

**FACTORS ASSOCIATED  
WITH SPIRITUALITY  
AND RELIGIOSITY  
IN COMMUNITY  
ELDERLY: INTEGRATIVE  
LITERATURE REVIEW**

---

*Nathalia Bandeira de Almeida*

Student, Special Academic Unit Health  
Sciences

*Virginia Oliveira Chagas*

Advisor, Health Sciences Special Academic  
Unit

*Barbara de Lima Lucas*

Co-advisor, Health Sciences Special  
Academic Unit

*Danilo Lopes Assis*

Collaborator, Health Sciences Special  
Academic Unit

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract: Introduction:** Aging brings with it some limitations and losses that tend to become more pronounced with advancing age. In this process, some psychological, physical, behavioral and social changes can reduce the quality of life of the elderly, who seek spirituality and religiosity as allies to face the challenges in this stage of life. This study aimed to analyze the health aspects associated with spirituality and religiosity in community-dwelling elderly. **Métodos:** This is an integrative review that synthesized the scientific production with the guiding question: What production of scientific knowledge about aspects related to health are associated with better levels of spirituality and religiosity in community-dwelling elderly in Brazil? Articles were selected using the descriptors in Portuguese and English: *espiritualidade (spirituality)*, *idoso (aged)*, *qualidade de vida (quality of life)* that met the following inclusion criteria: published in full, available electronically, in Portuguese, English and/or Spanish, published between 2015 and 2020, in the SciELO, LILACS, PubMed and Portal de Periódico Capes databases. **Results:** A total of 130 articles were identified, and seven that presented evidence on the influence of spirituality and religiosity on the quality of life of community-dwelling elderly were selected. After reading the selected articles, two categories of analysis emerged: I – The experience of spirituality/religiosity in situations of chronic diseases, and II – The relationship between spirituality/religiosity and the well-being/quality of life of the elderly. Most of the studies showed positive effects of spirituality and religiosity on health outcomes, with better physical health conditions, better quality of life, longer survival, lower rates of depression and lower prevalence of chronic diseases. Some studies have shown that spirituality improves the ability to withstand limitations and stress in the face of changes

that occur during aging. **Conclusion:** gaps in knowledge were evidenced by the predominance of descriptive studies with a level of evidence considered weak. The results indicate a positive influence of spirituality and religiosity on the quality of life of the elderly. It is emphasized the importance of these themes for health practices and the need to value them and include them in professional training in the health area.

**Keywords:** Elderly; Quality of life; Spirituality.

## PRESENTATION

With the reduction of birth and death rates from the 20th century on, the aging of the world population intensified. In Brazil, this demographic transition is occurring relatively quickly and according to the Brazilian Institute of Geography and Statistics (IBGE), in 2025, Brazil will occupy the 6th place in the world in number of elderly people, and it is estimated that by 2055, the number of people over 60 years old will surpass that of Brazilians under 30 years old (Ferreira, 2012).

Aging is a progressive and dynamic physiological process in human life and causes loss of organic functions, physiological dysfunctions and consequent cognitive decline, involving intellectual abilities, such as memory and intelligence; and physical, such as balance, coordination and performance in daily activities. This characteristic, associated with the progressive increase in the elderly population with multimorbidities, causes a decrease in quality of life and functional loss, with potential progression to situations of fragility, disability, loss of autonomy and physical and/or mental dependence (Duarte et al., 2016).

This way, aging can promote changes, difficulties and mishaps, and being equipped with some strategies makes it possible to support them. Therefore, it is essential to recognize these strategies for aging with a

better quality of life. In this context, religiosity and spirituality are important resources to adjust and overcome events that can be seen as negative for the elderly, since they can seek strength and comfort in these instruments (Molina et al., 2020; Silva, Moreira-Almeida, Castro, 2018).

Spirituality is seen as an important tool for coping with difficulties and attributing meaning to life, providing hope, faith and motivation. Spiritual resources may emerge more with advancing age, as they offer support and strength to biological, psychological and social changes related to the aging process (Souza et al., 2017). Religiosity, in turn, implies the relationship of the human being with a transcendent being, that is, how much the individual believes, follows and practices a religion (Oliveira and Junges, 2012).

In recent decades, there has been an increase in studies published in the health area on spirituality and religiosity of human beings as indicators of well-being and quality of life. Currently, associations are demonstrated between levels of spirituality and religiosity and lower incidence of mental illness, greater general well-being, lower prevalence of depression, better quality of life, greater coping or way of dealing with the disease, shorter hospital stay, and even better immune function (Fleck, 2007; Fileni et al., 2019).

Thus, considering the increase in the number of elderly people, with reduced functional capacity due to the increased prevalence of chronic diseases, physical, psychological and emotional exhaustion, spirituality and religiosity have been a fundamental psychological and emotional resource in the face of these adversities. The literature shows several factors associated with spirituality and religiosity, in which these variables are influential in a positive way and in some cases negatively in the elderly. However, there are few who evaluate these

variables in the elderly and the factors that are related to better levels of spirituality and religiosity. Therefore, with this investigation, we sought to answer the following research question: What is the production of scientific knowledge about sociodemographic and economic factors, emotional and health-related aspects are associated with better levels of spirituality and religiosity in community-dwelling elderly in the Brazil?

Knowing the factors related to the spirituality and religiosity of these elderly people can enable interventions aimed at promoting well-being, quality of life and emotional support. Given the above, it becomes relevant to analyze the factors associated with spirituality and religiosity in the elderly in the community.

## **METHODOLOGY**

An integrative review was carried out, a method that synthesizes published studies and enables general conclusions about a theme, synthesizing the state of knowledge on a given subject and demonstrating gaps for carrying out new studies.

The integrative literature review is one of the research methods that allows the incorporation of evidence into clinical practice (Souza, Silva, 2010), it is based on scientific knowledge, with quality results and cost effectiveness (Galvão et al., 2004). This method requires the formulation of a problem, literature search, critical evaluation of a data set, data analysis and presentation of results (Whittemore and Knafl, 2005). Thus, it allows to gather and synthesize research results on a delimited theme or question, in a systematic and orderly way, contributing to the deepening of knowledge of the investigated theme (Galvão et al., 2004).

The development of this method was carried out in six stages: 1) identification of the theme and formulation of the guiding

question, 2) search in the literature and careful selection of studies, 3) categorization of the studies found, 4) analysis of the included studies, 5) interpretation of the results and comparisons with other researches and 6) report of the review and synthesis of the knowledge evidenced in the researches (Souza; Silva, 2010).

In order to carry out the integrative review, the following guiding question was established: "Which production of scientific knowledge about sociodemographic and economic factors, emotional and health-related aspects are associated with better levels of spirituality and religiosity in community-dwelling elderly in Brazil?"

The operationalization of this research was carried out with a query to the Health Sciences Descriptors (DeCS), through the Virtual Health Library (BVS); and the Medical Subject Headings (MeSH) of the National Library, for knowledge of universal descriptors. Therefore, controlled descriptors were used, in Portuguese and English: spirituality (spirituality), elderly (aged) and quality of life (quality of life).

The following inclusion criteria were defined: articles published in full, electronically available, in Portuguese, English and/or Spanish, published between January 2015 and January 2020, in the SciELO, LILACS, PubMed and Portal de Periódico Capes databases.

The selected articles answered the pre-defined guiding question, whose results involved aspects related to sociodemographic and economic factors, emotional and health-related aspects associated with spirituality and religiosity of the elderly. The time frame sought to include more recent evidence, in order to understand the contemporary production on the subject. Literature review/reflection articles, editorials, abstracts of annals, theses, dissertations, theses, epidemiological bulletins, management

reports, official documents of national and international programs, books, publications that did not fit into the established time frame and studies were excluded. who did not answer the research question established initially. Studies found in more than one database were considered only once.

The survey of studies was carried out in October 2021, concomitantly in the four databases. When crossing the descriptors, a total of 130 articles were found, of which 4 were repeated between the databases, leaving 126 studies in which, after reading the abstracts and applying the inclusion criteria, 19 were selected for reading in full. After reading these articles, seven were selected.

The analysis of the articles occurred in a descriptive way, allowing the evaluation of the following characteristics of each article: identification of the publication, criteria for evaluating spirituality and religiosity and the methodology of the studies. For the construction of categories, the technique of thematic analysis was used (Minayo, 2006).

## RESULTS AND DISCUSSION

Seven articles were analyzed in full, and, after the thematic content analysis, the topics addressed were divided into two categories: I - The experience of spirituality/religiosity in situations of chronic diseases; II - The relationship between spirituality/religiosity and the well-being/quality of life of the elderly.

Regarding the characterization of the studies, regarding the year of publication, two articles were published in 2015, two articles in 2017, one in 2018, and two in 2020. Regarding the professional training of the main author, one article was published by a physician and six by nurses. According to the institution of origin of the main authors, six articles are linked to universities and one is linked to an Institute.

With regard to language, the seven

publications were in Portuguese. Regarding the host country of the study, the seven articles were developed in Brazil. As for the publication journal, six different journals were detected, two of which were specific nursing journals.

Three different instruments were used to measure the quality of life of the elderly in the reviewed studies and two studies reported having used specific instruments of Spirituality and Religiosity (Chart 1).

Chart 2 presents the synthesis of knowledge, according to the thematic categories of studies, research designs and levels of evidence.

While life expectancy among the elderly population has increased, several studies have been developed on religiosity and spirituality in this population, since they are coping resources in the face of some stressful events and, as shown by some studies, can influence the quality of life of this population.

According to the research design and the level of evidence evaluated, there was a predominance of cross-sectional studies classified with level of evidence 6, considered weak.

As for the thematic categories presented in Table 2, in the category “The experience of spirituality/religiosity in situations of chronic diseases”, it was found that chronic diseases are stressful events that can cause a behavioral or emotional disorder in the elderly and that spirituality and religiosity influence coping with these diseases.

Abdala et al. (2015) identified that the higher the level of organizational religiosity, the better the predictors of physical and mental quality of life in the elderly; and that religiosity showed a relationship with the physical component only among the elderly, possibly because they participate more frequently in religious services, and offer a support network and help in coping with diseases.

Nunes et al (2017) identified that the absence of chronic diseases are associated with better levels of spirituality and religiosity, which is in line with other studies that suggest the positive influence of spiritual beliefs on health. Those with greater spirituality present greater self-care, deal better with illnesses and seek more health care; and also attribute the improvement in health to spiritual forces (Alvarez et al., 2016; Rocha, Fleck, 2011).

Thus, religiosity and spirituality stand out as the main coping factors in the face of diseases that affect the elderly (Nunes et al., 2017; Molina et al., 2020). It must be emphasized that spirituality and religiosity can reduce the impact of stressors, being important in social relationships and can help with psychological and physical issues, measures that are evaluated in quality of life (Agorastos; Demiralay; Huber, 2014).

Regarding the category “The relationship between spirituality/religiosity and the well-being/quality of life of the elderly”, it was found that religious practices and beliefs can influence emotional well-being and, consequently, provide resources and behaviors of coping, which can help adapt and overcome stressful events, resulting in well-being and satisfaction with life (Chaves; Gil, 2015; Freitas et al., 2020; Leimig et al, 2018; Pilger et al, 2017).

According to other studies, religion or religious belief and religiosity provide individuals with a greater sense of well-being (Cruz et al., 2016; Duarte; Wanderley, 2011; Silva, 2012). Studies analyze that there is a relationship between spirituality and various aspects of mental health, and show that people are mentally healthier and adapt more successfully to stress when they are religious (Davison; Jhangri, 2010; Rocha; Fleck, 2011). Other studies have shown the involvement between religion and health with a therapeutic objective (Mapes et al., 2007), and demonstrate

Instruments	Evaluation functions and items
<p><b>Instrumentos Genéricos:</b></p> <p><b>WHOQOL – Bref</b></p> <p><b>WHOQOL-OLD</b></p> <p><i>Short form 12-item health survey (SF -12)</i></p>	<p>WHOQOL – Bref: Assesses general Quality of Life (QL) and four domains: physical, psychological, social relationships and environment (Chaves; Gil, 2015; Leimig et al., 2018; Molina et al., 2020; Pilger et al., 2017)</p> <p>WHOQOL-OLD: Evaluates specific QoL for the elderly population, validated in Brazil Composed of 24 questions that assign six facets: Sensory functioning; Autonomy; Past, present and future activities; social participation; Death and dying; and Intimacy. (Molina et al., 2020; Pilger et al., 2017).</p> <p>Evaluates Health-Related Quality of Life (HRQoL): dimensions of physical and mental components (Abdala et al., 2015).</p>
<p><b>Specific Instruments:</b></p> <p><b>WHOQOL – SRPB</b></p> <p><b>Spiritual Well-Being Scale (EBE)</b></p>	<p>Evaluate how spirituality, religion and personal beliefs (SRPB) are related to QoL (Chaves; Gil, 2015; Leimig et al., 2018; Molina et al., 2020; Nunes et al., 2017)</p> <p>The Spiritual Well-Being Scale has a vertical and a horizontal dimension. Religious well-being (BER) (odd numbers on the scale) represents the vertical dimension, satisfaction in the personal connection with God or with something considered absolute. Existential well-being (BEE) (even numbers on the scale) is a horizontal dimension, which refers to the person's perception of the purpose of life regardless of a religious reference (Pilger et al., 2017)</p>

Chart 1. Spirituality/Religiosity and Quality of Life instruments used in the articles analyzed and the functions and evaluation items

Thematic Category	Studies	Delineation / level of evidence	Knowledge synthesis
The experience of spirituality/religiosity in situations of chronic diseases	To analyze whether religiosity has a mediating effect on the relationship between sociodemographic factors, multimorbidity and health-related quality of life in the elderly (Abdala et al., 2015).	Cross-sectional study - level 6	Elderly people with more advanced age, less education, better family functionality and fewer chronic diseases had a higher level of religiosity. The higher the level of organizational and intrinsic religiosity, the better the predictors of physical and mental quality of life in the elderly.
The experience of spirituality/religiosity in situations of chronic diseases	Assess the quality of life in the domain of spirituality, religiosity, personal beliefs and associated factors in the oldest old (Nunes et al., 2017).	Cross-sectional study - level 6	Satisfaction with life, social support, meaning in life and the absence of chronic diseases are associated with better levels of spirituality, religiosity and personal beliefs.

The experience of spirituality/religiosity in situations of chronic diseases	Analyze the relationship of sociodemographic predictors, morbidities, depression indicative score, as well as the mediating role of religiosity, spirituality and personal beliefs on quality of life (Molina et al., 2020).	Cross-sectional study - level 6	Religiosity, spirituality and personal beliefs influenced the negative impact of depression, favoring quality of life.
The relationship between spirituality/religiosity and the well-being/quality of life of the elderly	Check and analyze the elderly's conception of spirituality and how this interferes with your quality of life. life (Chaves; Gil, 2015).	Quantitative and qualitative study: Exploratory descriptive study - level 6	Relationship between Quality of Life and Spirituality; this is conceived as Support, Relationship with the Sacred and Transcendence, and is distinguished from Religion, defined by Religious, Cultural Affiliation and Dogmas. Its influence on the Quality of Life perceived, mainly, in the Psychological domain, favors the development of thoughts and positive feelings that give participants high levels of satisfaction with their quality of life.
The relationship between spirituality/religiosity and the well-being/quality of life of the elderly	Understanding spirituality and religiosity in the experience of suffering, guilt and death of the elderly with cancer (Freitas et al., 2020)	Qualitative research - level 6	Spirituality and religiosity were revealed as important coping strategies used by the elderly person with cancer in the face of suffering, guilt and thoughts about death that pervade the unstable daily life. These resources are capable of providing relief in difficult times, strength to overcome emotional impacts, and can help in the search for well-being and in the redefinition of the meaning of life, in the face of what cannot be modified.
The relationship between spirituality/religiosity and the well-being/quality of life of the elderly	To analyze quality of life, spirituality, religiosity and hope of people with chronic kidney disease undergoing hemodialysis (Leimig et al., 2018).	Cross-sectional study - level 6	The indicators of spirituality, religiosity and life expectancy were satisfactory in the studied group. In the context of chronic kidney disease, spirituality and religiosity emerge as positive coping measures to deal with the difficulties of daily life.
The relationship between spirituality/religiosity and the well-being/quality of life of the elderly	To analyze the relationship between spiritual well-being, sociodemographic, economic, religious and health variables with the quality of life of elderly people undergoing hemodialysis treatment (Pilger et al, 2017).	Cross-sectional study - level 6	Elderly people undergoing hemodialysis valued religiosity and spirituality in their daily lives and in their treatment. The quality of life of these patients is related, either positively or negatively, to the construct of spiritual well-being.

Table 2. Synthesis of knowledge according to the thematic categories: Experience of spirituality/religiosity in situations of chronic diseases and The relationship of spirituality/religiosity with the well-being/quality of life of the elderly

that religious people have a better quality of life (Tan; Wutthilert; O'Connor, 2011).

Rocha and Fleck (2011) demonstrated in their study that Brazilians have a strong faith in God, and, in the spiritual dimension, many people attribute the improvement in their health status more to spiritual forces than to the medical treatment received. Therefore, several studies demonstrate the positive relationship between spirituality and religiosity, physical and mental health and quality of life (Silva et al., 2009).

It was possible to show in some studies that there are different social relationships due to sociodemographic and economic factors, emotional and health-related aspects that affect the structure and type of social support among the elderly, thus attention to the aspect of religiosity and spirituality becomes increasingly important in the practice of health care for the elderly.

Religiosity and spirituality have been shown to be an important resource for psychosocial protection and well-being. However, these tools are often not considered or valued by health professionals, especially in the elderly.

This way, it is relevant that disciplines that discuss religiosity and spirituality be addressed from the academic training in courses in the health area, which will bring results for professional practice. In addition, it is important that professionals who deal with the elderly have this understanding of the importance of this topic in the quality of life of the elderly.

## **CONCLUSION**

This study made it possible to characterize the scientific production in terms of health-related aspects associated with better levels of spirituality and religiosity in community-dwelling elderly in Brazil. In total, seven articles met the inclusion criteria and were part of this integrative review.

Regarding the categorization of studies, such as gaps in knowledge, there was a shortage of intervention studies that portrayed strong evidence, as most of those found were descriptive, classified as evidence level 6, considered weak.

Two thematic categories were established after analyzing the studies: I - The experience of spirituality/religiosity in situations of chronic diseases; II - The relationship between spirituality/religiosity and the well-being/quality of life of the elderly. And it was observed that: Spirituality and religiosity are tools for coping with difficulties and attributing meaning to life, providing hope, faith and motivation to the elderly in coping with some chronic diseases and may be associated with better physical and mental health of the elderly ; and demonstrated important strategies for coping and overcoming stressful events used by the elderly and brought satisfaction with their well-being/quality of life.

Therefore, this research makes a contribution to the area of gerontology, with the objective of demonstrating the effects that religiosity and spirituality have on the different aspects of aging and with the improvement of quality of life.

It is suggested that health professionals consider the care of the elderly in a holistic way, respecting the spiritual and religious aspects of each one, as they are tools that improve the quality of life of the elderly. It is also suggested that new studies be carried out on this subject, and that they discuss not only the possibilities of collaboration in the quality of life of the elderly, but also through the elaboration of public policies in the care of the elderly.



## REFERENCES

- Abdala, G.A. et al. Religiosidade e qualidade de vida relacionada à saúde do idoso. *Rev Saúde Pública*, v. 49, n. 55, 2015.
- Agorastos, A.; Demiralay, C.; Huber, C.G. Influence of religious aspects and personal beliefs on psychological behavior: focus on anxiety disorders. *Psychol Res Behav Manag.*, v, 7, p. 93-101, 2014.
- Alvarez JS, Goldraich LA, Nunes AH, Zandavalli MCB, Zandavalli RB, Belli KC, et al. Associação entre Espiritualidade e Adesão ao Tratamento em Pacientes Ambulatoriais com Insuficiência Cardíaca. *Arq Bras Cardiol*, v. 106, n. 6, p. 491-501, 2016.
- Chaves, L. J.; Gil, C. A. Concepções de idosos sobre espiritualidade relacionada ao envelhecimento e qualidade de vida. *Ciência & Saúde Coletiva*. 2015, v. 20, n. 12, pp. 3641-3652, 2015.
- Cruz JB, Colet PC, Quabeilat H, Al-Otaibi J, Coronel EL, Suminta RC. Religiosity and Health-Related Quality of Life: A Cross-Sectional Study on Filipino Christian Hemodialysis Patients. *J Relig health*. 55(3):895-908, 2016.
- Davison S, Jhangri GS. Existential and religious dimensions of spirituality and their relationship with health-related quality of life in chronic kidney disease. *Clin J Am Soc Nephrol*. 5(11):1969-76, 2010.
- Duarte, Y.A.O. et al. Política Nacional do Idoso: As Lacunas da Lei e a Questão dos Cuidadores. In: ALCÂNTARA, A. O. et al. Política nacional do idoso: velhas e novas questões. Rio de Janeiro: **Ipea**, p. 457-478, 2016.
- Ferreira, O. G. L. et al. Envelhecimento ativo e sua relação com a independência funcional. *Texto contexto – enferm.*, v. 21, n. 3, p. 513- 518, 2012.
- Fileni et al. Percepção De Qualidade De Vida De Funcionários De Clubes Em Duas Cidades Do Estado De São Paulo. *Revista CPAQV - Centro de Pesquisas Avançadas em Qualidade de Vida*. v. 11, n. 2, p. 7, 2019.
- Fleck, M.P.A. A avaliação de qualidade de vida: guia para profissionais de saúde. Porto Alegre: **Artmed**. p. 93-101, 2007.
- Freitas, R.A., Menezes TMO, Santos LB, Moura HCGB, Sales MGS, Moreira FA. Spirituality and religiosity in the experience of suffering, guilt, and death of the elderly with cancer. *Rev Bras Enferm.*;73(Suppl 3):e20190034, 2020.
- Galvão, C.M.; Sawada, N.O.; Trevizan, M.A. Revisão sistemática: recurso que proporciona a incorporação das evidências na prática da enfermagem. *Revista Latino-americana Enfermagem*, v.12, n. 3, p. 549-556, 2004.
- Leimig, M.B.C et al. Qualidade de vida, espiritualidade, religiosidade e esperança em pessoas com doença renal crônica em hemodiálise. *Rev Soc Bras Clin Med*.16(1):30-6, 2018.
- Mapes DL, Bragg-Gresham JL, Bommer J, Fukuhara S, McKeivitt P, Wikstrom B, Lopes AA: Health-related quality of life in the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Am J Kidney Dis*. 44(Suppl 2):54-60, 2007.
- Molina, N. P. F. M. et al. Religiosidade, espiritualidade e qualidade de vida de idosos segundo a modelagem de equação estrutural. *Texto & Contexto Enfermagem*, v. 29: e20180468, 2020.
- Mota, J. L. et al. Significados da espiritualidade e religiosidade para idosos em sua vida e na pandemia pela COVID-19. *Research, Society and Development*, v. 11, n. 4, e39411427511, 2022.
- Nunes, M. G. S. et al. Idosos longevos: avaliação da qualidade de vida no domínio da espiritualidade, da religiosidade e de crenças pessoais. *Saúde em Debate*. 2017, v. 41, n. 115, pp. 1102-1115.
- Oliveira, M. R.; Junges, J.R. Saúde mental e espiritualidade/religiosidade: a visão de psicólogos. *Estud Psicol.*, v. 17, n. 3, p. 469-746, 2012.
- Pilger C, Santos ROP, Lentsck MH, Marques S, Kusumota L. Spiritual well-being and quality of life of older adults in hemodialysis. *Rev Bras Enferm*. 2017;70(4):689-96.
- Rocha NS, Fleck MPA. Evaluation of quality of life and importance given to spirituality/religiousness/persona beliefs (SRPB) in adults with and without chronic health conditions. *Rev Psiq Cl*. v. 38, n. 1, p.19-23, 2011.
- Silva, M.C.M.; Moreira-Almeida, A.; Castro, E.A.B. Elderly caring for the elderly: spirituality as tensions relief. *Revista Brasileira de Enfermagem*, v. 71, n. 5, p. 2461-2468, 2018.

Silva MS, Kimura M, Stelmach R, Santos VLG. Quality of life and spiritual well-being in chronic obstructive pulmonary disease patients. **Rev Esc Enferm USP**. 43(S):1187-92, 2009.

Souza, É. N. et al. Relação entre a esperança e a espiritualidade de idosos cuidadores. **Texto e Contexto - Enfermagem**, v. 26, n. 3, 2017.p. e6780015.

Souza M.T.S; Silva MD; Carvalho R. Revisão integrativa: o que é e como fazer. **Einstein**, v. 8, n. 1, p. 102-106, 2010.

Tan H, Wutthilert C, O'Connor M. Spirituality and quality of life in older people with chronic illness in Thailand. **Prog Palliat Care**. 19(4):177-85, 2011.

Whittemore, R; Knafl, K. The integrative review: updated methodology. **Journal Advanced Nursing**, v. 52, n. 5, p. 546-553, 2005.