

INTEGRATIVE LITERATURE REVIEW ARTICLE

INFLUENCE OF SPIRITUALITY ON THE QUALITY OF LIFE OF ELDERLY PEOPLE ON
HEMODIALYSIS

INFLUÊNCIA DA ESPIRITUALIDADE NA QUALIDADE DE VIDA DE IDOSOS
HEMODIALÍTICOS

INFLUENCIA DE LA ESPIRITUALIDAD EN LA CALIDAD DE VIDA DE LOS ANCIANOS
HEMODIALÍTICOS

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ABSTRACT

Objective: to analyze the existing scientific knowledge about the influence of spirituality on the quality of life of elderly people undergoing hemodialysis. **Method:** this is a bibliographic, descriptive, integrative review type study, with temporal delimitation from 2013 to 2019. An electronic search was conducted in the databases of the Virtual Health Library through controlled descriptors contemplated in the Descriptors of Health Sciences. Studies were selected by title and abstract, with subsequent extraction of information through an appropriate instrument, ranking them according to their level of evidence. **Results:** three important points were perceived that compile the evidence of the influence of spirituality on the quality of life of elderly people undergoing hemodialysis, namely: promotion of mental health; renewal of hope for a promising future; promotion of self-care. **Conclusion:** it is perceived that spirituality influences quality of life, enabling changes in the mental health of the elderly, stimulating their sense of hope for healing and raising means for them to become active in the self-care process.

Descriptors: Spirituality; Quality of life; Chronic Kidney Failure; Elderly; Nursing; Renal Dialysis.

RESUMO

Objetivo: analisar o conhecimento científico existente acerca da influência da espiritualidade na qualidade de vida de idosos em Terapia Renal Substitutiva do tipo hemodiálise. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa, com delimitação temporal de 2013 a 2019. Realizou-se uma busca eletrônica nas bases de dados da Biblioteca Virtual de Saúde por meio

de descritores controlados contemplados no Descritores de Ciências da Saúde. Selecionaram-se os estudos por título e resumo, com posteriores extrações de informações por meio de instrumento apropriado, hierarquizando-os de acordo com o seu nível de evidência.

Resultados: perceberam-se três pontos importantes que compilam as evidências da influência da espiritualidade na qualidade de vida de idosos submetidos à hemodiálise, a saber: promoção da saúde mental; renovação de esperanças para um futuro promissor; promoção do autocuidado. **Conclusão:** percebe-se que a espiritualidade influencia a qualidade de vida, permitindo mudanças na saúde mental do idoso, estimulando o seu senso de esperanças na cura e suscitando meios para que ele se torne ativo no processo de autocuidado.

Descritores: Espiritualidade; Qualidade de Vida; Insuficiência Renal Crônica; Idosos; Enfermagem; Diálise Renal.

RESUMEN

Objetivo: analizar el conocimiento científico existente sobre la influencia de la espiritualidad en la calidad de vida de ancianos sometidos a Terapia Renal Sustitutiva del tipo hemodiálisis. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión integradora, con una delimitación temporal de 2013 a 2019. Se realizó una búsqueda electrónica en las bases de datos de la Biblioteca Virtual en Salud utilizando descriptores controlados incluidos en los Descriptores de Ciencias de Salud. Los estudios fueron seleccionados por título y resumen, con posteriores extracciones de informaciones mediante un instrumento adecuado, jerarquizándolos según su nivel de evidencia.

Resultados: se percibieron tres puntos importantes que recogen las evidencias de la influencia de la espiritualidad en la calidad de vida de los ancianos en hemodiálisis, a saber: promoción de la salud mental; renovación de esperanzas para un futuro prometedor; promoción del autocuidado.

Conclusión: Se percibe que la espiritualidad influye en la calidad de vida, permitiendo cambios en la salud mental de los ancianos, estimulando su sentido de esperanza en la cura y abriéndoles caminos para que se vuelvan activos en el proceso de autocuidado.

Descriptores: Espiritualidad; Calidad de Vida; Insuficiencia Renal Crónica; Personas Mayores; Enfermería; Diálisis Renal.

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INTRODUCTION

One can see, in the Brazilian epidemiological field, a concern related to facing Chronic Non-Communicable Diseases for adults and the elderly. It is inferred that this group of diseases may be related to the faster aging of the population in the country in recent years associated with the profile of life acquired¹.

It is observed that, when discovering the need to perform hemodialysis, patients face some problems during this process, such as non-acceptance. It is believed that this circumstance is capable of interfering in the psychological and emotional state, affecting the development of the treatment, which can lead the patient to the development of limitations, decreased quality of life, and changes in their family network²⁻⁵.

It is alerted that the aspects of the physical and emotional dimension may be diminished, because they present a relationship with age and patients who live with Chronic Kidney Failure (CKF) in the long term may develop limitations, including the elderly. It is revealed that the chronic kidney patients consider the treatment painful, anguishing and suffering, considering that, during the dialysis sessions, they see themselves susceptible to complications, including death, due to the most varied risks they run during and after the end of the session²⁻⁵.

It is pointed out that several mechanisms, such as spirituality and religiosity, can help minimize the damage of dialysis treatment that, once used by patients, can provide various effects, helping the challenges imposed by the CKF process, since the Quality of Life and well-being of this group is diminished⁶.

It is noted that the elderly patients on hemodialysis present the worst scores for the Quality of Life indices, especially in the physical functioning, also including aspects of the emotional and spiritual dimensions. Some criteria must be considered, analyzing, in this process, among them, spirituality⁷⁻⁸.

It is emphasized the role of health professionals, including nurses, to minimize comorbidities in order to improve the indices of Quality of Life of patients by addressing emotional aspects linked to

spirituality. It is legally established the participation of Nursing, an integrating member of the multidisciplinary team, in dialysis centers, however, it is necessary to integrate it even more with the other professionals in the assistance to the kidney patient in order to provide an assistance that enables a better QoL of the patients⁴⁻⁹.

Although there are many studies that address the issue of spirituality in the quality of life of the elderly, the existing relationships go through a quantitative and transversal sieve, generating deficits in the symbolic construction that it plays on the role of minimizing the vulnerabilities of the elderly.

It is necessary, therefore, to understand what spirituality promotes in the quality of life of the elderly, considering that it is a mechanism that can result in influential actions and attitudes for the re-signification of the subjects, especially when it comes to facing treatment.

OBJECTIVE

To analyze the existing scientific knowledge about the influence of spirituality on the quality of life of elderly people undergoing hemodialysis

METHOD

This is a bibliographic, descriptive, integrative review type study. The following steps were carried out¹⁰: elaboration of the guiding question (research question); establishment of the objectives of the review and criteria for inclusion and exclusion of articles; definition of the information to be extracted from the research; selection of articles in the literature; analysis of results; discussion of findings and presentation of the review. Thus, the research question was defined as: "What is the influence of spirituality on the Quality of Life of elderly chronic kidney patients on hemodialysis?".

The inclusion criteria were: articles published in Portuguese, English and Spanish; year of publication from 2013 to 2019 in an attempt to find the most updated articles possible; files available for free in full text in the databases, which addressed the theme and of any methodological design. Reflective analysis studies (experience reports, letter to the editor, etc.), published as End-of-Course Papers, dissertations or theses and that addressed the theme in another modality of Renal Replacement Therapy other than hemodialysis were excluded.

To search for articles, a literary database search was conducted, choosing the Virtual Health Library, which provided manuscripts from virtual libraries such as Latin American Literature on Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and the U.S. National Library of Medicine (PubMed).

For the survey of publications in the databases, the controlled descriptors of the Descriptors in Health Sciences (DeCS) and their combinations in Portuguese and English were used with the Boolean

operators AND and OR: 'Spirituality'; 'Quality of Life'; 'Chronic Kidney Failure'; 'Elderly'; 'Nursing' and 'Renal Dialysis'.

A total of 1048 records were identified in the initial search. Duplicate articles were excluded, and 918 records were selected for reading of the titles and abstracts, recruiting those that were closest to the theme of this review. Of these, 30 articles were selected in their entirety based on findings that were also close to the theme, and after being read, 20 were chosen for containing information pertinent to the research objective. Of these, one was included in the qualitative synthesis and nine in the quantitative synthesis because they met the guiding question (Figure 1).

An instrument¹¹ adapted for this study was used to extract information that could answer the guiding question, containing the following variables: study; place of publication; year of publication; type of study; main aspects/results related to the research question; and level of evidence/methodological rigour.

After reading the articles, the data were typed into electronic spreadsheets. The evaluation of the studies was presented descriptively, favoring the observation, numbering, and classification of the data obtained.

It is informed that the data collected for this review had exclusively scientific purposes. Thus, the ethical aspects involved were ensured, guaranteeing the authorship of the researched articles.

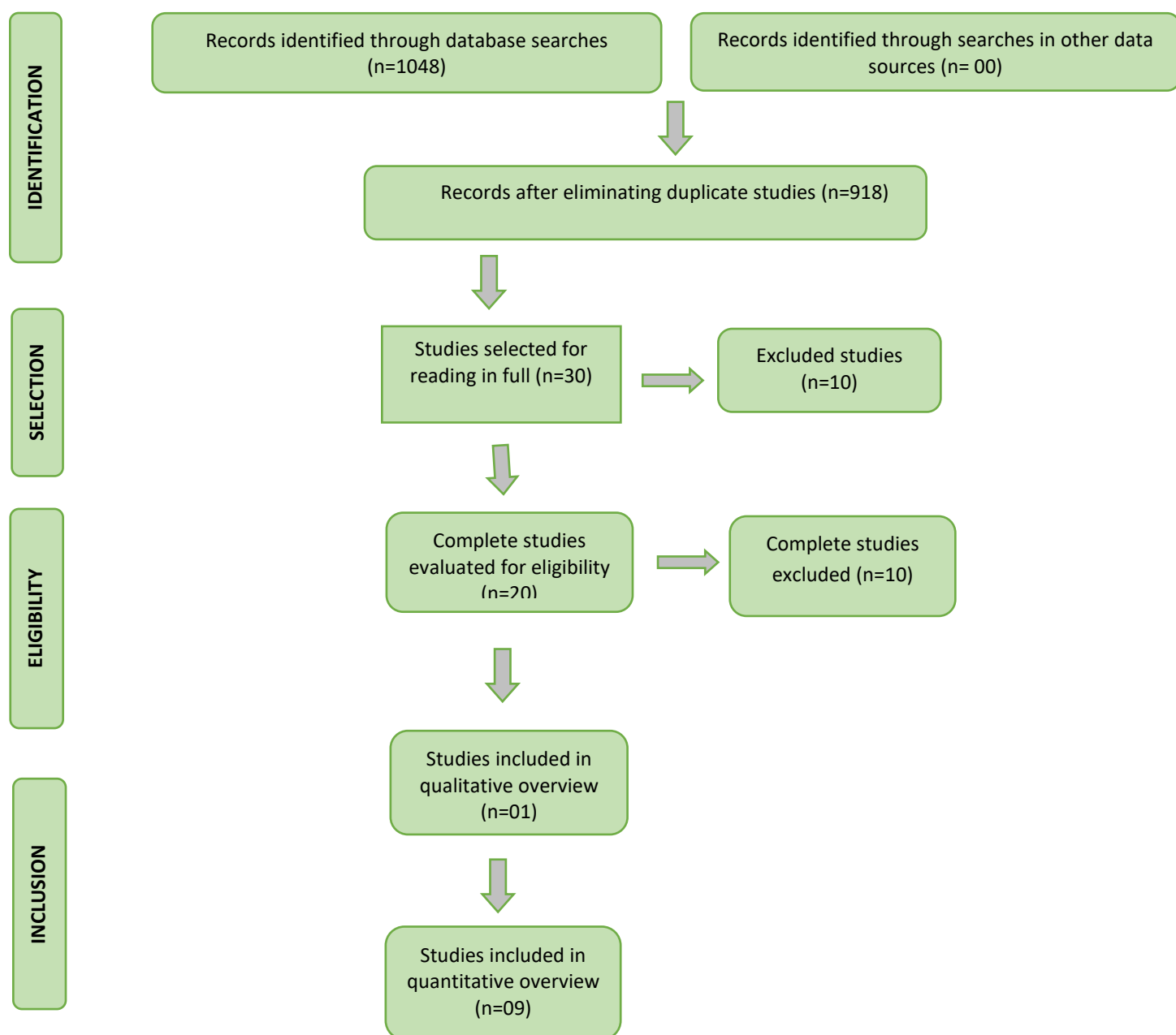


Figure 1. Flowchart of study selection adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). Recife (PE), Brazil, 2020.

RESULTS

This integrative review analyzed ten articles that met the previously established inclusion criteria.

It is detailed that, among the articles included in the integrative review, six of them were written by nurses only, three by physicians only, and one by psychologists only. There were about five articles published in Health Sciences journals, three in Nephrology journals, and three in Nursing journals

It was found that about 60% of the studies were developed in hemodialysis clinics, 30% in renal replacement therapy centers in highly complex hospitals, and the rest of the articles were developed as literature reviews.

Regarding the type of methodological design, eight of them were quantitative cross-sectional studies, one was a qualitative cross-sectional study, and another was a literature review.

Figure 2 describes these findings descriptively.

Author	Year	Country	Type of study
Leimig MBC, Lira RT, Peres, FB, Ferreira AGC, Falbo, AR ¹²	2018	Brazil	Cross-sectional, Quantitative
Zanesco C, de-Brito-Pitilin E, Rossetto M, Tavares-de-Resende-e-Silva D ¹³	2019	Brazil	Cross-sectional, Quantitative
Bravin AM, Trettene AS, Andrade LGM de, Popim RC ¹⁴	2019	Brazil	Integrative Review
Ocampo VFJ, Giraldo BP, Reyes APB ¹⁵	2016	Argentina	Cross-sectional, Quantitative
Souza-Júnior EA, Trombini DSV, Mendonça ARA, Atzingen ACV ¹⁶	2015	Brazil	Cross-sectional, Quantitative
Saffari M, Pakapour AH, Naderi MK; Koenig HG, Baldacchino DR, Piper CN ¹⁷	2013		Cross-sectional, Quantitative
Gesualdo GD, Menezes ALC, Rusa SG, Napoleão AA, Figueiredo RM, Melhado VR, et al. ¹⁸	2017	Brazil	Cross-sectional, Quantitative
Siqueira J, Fernandes NM, Almeida AL ¹⁹	2019	Brazil	Cross-sectional, Quantitative
Gomes ICC, Manzini CSS, Ottaviani AC, Moraes BIP, Lanzotti RB, Orlandi FS ²⁰	2018	Brazil	Cross-sectional, Quantitative
Dias EM, Pais-Ribeiro LJJ ²¹	2018	Brazil	Cross-sectional, Quantitative

Figure 2. results found in the studies according to the author, year of publication, country and type of study. Recife (PE), Brazil, 2019/2020.

The findings are summarized in figure 3, which shows the main results and conclusions of the studies analyzed.

Author	Main results and conclusions
Leimig MBC, Lira RT, Peres, FB, Ferreira AGC, Falbo, AR ¹²	The indicators of spirituality, religiosity and life expectancy were satisfactory. They are aspects that help to positively face the difficulties of the chronic kidney patient.
Zanesco C, de-Brito-Pitilin E, Rossetto M, Tavares-de-Resende-e-Silva D ¹³	A decrease in the Quality of Life index can have personal, family and social repercussions, impacting the routine activities of daily living of kidney patients.
Bravin AM, Trettene AS, Andrade LGM de, Popim RC ¹⁴	The benefits of spirituality can be applied to better coping with illness, perceived quality of life, and mental health support.
Ocampo VFJ, Giraldo BP, Reyes APB ¹⁵	The spiritual perspective and Quality of Life in relation to health, sometimes, may not be related in a positive and significant way in the group of people undergoing hemodialysis.
Souza-Júnior EA, Trombini DSV, Mendonça ARA, Atzingen ACV ¹⁶	Doctors and patients believe that religion is a positive factor in the patient's life, bringing relief, support, and optimism.
Saffari M, Pakapour AH, Naderi MK; Koenig HG, Baldacchino DR, Piper CN ¹⁷	Spirituality can help improve the quality of life and health status of hemodialysis patients.
Gesualdo GD, Menezes ALC, Rusa SG, Napoleão AA, Figueiredo RM, Melhado VR, et al. ¹⁸	The factor religion has an association with the domain of quality of life of chronic kidney failure patients on hemodialysis.
Siqueira J, Fernandes NM, Almeida AL ¹⁹	Religiosity and Spirituality are considered potential targets of interventions to promote better quality of survival in patients with Chronic Kidney Disease.

Gomes ICC, Manzini CSS, Ottaviani AC, Moraes BIP, Lanzotti RB, Orlandi FS ²⁰	There is a positive relationship between hope/optimism and caring/emotion through spirituality.
Dias EM, Pais-Ribeiro LJJ ²¹	Spirituality is an important tool to help the elderly cope with adversity.

Figure 3. main results and conclusions found in the analyzed studies. Recife (PE), Brazil, 2019/2020.

It is shown, in the results presented above, a logical chain of outcomes that are similar around common characteristics. Thus, through the descriptive analysis of this evidence, the results of these articles were summarized, pointing to confluences that revealed the formation of discursive categories, namely: promotion of mental health; renewal of hope for a promising future; promotion of self-care.

DISCUSSION

As previously reported, during the reading of the articles, three important points were perceived that compile the evidence of the influence of spirituality on the quality of life of elderly people undergoing hemodialysis: promotion of mental health; renewal of hope for a promising future; promotion of self-care.

Mental health promotion

It is recognized in the literature that there are several advances in the treatment of people with kidney disease, however, they are not yet sufficient to subsidize the early diagnosis of neuropsychopathologies associated with the treatment of Chronic Kidney Failure such as depression, anxiety disorders, impaired cognitive functions, fatigue, among others - so present in the course of this treatment and that can negatively compromise both the clinical course and the quality of life and functional capacity of patients.

There are reports in the literature of the prevalence of these diseases associated with Chronic Kidney Failure, presenting depression as the most present in the population under study²², followed by cognitive changes²³, mood disorders such as anxiety²⁴ and suicides¹⁷. It should be added that all of them are targets of important multi-professional health actions, because they still remain underdiagnosed and undertreated.

Mental health has been increasingly shown as a relevant factor in the optimization of treatment, despite being long neglected. It was seen, in this study, that its existence is based on the spirituality experienced by the elderly, which had repercussions on satisfactory levels of quality of life. We also see this important relationship between mental health and spirituality in another study in the literature with beneficial effects such as greater general well-being²⁵.

Similar results were found in the articles analyzed. It was noticed that the practice of spirituality, when promoting the mental health of elderly patients, shows a profile of behavioral actions that rescue the individuality of the subject and re-signify life in society, that is, self-confidence, acceptance, happiness, self-help, solidarity, joy, knowing how to deal with differences, optimism, among others, were described. It can be seen that achieving a mental well-being, based on spirituality, results in the recovery of autonomy, work and leisure activities, the preservation of hope, and the sense of usefulness of these individuals. They feel that they are "better able" to carry on with the processes of life, even in a debilitating context.

It is reinforced, although this improvement does not occur progressively, that the perception of quality of life is unique and individual for each subject, not necessarily being a constant, because it depends on the psychic and physical support resources present and available to the patient²⁶.

It becomes necessary that health professionals plan strategies that can rescue spirituality in the context of elderly therapy in a way that encompasses their subjective aspects and puts them in a level of autonomy to create behaviors that highlight mental health, because then there will be a progressive emotional well-being, impacting the quality of life.

Renewed hope for a promising future

It was noticed that there is influence of religiosity as a support to face the disease, in a hope for a treatment that does not generate so much dependence, pointing it, many times, as a way to cure and as a form of acceptance of the current moment.

It is remarkable how many patients with Chronic Kidney Failure usually look for strength in faith or already seek a self-adaptation with respect to treatment in order not to have to suffer with the other limitations that, necessarily, must pass because of the problems occurring from the disease. The ability to deal realistically with problems and faith allows for the manifestation of positive reactions that are reinterpreted to give meaning to life, to have hope and to be at peace in the midst of these problems²⁷.

It is known, therefore, that it is the hope in the recovery of health that makes the elderly live unpleasant situations such as traveling long distances in search of the arduous treatment for their disease, undergoing tireless invasive procedures, changing their lifestyle, their routine, and staying, even though debilitated, in treatment. It is pointed out, through the practice of spirituality, that the elderly have the willpower to face the burden of kidney disease due to the faith they have, which gives them great support²⁸.

Positive relations between spirituality and the belief in physical cure are verified in the literature. It was identified in a study carried out in Minas Gerais with 87 patients with Chronic Kidney Failure

that the attitudes of belief in divine forces could be considered the main strategy used as a renewal of hope for a promising future²⁵. Another study of 100 kidney patients in São Paulo found a positive association between religiosity and high levels of hope and well-being, which may also explain the relationship with promising possibilities of cure²⁹.

It is inferred that, possibly, religious beliefs make it possible to find meanings to the treatment contingents that limit the quality of life of these patients, which helps to find meaning through an attribution to a divine purpose whose powers would allow the acceptance of their illness conditions, probably playing a relevant role as a coping strategy³⁰. In addition, they are cognitive mediators for the interpretation of adverse events in a positive way.

The relationship between spirituality and healing in the quality of life of elderly people with Chronic Kidney Failure undergoing hemodialysis is reflected in this way, since the association of these factors contributes, to the patient and his family, to a search for biopsychosocial and spiritual balance, an empowerment of the person in dealing with crisis situations, for the determination of healthy goals, for health promotion and for the maintenance of quality of life.

It is verified that the feeling of hope in an improvement of the clinical picture evidenced by faith is a promising factor in the quality of life of the elderly with Chronic Kidney Failure. It must be considered, therefore, by the professionals who assist these patients, considering the good results that are associated with it.

Self-care promotion

It is understood that the dependence on professionals, treatment and family is something constant in hemodialysis treatment, generating changes in various aspects, such as food, mobility and social interaction, reverberating in considerable deficits in how the elderly see the care of their health. Added to this, there are feelings of inadequacy that place them at lower levels of esteem. Thus, it appears that the elderly often do not give importance to the care they should have during treatment³¹.

Self-care can be considered as the individual's ability to perform or practice activities for their own benefit in order to maintain life, health and well-being. It is understood that this starts from the fact that the individual has the ability to differentiate factors that should be controlled, decide what can and should be done, plan the therapeutic treatment, and perform actions with his/her own care. It is believed, therefore, that stimulating self-care actions in the elderly with Chronic Kidney Failure favors the maintenance of autonomy and quality of life throughout the hemodialysis treatment³².

It is noteworthy the fact that spirituality was seen as influential in the modes of perception of health care during treatment. It is pointed out, through scientific evidence, that the elderly, by using mechanisms related to beliefs and faith, have higher levels of participation in treatment, fewer complaints, fewer absences from sessions, and greater adherence to nutritional and pharmacological treatment. By improving the self-care of the elderly, on the one hand, health and satisfaction are promoted, and on the other, the sense of responsibility, control, independence, and autonomy is increased, impacting the quality of life.

The literature shows associations between self-care in hemodialysis and quality of life, but the contribution of spirituality in promoting sufficient and effective self-care is not seen. It is believed that, by being closely linked to the psychic dimension, personality, optimism, resilience, gratitude, and the presence of high scores of positive emotions, spirituality makes the elderly more self-assured and sure of their condition, generating factors that encourage them to contribute to their health; especially because it is on this that they focus their prayers and longings.

It is understood that as the elderly gain autonomy and independence in self-care, their quality of life improves. Therefore, nurses must understand the particularities of each one, especially in relation to living conditions, and encourage them to participate in actions that help the practices of underlying spirituality, promoting well-being.

The possibility of the nurse contributing to the promotion of knowledge, reflection and decision in the act of caring and acting is also considered, thus enabling greater chances of reaching the goals set to improve the levels of quality of life.

It is essential that the health team develop the means, tools, techniques, skills, capacity and competence to offer health education activities to the elderly so that they can discover ways of living within their limits, not to be contrary to their lifestyle and, finally, be able to perpetuate the culture of spirituality, for it is this that will allow them favorable conditions to take care of themselves.

CONCLUSION

Spirituality influences the quality of life through changes in the mental health of the elderly, hopes and prospects of healing, promoting self-care. It is considered, through these means, that it is essential that the nurse be prepared to evaluate the patient's physical, emotional, and cognitive conditions in an integral manner in order to elaborate a care plan that will enable the satisfactory coping with the disease and treatment.

It is known that studies on spirituality in Brazil are gaining space in the academic environment and should be taken into clinical practice. The mechanism by which it influences health, well-being, or quality of life is not clear, and the relationship between it and chronic illness is not well understood, even though researchers and clinicians believe that spirituality and health have important connections.

It was also seen that hemodialysis care goes beyond the mastery of techniques and involves the need to work on the subjective aspects involved, with a macro view of life and health, recognizing the interdisciplinary nature and complexity of the reality of the elderly living with chronic disease and dialysis treatment, understanding them as instruments for complex and articulated action.

CONTRIBUTIONS

It is informed that all authors contributed equally in the elaboration of the integrative review, as well as in the writing and review of the material.

CONFLICTS OF INTERESTS

Nothing to declare.

REFERENCES

1. Christofolletti M, Duca GF Del, Gerage A, Malta DC. Simultaneidade de doenças crônicas não transmissíveis em 2013 nas capitais brasileiras: prevalência e perfil sociodemográfico. Epidemiol. Serv. Saúde [Internet]. 2020 [citado 2020 Abr 08]; 29 (1):e2018487. DOI: <https://doi.org/10.5123/S1679-49742020000100006>
2. Santos BP, Oliveira VA, Soares MC, Schwartz E. Doença renal crônica: relação dos pacientes com a hemodiálise. ABCS health sci. 2017; 42(1):8-14. DOI: <http://dx.doi.org/10.7322/abcshts.v42i1.943>
3. Jesus NM, Souza G de, Mendes-Rodrigues C, Almeida Neto OP de, Rodrigues DDM, Cunha CM. Qualidade de vida de indivíduos com doença renal crônica em tratamento dialítico. J. Bras. Nefrol. [Internet]. 2019 Sep [cited 2020 Apr 07] ; 41(3): 364-374. DOI: 10.1590/2175-8239-JBN-2018-0152
4. Avelar IS, Andrade SRS, Trindade NR, Silva MS, Soares V. Qualidade de vida relacionada à saúde: comparação entre pacientes submetidos à hemodiálise e voluntários saudáveis. Rev bras qual vida. 2017; 9(3):195-207. DOI: [10.3895/rbqv.v9n3.5573](https://doi.org/10.3895/rbqv.v9n3.5573)
5. Silva MB, Mariot MDM, Riegel F. Qualidade de vida de pacientes renais crônicos em tratamento hemodialítico. Revista Ciências em Saúde. 2020; 10 (1). DOI: [10.21876/rcshci.v10i1.882](https://doi.org/10.21876/rcshci.v10i1.882)

6. Reis LA, Menezes TMO. Religiosity and spirituality as resilience strategies among long-living older adults in their daily lives. *Rev Bras Enferm* [Internet]. 2017;70(4):761-6. [Thematic Edition “Good Practices: Fundamentals of care in Gerontological Nursing”] DOI:
7. Candia MAB, Fayer AAM, Garcia RAT, Camargo MF, Laranja S, Dias CB. Avaliação da qualidade de vida de idosos em hemodiálise pelo questionário KDQOL. *Rev Soc Bras Clin Med*. 2015; 13(4):235-9 Available from: <http://files.bvs.br/upload/S/1679-1010/2015/v13n4/a5178.pdf>
8. Pilger C, Santos ROPD, 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. DOI: <https://doi.org/10.1590/0034-7167-2017-0006>
9. Lins SM, Leite JL, Godoy S, Tavares JM, Rocha RG, Silva FV. Adesão de portadores de doença renal crônica em hemodiálise ao tratamento estabelecido. *Acta Paul Enferm* [Internet]. 2018; 31(1):54-60. DOI: <https://doi.org/10.1590/1982-0194201800009>
10. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein*. 2010; 8(1 Pt 1):102-6. Available from: http://www.scielo.br/pdf/eins/v8n1/pt_1679-4508-eins-8-1-0102.pdf
11. Ursi ES. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. [Dissertação de Mestrado]. Ribeirão Preto: Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto; 2005. Available from: https://www.teses.usp.br/teses/disponiveis/22/22132/tde-18072005-095456/publico/URSI_ES.pdf
12. Leimig MBC, Lira RT, Peres, FB, Ferreira AGC, Falbo, AR. Qualidade de vida, espiritualidade, religiosidade e esperança em pessoas com doença renal crônica em hemodiálise. *Rev Soc Bras Clin Med*. 2018; 16(1):30-6. Available from: http://docs.bvsalud.org/biblioref/2018/06/884990/dezesesseis_trinta.pdf
13. Zanesco C, Pitilin EB, Rossetto M, Silva DTR. Avaliação da qualidade de vida de pacientes renais crônicos em hemodiálise - um estudo transversal. *Rev Fun Care Online*. 2019 jan/mar; 11(1):186-191. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i1.186-191>
14. Bravin AM, Trettene AS, Andrade LGM, Popim RC. Benefícios da espiritualidade e/ou religiosidade em pacientes renais crônicos: revisão integrativa. *Rev. Bras. Enferm*. 2019; 72(2):541-551. DOI: <https://doi.org/10.1590/0034-7167-2018-0051>.
15. Ocampo VFJ, Giraldo BP, Reyes APB. Perspectiva espiritual y calidad de vida concerniente a la salud de personas en diálisis. *Ver Nefrol Dial Traspl*. 2016; 36(2):91-98. Available from: <https://www.revistarenal.org.ar/index.php/rndt/article/view/63>

16. Souza Jr EA, Trombini DSV, Mendonça ARA, Atzingen ACV. Religion in the treatment of chronic kidney disease: a comparison between doctors and patients. *Rev Bioet* [internet]. 2015; 23(3):615-22. DOI: <https://doi.org/10.1590/1983-80422015233098>
17. Saffari M, Pakapour AH, Naderi MK; Koenig HG, Baldacchino DR, Piper CN. Spiritual coping, religiosity and quality of life: A study on Muslim patients undergoing haemodialysis. *Nephrology*. 2013; 18(4):269:75. DOI:10.1111/nep.12041
18. Gesualdo GD, Menezes ALC, Rusa SG, Napoleão AA, Figueiredo RM, Melhado VR, et al. Fatores associados à qualidade de vida de pacientes em hemodiálise. *Texto Contexto Enferm*. 2017; 26(2):01-10. DOI: <https://doi.org/10.1590/0104-07072017005600015>
19. Siqueira J, Fernandes NM, Almeida AL. Associação entre religiosidade e felicidade em pacientes com doença renal crônica em hemodiálise. *Braz J Nephrol*. 2019; 41(1):22-28. DOI: 10.1590/2175-8239-JBN-2018-0096
20. Gomes ICC, Manzini CSS, Ottaviani AC, Moraes BIP, Lanzotti RB, Orlandi FS. Attitudes facing pain and the spirituality of chronic renal patients in hemodialysis. *Br J Pain*. 2018; 1(4):320-4. DOI: <https://doi.org/10.5935/2595-0118.20180061>
21. Dias EM, Pais-Ribeiro L JL. Espiritualidade e qualidade de vida de pessoas idosas: um estudo relacional. *Psicol saúde doenças*. 2018; 19(3):591-604. DOI: <http://dx.doi.org/10.15309/18psd190310>
22. Erken E. Avaliação geriátrica em pacientes idosos em hemodiálise. *Braz. J. Nephrol*. 2019; 41(3):310-311. DOI: 10.1590/2175-8239-JBN-2019-0098
23. Guanaré VCSC, Maranhão KMP, França AKTC, Cavalcante MCV. Fatores associados à função cognitiva de pacientes com Doença Renal Crônica. *Cad. Ter. Ocup. UFSCar*. 2016; 24(2):287-296. DOI: <https://doi.org/10.4322/0104-4931.ctoAO0696>
24. Ottaviani AC, Betoni LC, Paravini SCI, Say KG, Zazzetta MS, Orlandi FS. Associação entre ansiedade e depressão e a qualidade de vida de pacientes renais crônicos em hemodiálise. *Texto Contexto Enferm*. 2016; 25(3):01-06. DOI: <https://doi.org/10.1590/0104-07072016000650015>
25. Brasileiro TOZ, Souza, VHS, Prado AAO, Lima RS, Nogueira DA, Chaves ECL. Bem-estar espiritual e coping religioso/espiritual em pessoas com insuficiência renal crônica. *Av. enferm*. 2017; 35(2):159-70. DOI: <https://doi.org/10.15446/av.enferm.v35n2.60359>
26. Oliveira APB, Schmidt DB, Amatneeks TM, Santos JC, Ccavallet LHR, Michel RB. Qualidade de vida de pacientes em hemodiálise e sua relação com mortalidade, hospitalizações e má adesão ao tratamento. *J Bras Nefrol* 2016; 38(4):411-420. DOI: 10.5935/0101-2800.20160066

27. Fernandes MA, Ibiapina ARS, Fernandes RO, Pinheiro-Júnior FP, Oliveira SC, Santana RS. Adaptação biopsicossocial de pacientes que vivenciam a hemodiálise. *Rev Pre Infec e Saúde*. 2015; 1(2):35-45. DOI: <http://dx.doi.org/10.26694/repis.v1i3.3957>
28. Didomenico LSS, Carvalho ARS, Martins LK, Lordani TVA, Oliveira JLC, Maia MCW. Espiritualidade no cuidado em saúde e enfermagem: Revisão integrativa da literatura. *Revista Enfermagem Atual In Derme*. 2019; 89(27). DOI: <https://doi.org/10.31011/reaid-2019-v.89-n.27-art.456>
29. Malaguti I, Manfrim PB, Santos TM, Santos DCN, Napoleão LL, Silva RCR, et al. Relação entre qualidade de vida e qualidade de vida e espiritualidade em pacientes renais crônicos que realizam hemodiálise. *Medicina (Ribeirão Preto)*. 2015; 48(4):367-379. DOI: <https://doi.org/10.11606/issn.2176-7262.v48i4p367-379>
30. Alves AB, Aquino TAA. Atitude religiosa e percepção ontológica do tempo: um estudo correlacional com pacientes com insuficiência renal crônica em hemodiálise. *Rev. psicol. IMED*. 2017; 9(1):55-68. DOI <http://dx.doi.org/10.18256/2175-5027.2017.v9i1.1554>
31. Ponce KLP, Tejada-Tayabas LM, González YC, Haro OH, Zúñiga ML, Morán ACA. Assistência de enfermagem a pacientes renais em hemodiálise: desafios, dilemas e satisfações. *Rev. esc. Enferm USP*. 2019;53: e03502. DOI: <https://doi.org/10.1590/S1980-220X2018011103502>
32. Bettoni LC, Ottaviani AC, Orlandi FS. Associação entre o autocuidado e a qualidade de vida de pacientes com doença renal crônica. *Rev Eletr Enferm*. [Internet]. 2017; 19(14). DOI: <https://doi.org/10.5216/ree.v19.27442>

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