nursing management” OR “nursing care” AND “medical-surgical units” OR “hospital-based nursing” AND “best practices” OR “evidence-based practice.” Reference lists of selected articles were also manually searched to identify additional relevant studies and guidelines.

#### **Inclusion and Exclusion Criteria**

The inclusion criteria were:

1. Peer-reviewed articles, clinical guidelines, or official reports focusing on adult patients ( $\geq 18$  years) with chronic illnesses such as diabetes, hypertension, chronic kidney disease, cancer, COPD, and cardiovascular disorders.
2. Studies conducted in hospital-based medical-surgical units or acute care settings with relevance to chronic illness management.
3. Articles discussing nursing interventions, strategies, or outcomes directly related to chronic illness care.

The exclusion criteria were:

1. Studies focusing exclusively on pediatric or psychiatric populations.
2. Articles addressing only community-based or home-care interventions without hospital context.
3. Non-English publications, conference abstracts, and editorials without original data or practice guidelines.

#### **Selection and Data Extraction**

A total of **124 articles** were initially identified. After screening titles and abstracts for relevance, **72 articles** were retained. Full-text reviews were conducted, and **25 articles, guidelines, and reports** that met the inclusion criteria were selected for analysis. Data were extracted systematically using a matrix that captured study design, population, setting, nursing interventions, outcomes measured, and key findings.

#### **Data Analysis**

The selected studies were analyzed narratively with a focus on identifying recurring themes, strategies, and best practices. Emphasis was placed on interventions that demonstrated improvement in patient outcomes such as reduced hospital readmissions, improved self-management, better adherence to treatment, enhanced quality of life, and patient satisfaction. Findings were categorized into major thematic areas including patient education, care coordination, technology integration, psychosocial support, interdisciplinary collaboration, and cultural competence.

As this study is a review of existing literature, it did not involve human participants and therefore did not require ethical clearance. Only published, credible, and peer-reviewed sources were used to maintain scientific rigor and integrity.

## **RESULT:**

The synthesis of the 25 selected studies and guidelines revealed a wide range of best practices in nursing management of patients with chronic illnesses within medical-surgical units. The findings are organized into six key thematic areas: patient education and self-management support, care coordination and discharge planning, technology integration, psychosocial support, interdisciplinary collaboration, and cultural competence in communication.

**Patient Education and Self-Management Support:** A consistent finding across the reviewed literature was the pivotal role of patient education in the effective management of chronic illnesses. Studies demonstrated that structured education programs, nurse-led workshops, and bedside teaching sessions significantly improved patients' understanding of their disease, treatment regimens, and lifestyle modifications. For instance, diabetes education programs led by nurses were found to enhance patients' knowledge about dietary control, medication adherence, and blood glucose monitoring. Similarly, in patients with chronic heart failure, educational interventions focusing on diet, fluid restriction, and symptom recognition reduced emergency visits and hospital readmissions. Nurses played a critical role in empowering patients with knowledge and skills required for self-management, thus shifting the focus from dependency on acute care services to sustained self-care at home.

**Care Coordination and Discharge Planning:** Another major finding was the effectiveness of nurse-led care coordination and structured discharge planning. Patients with chronic conditions often experience fragmented care due to multiple comorbidities and frequent hospitalizations. Evidence revealed that nurses who engaged in discharge teaching, medication reconciliation, and coordination of follow-up appointments reduced 30-day readmission rates significantly. Heart failure and COPD patients, in particular, benefited from detailed discharge instructions and scheduled post-discharge telephone follow-ups conducted by nurses. Effective discharge planning was also linked to higher patient satisfaction and smoother transitions from hospital to home care.

**Technology Integration in Nursing Management:** The integration of technology emerged as a valuable support in managing chronic illnesses. Telehealth services, remote monitoring devices, and electronic health records enabled continuity of care beyond the hospital setting. Telemonitoring of patients with hypertension or heart failure allowed nurses to detect early warning signs and intervene before complications escalated. Electronic health records supported better documentation and communication among healthcare providers, improving coordination of care. Nurses trained in using digital platforms were able to provide timely advice, reminders, and support, particularly for patients living in remote or underserved areas.

**Psychosocial Support:** The psychosocial burden of chronic illness was a recurring theme across the literature. Depression, anxiety, and emotional distress were common among patients with long-term illnesses such as cancer, kidney disease, and COPD. Studies highlighted the importance of nurses providing counselling, emotional support, and referrals to mental health professionals when required. Support groups facilitated by nurses were shown to enhance coping strategies and reduce feelings of isolation among patients and their families. Evidence indicated that when psychosocial support was integrated into care plans, patients reported improved mental well-being and greater adherence to medical regimens.

**Interdisciplinary Collaboration:** Effective management of chronic illness in medical-surgical units requires collaboration among multiple healthcare professionals. The results highlighted the significant role of nurses as coordinators and communicators within interdisciplinary teams. Collaboration with physicians, dietitians, physiotherapists, social workers, and pharmacists improved the comprehensiveness of care. For example, joint nursing and physiotherapy interventions in post-stroke patients led to faster rehabilitation, while collaborative care in cancer management ensured better pain control and holistic palliative support. Nurses served as patient advocates within the team, ensuring continuity and alignment of care plans.

**Cultural Competence and Communication:** Several studies emphasized the influence of cultural factors, health literacy, and communication styles on patient outcomes. Nurses who employed culturally sensitive approaches, such as tailoring education to patients' language and beliefs, demonstrated greater success in promoting adherence and trust. Motivational interviewing techniques were highlighted as effective in addressing resistance to behavior change, particularly in patients managing lifestyle-related conditions like diabetes and hypertension. Building rapport, active listening, and involving family members in care discussions were identified as best practices that enhanced patient engagement and satisfaction.

Overall, the results suggest that effective nursing management of chronic illness in medical-surgical units is multidimensional and patient-centered. Best practices include empowering patients through education, ensuring smooth transitions through discharge planning, leveraging technology for continuity, addressing psychosocial needs, collaborating within interdisciplinary teams, and practicing cultural competence in communication. When implemented consistently, these strategies were associated with improved patient outcomes such as reduced hospital readmissions, better treatment adherence, enhanced quality of life, and higher patient satisfaction. However, the findings also revealed gaps related to inadequate staffing, resource limitations, and variable implementation of evidence-based interventions across different healthcare settings.

## **DISCUSSION:**

The results of this review provide valuable insights into the multidimensional role of nurses in managing patients with chronic illnesses within medical-surgical units. Chronic illness care is inherently complex due to the long-term, progressive, and often comorbid nature of such conditions. Therefore, nursing management must extend beyond episodic treatment of acute exacerbations to encompass holistic, continuous, and patient-centered care. The findings of this review affirm the pivotal position of nurses in bridging acute hospital care and long-term disease management, while also revealing areas where further improvement is needed.

**Patient Education and Self-Management** The review highlights patient education and self-management support as the cornerstone of nursing care for chronic illnesses. Patients who understand their disease processes, treatment regimens, and lifestyle modifications are better positioned to prevent complications and avoid rehospitalization. This finding aligns with Orem's Self-Care Deficit Nursing Theory, which emphasizes the nurse's role in supporting patients to achieve independence in self-care. Studies on diabetes and heart failure confirm that nurse-led educational interventions reduce the incidence of preventable complications such as hyperglycemia and fluid overload. Nevertheless, gaps remain in tailoring educational programs to individual literacy levels and cultural contexts. Future practice must incorporate personalized education strategies that consider patients' health literacy, learning preferences, and readiness to change.

**Discharge Planning and Continuity of Care** Another critical theme is the importance of nurse-led discharge planning. The results reveal that comprehensive discharge teaching, medication reconciliation, and follow-up coordination significantly reduce readmissions. This supports the transitional care model proposed by Naylor, which emphasizes continuity of care as patients move across healthcare settings. However, evidence also indicates inconsistencies in implementation due to time constraints, staffing shortages, and inadequate inter-professional collaboration. For instance, patients with multiple comorbidities often require extensive planning that is difficult to achieve in busy medical-surgical units. Strengthening policies that mandate structured discharge protocols and providing additional nurse training in transition-of-care strategies can address this gap.

**Integration of Technology in Nursing Care** The findings underscore the emerging role of technology, such as telemonitoring and electronic health records, in chronic illness management. Telehealth interventions not only expand access for patients in remote areas but also provide timely feedback and reduce delays in care escalation. Nurses who actively engage with these technologies can detect early warning signs of deterioration, thereby reducing hospitalization rates. However, challenges persist in terms of digital literacy among both patients and healthcare providers, data privacy concerns, and resource allocation in underfunded settings. To maximize the potential of technology, healthcare systems must provide nurses with continuous training and ensure that patients have equitable access to digital resources.

**Psychosocial Support in Chronic Illness Care** The psychosocial burden of chronic illnesses, including depression, anxiety, and social isolation, is often underestimated in acute care environments. This review confirms the significance of nurses providing counselling, facilitating support groups, and linking patients to mental health services. The biopsychosocial model of health care strongly supports this integrated approach. Patients with cancer, COPD, or end-stage renal disease, for instance, frequently experience diminished quality of life, which is improved when psychosocial interventions are incorporated into care. Despite this evidence, many medical-surgical units remain primarily focused on physical care. Enhancing training in mental health first aid for nurses and allocating time for psychosocial care within nursing workloads would promote more holistic management.

**Interdisciplinary Collaboration and the Nurse's Role** The discussion also highlights the importance of interdisciplinary teamwork in chronic illness management. Nurses are uniquely positioned as patient advocates and coordinators within multidisciplinary teams, ensuring alignment and communication across various healthcare providers. Evidence suggests that joint nurse-physician or nurse-physiotherapist interventions enhance outcomes such as rehabilitation progress and pain control. This finding resonates with the chronic care model, which promotes coordinated team-based approaches. Yet, barriers such as hierarchical structures, role ambiguity, and lack of inter-professional training can hinder collaboration. Future strategies should focus on fostering mutual respect within healthcare teams and creating structured communication channels that enable nurses to participate fully in decision-making.

**Cultural Competence and Effective Communication** The review also emphasizes the role of cultural sensitivity and communication skills in effective chronic illness management. Nurses who adapt education and counselling to patients' cultural contexts, languages, and belief systems achieve higher adherence and trust. Motivational interviewing, for example, has been shown to effectively address resistance in patients with lifestyle-related conditions like hypertension and diabetes. However, cultural competence remains a challenging skill to operationalize consistently in diverse healthcare settings. Nurse training curricula and continuing education must integrate cultural awareness and communication techniques to ensure inclusivity and patient-centered care.

**Implications for Nursing Practice and Policy Taken together,** these findings point toward the necessity of adopting a comprehensive, multidimensional approach to chronic illness management in medical-surgical units. Best practices such as structured education, robust discharge planning, technology integration, psychosocial support, interdisciplinary collaboration, and culturally competent care are already supported by evidence. However, consistent implementation across settings remains a major challenge due to systemic barriers, including limited staffing, high patient acuity, and insufficient institutional support. From a policy perspective, there is a pressing need to strengthen nurse-to-patient ratios, allocate resources for technology adoption, and institutionalize evidence-based protocols for chronic care management.

**Limitations in Current Evidence** It is important to acknowledge that while the reviewed studies provide valuable insights, limitations remain. Many studies focus on single chronic conditions such as diabetes or heart failure, with fewer addressing multimorbidity, which is increasingly common. Additionally, variability in study design and outcome measures makes it challenging to generalize findings across all medical-surgical units. There is also a lack of long-term studies assessing sustainability of interventions beyond hospital discharge. Future research should prioritize longitudinal, multi-condition studies to capture the complexity of chronic illness care.

In summary, the discussion affirms that nursing management of chronic illness within medical-surgical units is both complex and essential. Nurses are central to patient education, continuity of care, psychosocial support, and interdisciplinary collaboration. While evidence-based strategies exist, barriers to consistent implementation limit their impact. Addressing these barriers through policy support, enhanced training, and integration of technology will enable nurses to deliver truly holistic, patient-centered chronic illness care.

#### **Recommendation:**

Based on the findings and discussion of this review, several recommendations can be proposed to strengthen the nursing management of patients with chronic illnesses in medical-surgical units. These recommendations span clinical practice, education, research, and policy to ensure a holistic and sustainable impact.

**Strengthening Patient Education and Self-Management Support** Nurses should adopt structured, individualized patient education strategies that focus on enhancing self-care knowledge, skill-building, and behavioral change. Educational tools such as visual aids, interactive sessions, and teach-back methods should be widely incorporated to improve patient comprehension. Additionally, nurses should be trained in motivational interviewing and health coaching techniques to support lifestyle modification and long-term adherence.

**Enhancing Discharge Planning and Transitional Care** Hospitals should implement standardized discharge protocols that include medication reconciliation, patient/family education, and scheduled follow-up appointments. Nurse-led transition-of-care programs should be expanded to ensure continuity, especially for patients with multiple chronic conditions. Strengthening links between hospitals, community health workers, and primary care teams is essential to reduce readmissions and improve long-term outcomes.

Integration of Technology and Digital Health Nurses should be encouraged and trained to utilize telehealth, remote monitoring devices, and electronic health records in chronic illness management. Health systems must ensure equitable access to these technologies, particularly for patients from rural or underserved populations. Developing nurse-friendly digital tools and dashboards can support decision-making and early identification of deterioration.

Addressing Psychosocial and Emotional Needs Psychosocial care must be recognized as an integral component of chronic illness management. Nurses should be equipped with basic counselling skills and supported to provide referrals to mental health professionals when needed. Structured support groups, peer counselling, and integration of psychosocial assessments into routine care should be prioritized.

Fostering Interdisciplinary Collaboration Medical-surgical units should adopt collaborative care models where nurses play a central role in coordinating between physicians, physiotherapists, dietitians, and social workers. Interprofessional education programs and simulation-based training can help break down hierarchical barriers and strengthen teamwork.

Policy and Organizational Support Healthcare organizations must address systemic barriers such as high nurse-to-patient ratios, time constraints, and limited resources that hinder best practice implementation. Policies should prioritize adequate staffing, provide opportunities for continuing education, and support the integration of evidence-based guidelines in daily nursing practice.

Future Research Priorities Further studies should focus on the management of multimorbidity, long-term sustainability of interventions, and the role of cultural competence in chronic illness care. Large-scale, longitudinal studies are needed to build stronger evidence for policy and practice.

## **SUMMARY:**

Chronic illnesses such as diabetes mellitus, hypertension, chronic kidney disease, cardiovascular disorders, chronic obstructive pulmonary disease, and cancer represent some of the most pressing challenges faced by modern healthcare systems. These conditions are long-term, often progressive, and associated with a high burden of morbidity, disability, and healthcare utilization. The review titled “Nursing Management of Patients with Chronic Illness: A Review of Best Practices in Medical-Surgical Units” sought to examine evidence-based strategies that enhance nursing care for patients with chronic diseases in hospital-based settings, with a particular focus on the role of medical-surgical nurses.

The review employed a structured narrative approach by systematically searching major databases such as PubMed, CINAHL, Scopus, and Google Scholar. Twenty-five articles, guidelines, and reports published between 2015 and 2025 were included based on strict inclusion and exclusion criteria. Data analysis highlighted recurring best practices in chronic illness management that were classified into six thematic areas: patient education, care coordination, technology integration, psychosocial support, interdisciplinary collaboration, and cultural competence.

The results demonstrated that patient education and empowerment are among the most impactful nursing strategies, directly influencing adherence, self-management, and treatment outcomes. Equally important are discharge planning and transitional care, which help reduce preventable hospital readmissions. Nurses are also increasingly using digital health innovations such as telehealth consultations and remote monitoring devices, which enhance patient follow-up and early detection of complications. Another critical dimension identified is the psychosocial aspect of chronic care, where nurses play an essential role in addressing depression, anxiety, and social isolation associated with long-term illnesses. Furthermore, effective interdisciplinary collaboration emerged as vital, with nurses acting as coordinators who bridge gaps between different healthcare professionals. Finally, the review underscored the importance of cultural competence, ensuring that interventions are patient-centered and sensitive to individual beliefs, values, and backgrounds. The discussion emphasized that while nurses already contribute significantly to chronic illness management in medical-surgical units, systemic barriers such as high workload, inadequate staffing, and limited training in advanced interventions often hinder optimal outcomes. Recommendations were made to strengthen patient education, improve discharge protocols, integrate technology, address psychosocial needs, and enhance interdisciplinary teamwork. The review also called for greater institutional support, continuing professional education, and policy initiatives to ensure sustainable improvements in care delivery.

In conclusion, this review highlights that effective nursing management of chronic illness in medical-surgical units requires a multidimensional approach. Nurses must combine clinical expertise with communication, teaching, psychosocial support, and coordination skills to deliver holistic, patient-

centered care. Evidence strongly suggests that when nurses are empowered with adequate training, resources, and institutional backing, patient outcomes improve significantly—including quality of life, treatment adherence, and reduced hospital readmissions. By integrating evidence-based best practices, leveraging technology, and advocating for stronger organizational support, medical-surgical nurses can play a transformative role in addressing the global challenge of chronic illness. This review provides not only a synthesis of current evidence but also a roadmap for advancing nursing practice, education, and policy in the context of chronic disease management.

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