



HUMANITUDE CARE STRATEGIES WITH OLDER ADULTS IN PORTUGAL DURING THE COVID-19 PANDEMIC

Leoni Terezinha Zenevicz*

Rosa Cândida Carvalho Pereira de Melo**

Marcela Furlan de Leo***

Tatiana Gaffuri da Silva****

Jeane Barros de Souza*****

Silvia Silva de Souza*****

ABSTRACT

Objective: To know the strategies of self-care and care for older adults adopted by Portuguese health professionals qualified in Humanitude Care Methodology during the covid-19 pandemic. **Method:** Exploratory, descriptive, qualitative study of eight health professionals trained in Humanitude Care Methodology who care for older adults in Portugal. An individual semi-structured interview by videoconference was used. Bardin content analysis was adopted in data analysis. Study approved by the Research Ethics Committee. **Results:** The Humanitude Care Methodology favored spiritual care based on its repertoire of relational/communication techniques. Spirituality emerged centrally as vital to overcome the planetary crisis of covid-19. Non-verbal communication gained prominence in the context of face masks. **Conclusion:** The Humanitude Care Methodology favored complex, broad, creative, supportive, loving care, centered on the singularities of older adults, indicating a transformative path for the health field in order to overcome biologicisms and technicalities, especially within the pandemic context.

Keywords: Spirituality. Patient-Centered Care. Nursing care. Elderly. Coronavirus Infections.

INTRODUCTION

The pandemic resulting of the disease caused by the Coronavirus (covid-19) has dramatically impacted the multiple dimensions of human life and requires daily efforts from health professionals to protect the population and protect their own physical integrity and mental health. Transmission by contact, droplets and aerosols **determined significant changes in interpersonal relationships, especially in older adults, the age group at greatest risk for mortality and for developing complications and sequelae resulting from the disease⁽¹⁾**. Older adults were deprived of social interaction and became psychologically vulnerable, which exerted negative impact on their quality of life and health⁽²⁾, and led to worsening of dementia, anxiety, stress and depression, making them targets of concern for health professionals⁽³⁾.

On the other hand, psychic suffering among health professionals was intensified and feelings of loneliness, psychological pressure, work stress, mental fatigue, irritability and sleep disorders⁽⁴⁾, work overload, fear of contamination, shortage of professionals and insufficient amounts of Personal Protective Equipment (PPE)⁽⁵⁾ stood out in the period. Caregivers and older adults under their care were weakened, requiring urgent attention from researchers and health and social security authorities.

Faced with the scenario of ubiquitous death, the planet was in mourning, and spirituality stands out as a care strategy that gives meaning to life, losses, finitude and provides opportunities for the re-signification of suffering, essential in gerontological care⁽⁶⁾. Care methodologies had to be developed/improved and professionals reinvented themselves in order to take care of

*Nurse. Doctor. Federal University of Fronteira Sul-UFFS. Chapeco, Santa Catarina, Brazil. E-mail: leoni.zenevicz@uffs.edu.br ORCID 0000-0002-0811-6812

**Nurse. Doctor. Coimbra Nursing School. Coimbra, Portugal. E-mail: rosamelo@esenfc.pt ORCID: 0000-0002-0941-407X

***Nurse. Doctor. UFFS. Chapeco, Santa Catarina, Brazil. E-mail: marcela.leo@uffs.edu.br ORCID: 0000-0003-3457-5999

****Nurse. Doctor. UFFS. Chapeco, Santa Catarina, Brazil. E-mail: tatiana.silva@uffs.edu.br ORCID 0000-0001-6854-0319

*****Nurse. Doctor. UFFS. Chapeco, Santa Catarina, Brazil. E-mail: jeane.souza@uffs.edu.br ORCID 0000-0002-0512-9765

*****Nurse. Teacher. UFFS. Chapeco, Santa Catarina, Brazil. E-mail: silvia.souza@uffs.edu.br ORCID 0000-0002-6111-5632

humans in their multiple dimensions.

In terms of contemporary interprofessional care technologies that have responded to the complex human needs beyond physiological needs, the Humanitude Care Method (HCM) proposes daily care for dependent or vulnerable people based on respect, dignity, freedom and patient autonomy⁽⁷⁾. It represents a structured repertoire to face the demands of a new, challenging context of suffering and psychic illness both in the therapeutic sphere and in the promotion of mental health and prevention of illness.

Developed in the 1970s by Ives Gineste and Rosete Marescotti, the HCM or Gineste-Marescotti® Care Methodology (MGM®) is supported by the Humanitude Philosophy, of anthropological basis, includes neuroscientific principles, and provides gentle and simple care actions, such as looking, touching and talking that meet what is essential for human beings. The HCM is currently systematized in more than 150 procedures, primarily relational and communication techniques that must be intentionally incorporated into daily work in health, also to establish a positive relationship between the caregiver and the person being cared for^(7,8,9).

In Portugal, the methodology has been strongly implemented in the last decade with training support from nursing schools⁽⁷⁾ that have been receiving Brazilian scholars interested in the subject, such as the authors - hence the choice of the Portuguese scenario to conduct the investigation. The search for theoretical and methodological references that enrich and improve expanded strategies of care for older adults in the pandemic context and subsequently, the concern about the way HCM qualified professionals have faced this situation justified the present study.

The research questions were: How is the HCM being used to care for older adults during the pandemic? How health workers specialized in HCM who assist older adults have been developing their self-care in this context? Would the HCM address the spiritual dimension in the coping with the pandemic? Thus, the objective of the study is to know the care and self-care strategies currently adopted by HCM trained health professionals assisting

older adult clients during the covid-19 pandemic in Portugal.

METHODOLOGY

Exploratory, descriptive, qualitative study. Participants were eight health professionals from Portugal selected by convenience. Inclusion criteria were complete training in HCM and current workers in care for older adults in Portuguese health institutions.

Data collection was performed individually in 2020 by videoconferences lasting one hour. An instrument with sociodemographic questions was used, and a semi-structured interview developed for the study containing the guiding question "How has your self-care and the care for older adult patients during the covid-19 pandemic been?" was performed.

The responses were analyzed using the categorical thematic content analysis technique, following the principles of homogeneity, exhaustiveness, exclusivity, objectivity and relevance for the definition of categories according to Bardin's theoretical framework⁽¹⁰⁾. Initially, an unpretentious analysis of all the material obtained was performed, followed by a detailed exploration with identification of the themes that emerged. Data for each theme were organized into categories. Coding was performed and specific codes were assigned to recording units with a certain semantic content previously specified by the researcher. These recording units were organized with the coding of segments of the responses obtained, which were the base unit and had the aim to count the frequency.

Theoretical saturation for the definition of each category was reached when new elements ceased to emerge from the speeches, following five steps: 1- Registration of raw data from answers to the open questions with the transcription of answers obtained in writing; 2 - Data immersion after skim reading; 3 - Compilation of individual analyzes and grouping by categories organized through colorimetric coding; 4 - Allocation of categories, subcategories and statements in a table allowing the identification of the regularity of findings according to categories and assessment of the consistency of

statements; and 5 - Achievement of theoretical saturation of data when no new elements were identified in each category.

The validity and reliability of the content analysis was ensured by two coders, experts in qualitative research. In the course of this study, ethical-legal aspects in research involving human beings were respected. The study was approved by the Research Ethics Committee of the Health Sciences Research Unit, Nursing, at the Escola Superior de Enfermagem de Coimbra under opinion No. P688\06-2020. Participants voluntarily agreed to participate in the study. The anonymity of answers was guaranteed by identifying participants with the letter P (professional) followed by the sequential number (P1, P2, P3...).

RESULTS

Five participants were female and three were male, age was between 30 and 60 years, mean age of 40 years, with higher education (four nurses, two health systems managers, one doctor, one social worker), all had more than 10 years of professional experience and were certified as HCM experts.

Two categories emerged from content analysis: Self-care in the Pandemic Context and Caring for Older Adults in the Pandemic Context.

Self-care in the Pandemic Context

Health professionals pondered the experience of the covid-19 pandemic and listed strategies to face the context, such as intentionally taking care of oneself, highlighting spirituality as a possibility for this self-care:

I tried to listen to music, a lot of music at home... trying to reflect about the moment we are living... and create a kind of positive energy (P7).

Taking care, revitalizing the body, mind and spirit, being centered, preparing ourselves for what was to come (P4).

Pray... for us! We have great strength... when we say a prayer (P5).

The interest in seeking knowledge about

spirituality and theoretical references that propose personal knowledge and the strengthening of the ego was evidenced:

I trained in appreciative coaching [...]. This gives great value to inner experience and how each of us can face the challenge (P6).

My strength was a lot in daily study... from Kabbalah to quantum physics, listening to everything... the center has always been: what is it that inspires my kindness? (P4).

I read the gospels, four different books with literal translations from the perspective of Evangelical, Catholic and Spiritist religions. I have tried to adopt an impartial approach to spirituality and religiosity (P8).

I have been studying spirituality, which means... so we begin to understand that when we come across someone, we are being invited to do something for them (P8).

I tried to be in touch with significant people for me, even with the restrictions, writing texts... being part of a cultural cooperative (P7).

Caring for Older Adults in the Pandemic Context

Participants valued interpersonal contact during the pandemic period as a solidary and cultural possibility:

The need to give responses in the contact with others, to feel useful... the way I have responded has been largely a matter of volunteering... I pay visits, I go shopping for those who need it, I prepare medications (P3).

By feeling the face mask as a hindering factor to communication with the patient, non-verbal communication was highlighted as a strategy for interpersonal contact:

Given the restrictions, we have to wear masks, and sometimes they [patients] do not understand what we are saying, so we use the touch, we touch their feet (P1).

Enhance my abilities as a caregiver to learn how to continue communicating even if I am wearing a mask, so how can I use my whole body for my non-verbal, to continue transmitting the same message (P3).

I try to position myself so that there is no reflection of light and the person can look me in the eyes (P4).

Professionals reorganized their practice and adopted a humanitarian and creative attitude to meet the needs of older adults:

So, I drew on the face shield, my look and smile, often because we were all concerned. And I, often feeling apprehensive, told them: look, it's time to smile, to see the smile... and normally it was like that, with a strong red pen, to see the smile I bring you today, and this was a way to overcome some difficulties I had (P4).

They [patients] verbalized that they really liked to go to the beach... What was my care attitude? To bring the sound of the sea with the mobile phone, play the sound of the sea on the mobile phone, because I live close to the beach. And put some water in a bottle together with sand, put it in a container and put people's hands inside that container, so they could smell the sea (P6).

We made a ramp so he [the patient] could leave home in a wheelchair. For common people this is tiny, but for him it was a wall (P2).

Spiritual care for older adults was highlighted by participants within the pandemic context:

Yeah, then she glanced that picture and I felt like she wanted to pray. So, oh! I told the caregivers that regardless of the religion of each one of us, in this moment, one has to be attentive to that person's needs, the spiritual needs. I happen to be Catholic too, and I was able to accompany her in praying that prayer she was saying. So, I continued praying and she followed me, and when we finished, she leaned on me and she was leaning on me and... it was like that (P6).

I need to reassure her, calm her down, I have to do this somehow, don't I? Therefore, when I say spiritual care, I mean a deeper, invisible relationship care of ours, but it allows for greater ability to create empathy with the person, to create a much deeper helping relationship, and obviously with the appropriate care techniques (P7).

There are patients who ask to watch the Eucharist. At the time of peace, of the Eucharist, I bring the television, I know it's important (P4).

DISCUSSION

From Foucault's perspective, care⁽¹¹⁾ is inscribed in a set of life norms followed by individuals who, first, take care of themselves

from an attitude of personal empowerment, in a differentiated way in their space, in a process of legitimizing themselves that transcends the banalization of everyday life, constituting an essential human attitude, in which they first take care of themselves, and then take care of the other⁽¹²⁾. This was evident in participants' speeches in times of pandemic.

The daily struggle of the health workforce during this challenging and tragic period for humanity decreed as a pandemic by the World Health Organization in March 2020 involves uninterrupted working hours, increased workload/overtime to meet gigantic hospitalization demands and emergency expansion of beds, especially of intensive care beds, when countless health professionals have been withdrawn from work, as well as the scrapping of the health service, the restriction of personal protective equipment and the scientific challenges to elucidate the disease and develop treatment and prevention protocols.

The reality of health professionals in the face of covid-19 responds to the sociocultural, political and economic characteristics of each country/continent, although in the background of this chaotic health situation, there is psychic suffering and psychic exhaustion of this public⁽¹³⁾.

Professionals are encouraged to seek answers to the pressing questions of life: "why?", "what for?", "why with us?", so that experiences of pain and suffering within the covid-19 context acquire a new reason for being. As stated by Vitor Frankl⁽¹⁴⁾, all the agony of body and soul, pain and suffering transform us into better people if it makes sense to us. For Moreira Almeida⁽¹⁵⁾, the will of sense resides in the spiritual dimension of human beings. Health professionals need to value the human spiritual dimension, their own experiences and worldview in order to advance in knowledge through critical and reflective thinking about their practice, understanding reality and transforming it⁽¹⁶⁾.

Spirituality assigns sense, meaning and answers to questions inherent to the sacred or the transcendent⁽¹⁷⁾ and this is visible in the reports of Portuguese professionals; a transcendence that they related to the pandemic

period. A time of introspection and the search for personal improvement that seems to favor emotional stability and the facing of their fears and physical exhaustion, but also a time of fraternity and solidarity in professional care.

The reports show that during the pandemic period, caring for older adults went far beyond meeting biological needs: it was about rethinking and re-signifying the act itself, by adopting densely relational and communication techniques, signaling a change in the relationship with older adult patients in the direction of a solidary, fraternal, expanded, empathic practice that reveals the complexities composing humanistic care.

Working with care for older adults in this scenario of global crisis becomes doubly challenging. Not only this is a more vulnerable public, but also heterogeneous, which requires special consideration and appreciation in the provision of humanistic, loving, supportive and protective health practices that take their complex life history into account⁽¹⁾.

The appropriation of the HCM tends to result in an expanded understanding of being an older adult and the act of caring, and provides an opportunity for a quiet and smooth routine in the provision of care, which benefits health professionals in their personal satisfaction, professional fulfillment and the management of their emotions⁽⁷⁾. The HCM has been indicated as a facilitator of older adults' acceptance of the care offered, in the reduction of the use of psychotropic drugs, in the stability of the cognitive deficit, in mobility and psychomotricity and in the autonomy in this public⁽⁹⁾.

Nursing, in particular, has been dedicated to the development and study of the Helping Relationship under a humanist basis with the reference of Person-Centered Care. This is Nursing's responsibility at this moment as a concept, which implies a peculiar process of the professional and patient relationship in which the main objective is to help the individual to recognize, elucidate and, perhaps, from the intentional improvement of communication, minimize or solve personal problems autonomously⁽¹⁸⁾.

In Portugal, the HCM was initially inserted in the context of teaching about the Helping

Relationship in teaching and hospital institutions given the compatibility between these two theoretical and methodological references⁽¹⁹⁾. Together, they compose a know-how of light care technologies that drives reflection processes on oneself, on the world and on the desirable/possible way(s) of experiencing it, and sensitizes health professionals for sensitive listening and an affective and empathic contact with patients.

Participants made an inner movement of reflection and spiritualization and felt the need to go beyond biomedical care when they established a specific type of relationship with older adult patients, and were concerned, above all, with assertive communication – verbal and non-verbal (or paralinguistic) – with the other, configuring a Helping Relationship that may have been triggered from the knowledge on HCM.

Professionals perceived the environmental barrier to communication constituted by PPEs and assertively reinforced non-verbal communication mechanisms, maximizing their care performance as foreseen by the methodology when addressing the improvement of non-verbal communication^(20,9,19). The humanitude care repertoire proposes the look, the sensitivity to touch the other and the sharing of the smile that allow individuals to recognize themselves as human beings⁽²¹⁾ and foster relationships in which solidarity is a constant presence^(9,20), as what happens in the Helping Relationship⁽¹⁸⁾.

Biomedical/positivist training in health can be held responsible for professional difficulties in meeting patients' spiritual demand, but participants attended the patient's spiritual dimension, thereby transcending formative Cartesian roots. Spirituality plays a central role in the quality of life of older adults as a source of emotional support to face the decline in health status, changes in socioeconomic status, changes in social roles, unfair retirements, the loss of significant others and social isolation^(22, 23).

According to Zenevicz, Moriguchi and Madureira⁽²⁴⁾, spirituality is a divine seed inhabiting each of us that can be manifested by beliefs, values, traditions, practices, art and music, a driving force in the search for the

meaning of existence, the mysteries of transcendence, responding to human concerns and enabling the connection with the divine that transcends the physical body and floods it with feelings of hope, understanding and peace. Spiritual care can provide relief from the suffering of the body, spirit and mind⁽²⁵⁾.

The intersection between the Helping Relationship, HCM and the topic of spirituality has been systematically studied by Portuguese schools, but the scientific literature on the subject is still scarce, still treated in gray literature. The HCM intends to guarantee the biopsychosocial, cultural and spiritual integrity of people who are the targets of its techniques, provided by the interpersonal space created that favors the expression of beliefs, personal and moral values and feelings, and consequently, spiritual expression.

In the relational context developed between health professionals and older adult patients confined because of the pandemic, reports indicate that it was necessary to create, improvise and explore the care possibilities promoting quality of life. The HCM encourages creativity⁽⁷⁾ as participants did when using the television as a resource for the expression of faith, when bringing a bottle that would make them feel closer to the sea, when building a ramp for accessibility and when painting the face shield with acrylic ink, among others. These many creative strategies certainly re-signified care in a time of pandemic, from the application of humanitude knowledge in depth.

FINAL CONSIDERATIONS

The study revealed that spirituality has been significant in the repertoire of Portuguese health professionals trained in HCM as a strategy to overcome the personal/interpersonal challenges imposed by the pandemic. The HCM proved to be sufficiently expanded in terms of communication techniques and interpersonal relationships to favor spiritual care and the development of one's own spirituality for self-care.

The methodology favored expanded, authentic, innovative, supportive and reflective care experiences that potentially promote quality of life, focused on the peculiarities of the older adult public.

Studies are needed to validate with patients the results of applying the methodology in the pandemic context. There is no knowledge about the impact of the videoconference interview necessary in the context of covid-19, which may have limited the scope of the study.

Although Brazilian researchers are interested in the methodology, scientific production is focused on Portugal, and initiatives to apply the HCM in Brazil are incipient. We mention the possibility of collaborative research/study networks on HCM in Brazil-Portugal/other countries for the qualification and improvement of care technologies in gerontological nursing.

ESTRATÉGIAS CUIDATIVAS HUMANITUDE COM IDOSOS EM PORTUGAL DURANTE A PANDEMIA DE COVID-19

RESUMO

Objetivo: Conhecer estratégias autocuidativas e de cuidado com idosos adotadas por profissionais de saúde portugueses qualificados em Metodologia de Cuidado Humanitude durante a pandemia de covid-19. **Método:** Estudo exploratório, descritivo, qualitativo, com 08 profissionais da saúde formados em Metodologia do Cuidado Humanitude que atendem idosos em Portugal. Utilizou-se entrevista semiestruturada individual, por videoconferência, e os dados foram submetidos a análise de conteúdo de Bardin. Pesquisa aprovada por CEP. **Resultados:** A Metodologia do Cuidado Humanitude (MCH) favoreceu o cuidado espiritual a partir de seu repertório de técnicas relacionais/de comunicação. A espiritualidade apareceu centralmente como vital para superar a crise planetária de covid-19. A comunicação não verbal ganhou destaque na conjuntura de máscaras faciais. **Conclusão:** A MCH favoreceu o cuidado complexo, ampliado, criativo, solidário, amoroso e centrado nas singularidades dos idosos, indicando um caminho transformador para o campo da saúde para superar biologicismos e tecnicismos, sobretudo em contexto de pandemia.

Palavras-chave: Espiritualidade. Assistência Centrada no Paciente. Cuidado de Enfermagem. Pessoa Idosa. Infecções por Coronavírus.

ESTRATEGIAS HUMANIZADAS DE CUIDADO DE ANCIANOS EN PORTUGAL DURANTE LA PANDEMIA DE COVID-19

RESUMEN

Objetivo: conocer estrategias de autocuidados y de cuidado con ancianos adoptadas por profesionales de salud portugueses calificados en Metodología de Cuidado Humanizado durante la pandemia de covid-19. **Método:** estudio exploratorio, descriptivo, cualitativo, con 08 profesionales de la salud formados en Metodología del Cuidado Humanizado que atienden ancianos en Portugal. Se utilizó entrevista semiestructurada individual, por videoconferencia, y los datos fueron sometidos al análisis de contenido de Bardin. Investigación aprobada por el Comité de Ética en Investigación. **Resultados:** la Metodología del Cuidado Humanizado (MCH) favoreció el cuidado espiritual a partir de su repertorio de técnicas relacionales/de comunicación. La espiritualidad apareció centralmente como vital para superar la crisis planetaria de covid-19. La comunicación no verbal se destacó en la coyuntura de máscaras faciales. **Conclusión:** la MCH favoreció el cuidado complejo, ampliado, creativo, solidario, amoroso y centrado en las singularidades de los ancianos, indicando un camino transformador para el campo de la salud para superar biologicismos y tecnicismos, sobre todo en contexto de pandemia.

Palabras clave: Espiritualidad. Atención Centrada en el Paciente. Cuidado de Enfermería. Persona Anciana. Infecciones por Coronavirus.

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Corresponding author: Leoni Terezinha Zenevicz. Rua Uruguai 244 D Edifício Don Gabriel Apto 601, Chapeco – Santa Catarina. E-mail: leoni.zenevicz@uffs.edu.br

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