THE ROLE OF SPIRITUALITY AND RELIGIOSITY IN THE CARE OF OLDER ADULTS: A NARRATIVE REVIEW

O papel da espiritualidade e da religiosidade no atendimento à pessoa idosa: uma revisão narrativa

El papel de la espiritualidad y la religiosidad en el cuidado de las personas mayores: una revisión narrativa

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Abstract: *In the context of aging, especially in the face of progressive health decline and growing awareness of the finiteness of life, spirituality becomes a central aspect for many individuals. This period is marked by an intensified search for the meaning of life. The literature on spirituality and health has grown significantly in the last two decades, resulting in the development of a new field of study that integrates religion, spirituality, and health. While religiosity involves participation in specific religious activities and adherence to practices and beliefs, spirituality encompasses a broader search for meaning. Based on this, the objective is to analyze the complex interrelationships between spirituality, religiosity, and health in the context of population aging. The methodology adopted was a narrative review of the literature. The results highlight that clinical practice needs to integrate spiritual and religious dimensions in a sensitive and informed manner. Health professionals must be able to welcome patients' spiritual beliefs and values, considering them as an integral part of care. Studies show that inadequate understanding of these dimensions can result in fragmented and insufficient care, compromising the patient's overall well-being. Thus, it is essential that mental health professionals, in particular, develop a deep understanding of the cultural and religious context in which they work, recognizing both the benefits and possible challenges that spirituality can represent in the therapeutic process.*

Keywords: *aging; spirituality; religiosity; holistic health.*

Resumo: No contexto do envelhecimento, especialmente diante do declínio progressivo da saúde e da crescente consciência da finitude da vida, a espiritualidade torna-se um aspecto central para muitos indivíduos. Esse período é marcado por uma busca intensificada pelo sentido da vida. A literatura sobre espiritualidade e saúde cresceu significativamente nas últimas duas décadas, resultando no desenvolvimento de um novo campo de estudo que integra religião, espiritualidade e saúde. Enquanto a religiosidade envolve a participação em atividades religiosas específicas e a adesão a práticas e crenças, a espiritualidade abrange uma busca mais ampla por um significado. Com base nisso, o objetivo é analisar as complexas inter-relações entre espiritualidade, religiosidade e saúde no contexto do envelhecimento populacional. A metodologia adotada tratou-se de uma revisão narrativa da literatura. Os resultados ressaltam que a prática clínica precisa integrar as dimensões espirituais e religiosas de forma sensível e informada. Profissionais de saúde devem ser capazes de acolher as crenças e valores espirituais dos pacientes, considerando-os como parte integrante do cuidado. Estudos mostram que a compreensão inadequada dessas dimensões pode resultar em um atendimento fragmentado e insuficiente, comprometendo o bem-estar geral do paciente. Assim, é essencial que os profissionais de saúde mental, em particular, desenvolvam um entendimento profundo do contexto cultural e religioso em que atuam, reconhecendo tanto os benefícios quanto os possíveis desafios que a espiritualidade pode representar no processo terapêutico.

Palavras-chave: envelhecimento; espiritualidade; religiosidade; saúde integral.

Resumen: *En el contexto del envejecimiento, especialmente ante el declive progresivo de la salud y la creciente conciencia de la finitud de la vida, la espiritualidad se convierte en un aspecto central para muchos individuos. Este período se caracteriza por una búsqueda intensificada del sentido de la vida. La literatura sobre espiritualidad y salud ha crecido*

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significativamente en las últimas décadas, lo que ha dado lugar al desarrollo de un nuevo campo de estudio que integra religión, espiritualidad y salud. Mientras que la religiosidad implica la participación en actividades religiosas específicas y la adhesión a prácticas y creencias, la espiritualidad abarca una búsqueda más amplia de significado. Con base en esto, el objetivo es analizar las complejas interrelaciones entre espiritualidad, religiosidad y salud en el contexto del envejecimiento poblacional. La metodología adoptada fue una revisión narrativa de la literatura. Los resultados destacan que la práctica clínica debe integrar las dimensiones espirituales y religiosas de manera sensible e informada. Los profesionales de la salud deben ser capaces de acoger las creencias y valores espirituales de los pacientes, considerándolas como parte integral del cuidado. Los estudios muestran que una comprensión inadecuada de estas dimensiones puede resultar en una atención fragmentada e insuficiente, comprometiendo el bienestar general del paciente. Por lo tanto, es esencial que los profesionales de la salud mental, en particular, desarrollen una comprensión profunda del contexto cultural y religioso en el que actúan, reconociendo tanto los beneficios como los posibles desafíos que la espiritualidad puede representar en el proceso terapéutico.

Palabras clave: *envejecimiento; espiritualidad; religiosidad; salud integral.*

1. Introduction

Over the course of history, the twentieth century witnessed a profound demographic shift. For many centuries, the predominant pattern across countries was characterized by high mortality rates combined with high fertility rates, a phenomenon that resulted in stagnant populations or extremely slow population growth. Subsequently, a phase emerged marked by a significant decline in mortality, particularly at younger ages, followed by a continuous reduction in fertility rates, which displaced populations from their previous demographic equilibrium (Souza *et al.*, 2021).

The trajectory of these demographic changes began in several nations, particularly in Europe and North America, during the nineteenth century and extended throughout the twentieth century, unfolding as a gradual and comprehensive process. In contrast, in regions such as Latin America, the Caribbean, and many countries in Asia, this demographic transition began later but progressed at a remarkable pace, with transformations in demographic patterns occurring within a single generation. This demographic movement led the population of Latin America and the Caribbean to experience significant growth: increasing from approximately 63 million inhabitants in 1900 to 179 million in 1950 and reaching 516 million in 2000, representing a 2.7-fold increase in the first half of the century and a threefold increase in the second half (Organização Mundial da Saúde [OMS], 2015).

According to the Pan American Health Organization (OPAS, 2023), by 2060 global population growth is expected to progressively slow, with the most significant demographic change in the first half of this century being the process of population aging, characterized by both an absolute and relative increase in the older population. This scenario suggests that, for the first time, around 2050 the population aged 60 years and over will numerically exceed the population aged 0 to 19 years. Thus, it is projected that Latin America and the Caribbean will be home to approximately 190 million older adults and a similar number of young people by 2050, equivalent to twice the total population of the subregion in 1950.

The debate surrounding the increase in life expectancy and population aging in Brazil, in comparison with older nations, is a multifaceted issue that requires consideration of several aspects. These factors influence how the challenges faced by both the public and private sectors, particularly with regard to ensuring comprehensive health care and social assistance, are addressed. Differences in pace, scope, and speed, linked to a variety of factors such as historical trajectories, climate, economic conditions, and even geographical characteristics, contribute to this complexity (Francisco *et al.*, 2022).

Understanding the processes underlying the gradual decline in functional performance during the aging process remains incomplete. This has led to an ambivalent interpretation of the term "aging" in this field, resulting in intense debates about the effects of aging on quality of life. Nevertheless, it is widely accepted that aging involves an organic phenomenon that increases the likelihood of mortality and/or reduces functionality over time. Although this definition applies to the levels of organs and tissues, establishing a clear definition of aging at the cellular and molecular levels has remained a persistent challenge (Schmeer *et al.*, 2019).

In Brazil and other countries with younger demographic profiles, health systems must rapidly adapt to meet the demands of a growing popula-

tion of older adults. This adaptation requires maintaining preventive services tailored to their specific needs while continuing to provide childhood vaccination programs and improving high-complexity treatments, such as the management of chronic diseases and palliative care, according to demand and appropriate geographic distribution. In contrast, in European countries, population aging has long been a well-recognized reality, with health care infrastructure developing more gradually alongside changes in age structure. For Brazil, however, this transition represents a significant shift in perception, particularly for those accustomed to viewing the country as "a country of the future" (Francisco *et al.*, 2022).

According to the Pan American Health Organization (OPAS, 2023), the concept of healthy aging involves creating opportunities for people to live and pursue what they value throughout their lives. Achieving this goal requires consideration of three main dimensions: functional ability, defined as the capacity to meet basic needs and maintain an adequate standard of living; intrinsic capacity, which encompasses all the physical and mental abilities available to an individual; and the environments in which people live and develop, which significantly influence their lives and shape their opportunities to be and to act, particularly in the context of population aging.

Within the context of aging, spirituality and religiosity emerge as potentially crucial dimensions that may significantly influence individuals' quality of life. As health declines and awareness of life's finitude intensifies, many older adults turn to spiritual questions in search of meaning and purpose. This phenomenon is supported by a growing body of literature linking religion, spirituality, and health, highlighting the importance of distinguishing between spirituality and religiosity while also recognizing their intersections. Religious environments can strengthen older adults' social interaction and participation in society by fostering a sense of belonging to a group, renewing communication with others, and reinforcing their social role within the communities in which they are embedded (Esperandio *et al.*, 2019).

From a conceptual perspective, religiosity may be understood as an individual's practice of and adherence to a specific religious system, involving both organized activities, such as participation in religious communities, and personal practices, such as prayer or the reading of sacred texts (Lucchetti *et al.*, 2011). Spirituality, although it may be related to religiosity, refers to a broader and more individual search for meaning and purpose in life, encompassing reflections on the transcendent and the sacred, regardless of affiliation with an organized religion (Lucchetti *et al.* 2011).

Data from the Brazilian Institute of Geography and Statistics Demographic Census (IBGE, 2022) indicate that approximately 67% of the Brazilian population aged 60 years and over identify as Catholic, followed by 22% who identify as Evangelical. About 4.5% report having no religion, 3.4% belong to other religious traditions, 2.5% identify as Spiritist, 0.6% as followers of Umbanda or Candomblé, and 0.03% report affiliation with Indigenous traditions. In clinical contexts, it is important to recognize that spirituality and religiosity should not be viewed merely as an additional technical procedure. Rather, they represent a field rich in nuances, including methodological, epistemological, and theoretical tensions. Therefore, psychology professionals must critically reflect on their own assumptions to ensure that these do not unconsciously influence the therapeutic process. When such self-reflection does not occur, there is a risk of symbolically invalidating the client's religious experience, which may undermine both the quality of listening and the therapeutic alliance (Cardoso & Mello, 2024).

Accordingly, the aim of this narrative review is to investigate how spirituality and religiosity influence the quality of life of older adults within the context of population aging. The study seeks to understand the interrelationships between these elements and health, with particular attention to religious/spiritual coping strategies used by older adults, considering the need for comprehensive and culturally sensitive care.

2. Methods

This study consists of a narrative literature review aimed at exploring and analyzing the complex interrelationships between spirituality, religiosity, and health within the context of population aging. As a narrative review, it seeks to synthesize and discuss the existing literature on the topic in a comprehensive manner, providing a contextualized and descriptive understanding of the available studies. Searches were conducted in the PubMed, LILACS, and SciELO databases, considering scientific articles,

review papers, and relevant book chapters published in recent decades. The discussion topics were defined based on the analysis of the selected material, prioritizing the most recurrent themes and the aspects considered most relevant for understanding the relationships between spirituality, religiosity, and health in the aging process.

3. Results and discussion

3.1 Gerontology and the spiritual/religious dimension: transdisciplinary approaches to aging and well-being

For a long time, old age and spirituality were topics largely neglected within the scope of scientific interest and debate. Old age was commonly perceived merely as the final stage of life, while spirituality, defined as the search for meaning in existence, was often regarded as something opposed to scientific rationality. However, recognition of the importance of spirituality for quality of life has led to its inclusion as one of the domains to be considered in the assessment and promotion of health across all stages of life (OMS, 2015). Research on the interaction between spirituality, health, quality of life, and old age is still in its early stages, requiring approaches that go beyond the quantitative analysis of data and that explore in greater depth the meanings of these concepts and their interrelationships for older adults (Chaves & Gil, 2015).

In this regard, gerontology, as a science with a transdisciplinary focus, plays a fundamental role by offering a holistic perspective in the approach to older adults. This perspective involves not only physical aspects but also social, environmental, ethical, and political dimensions, as proposed by social gerontology. Nevertheless, it is important to emphasize the legitimacy of society's concern with promoting spiritual care for the older population. Interdisciplinarity is crucial in this context, since contemporary global trends are associated with the development of research that addresses old age in an interdisciplinary manner, understanding old age as a stage of life and aging as a process whose outcome is the condition of being an older adult (Zanardini, 2020).

Conducting research in gerontology in a comprehensive manner requires collaborative work that incorporates multiple areas of knowledge. This does not involve only the implementation of multidisciplinary studies but also the effective development of interdisciplinarity, moving beyond theoretical reflection to apply research findings in everyday practice. Such an approach aims to provide support for practices developed in communities and in care settings that serve older adults (Lucchetti *et al.* 2011).

In addition to concerns related to physical health addressed by geriatrics and biomedical gerontology, the support of social gerontology is essential to ensure a fulfilling life for this population by addressing all of their needs, including those of a religious and spiritual nature. Ecclesiastical communities also play a significant role as sources of support and care during this stage of life, given their important social relevance during the phase of old age (Zanardini, 2020).

Building on this premise and considering the conceptual aspects involved, religion can be defined as a structured system of beliefs, practices, rituals, and symbols intended to facilitate a connection with the sacred or the transcendent, whether understood as God, a higher power, or an ultimate truth. Religiosity, in turn, refers to the degree of adherence, practice, and belief of an individual in a particular religion. It may be expressed in both organized forms, such as participation in religious institutions, and non-organized forms, such as personal activities including prayer, reading religious texts, or attending religious programs. Spirituality, on the other hand, represents an individual journey in search of understanding questions related to life and its purpose, as well as one's relationship with the sacred or the transcendent, which may or may not culminate in the development of personal religious practices or integration into religious communities (Lucchetti *et al.* 2011).

While religions generally encompass a set of ethical principles that guide behavior and moral values, spirituality refers to a universal question related to the meaning and purpose of existence, representing a reflection on the meaning of life. The connection with God or with a higher power is considered a component of spirituality and is intrinsically linked to the self and to the way individuals experience and engage with life (Marinho *et al.*, 2018). In this sense, according to Panzini and Bandeira (2007), religion is also involved in the concept of coping, understood as the use of religious beliefs and behaviors to solve problems and to prevent or alleviate negative emotional consequences in stressful situations.

Although many definitions focus primarily on religion, spirituality is also recognized as an important source of coping.

Panzini and Bandeira (2007) expanded this definition to include cognitive and behavioral techniques based on religion/spirituality when facing stressful events. As a result, the distinction between religion and spirituality has become more pronounced, with religion generally being more institutional and spirituality more individual and subjective, although both terms frequently complement each other and are often used together in the literature (Wong-Mcdonald & Gorsuch, 2000).

Psychological stress, in turn, may be defined as the relationship between an individual and the environment that is perceived as exceeding personal resources and threatening well-being. Coping therefore involves strategies used to manage stressful situations, which are typically categorized as emotion-focused or problem-focused strategies. Within this framework, Religious/Spiritual Coping (RSC) emerges as a specific way of dealing with stress, involving the use of religious or spiritual resources and practices to manage, reduce, or tolerate stressors rather than attempting to control them directly (Panzini & Bandeira, 2007).

Based on this perspective, Pargament *et al.* (1988), for example, identified three styles of RSC based on dimensions of locus of control and level of activity in problem-solving. In the self-directing style, the individual is active while the divine is passive, based on the premise that the divine provides freedom and resources for the person to direct their life. In the deferring style, the individual passively waits for the divine to resolve their problems. In the collaborative style, both the individual and the divine are active, working together to solve problems. Later, Pargament (1997) identified a fourth style, pleading, in which the individual attempts to influence the will of the divine through requests for divine intervention. Wong-McDonald and Gorsuch (2000) proposed a fifth style, surrender, in which the individual actively chooses to relinquish their own will in favor of the will of the divine. This differs from the deferring style due to the element of active choice and from the pleading style because it involves submission to divine will. The self-directing, collaborative, and surrender styles are generally considered forms of positive RSC, whereas the deferring and pleading styles are often viewed as negative coping strategies. However, Panzini (2004) proposed that pleading may be either positive or negative, depending on the nature of the request made to the divine.

Thus, the spiritual/religious dimension has increasingly been recognized as relevant in various situations, such as in attributing meaning to the suffering caused by chronic illness and as a source of hope in the face of health changes associated with aging. Individuals experience an ongoing process of adjustment throughout life that is complex and often unpredictable, requiring different forms of adaptation to diverse situations, whose effectiveness depends on the coping strategies adopted.

Religion has played a particularly significant role as an individual coping strategy for dealing with life events. Religious faith is frequently cited as an important source of resilience and can play a vital role in supporting individuals who are experiencing crises (Margaça & Rodrigues, 2019). Another positive aspect of religion for older adults is the opportunity for socialization through active interaction with members of religious communities. Belonging to a religious group can promote social engagement and contribute to the well-being of older adults (Oliveira & Menezes, 2018).

3.2 Challenges and coping in old age: the influence of spirituality and religiosity

Increased longevity is associated with a greater likelihood of experiencing loss and the need to draw on coping resources to deal with such events. Factors such as declining physical health, psychological and social changes, as well as the loss of friends and family members, may trigger negative feelings such as abandonment, uselessness, loss of autonomy, and lack of control over oneself and the environment. In the face of these adversities in old age, spirituality and religiosity are considered important resources for coping with difficult situations, involving emotional and motivational aspects in the search for meaning in life (Margaça & Rodrigues, 2019).

However, despite the recognition of the importance of cultivating spirituality/religiosity as a functional coping resource in emerging and critical situations, the spiritual and religious dimensions have not always been adequately addressed in professional practice, particularly among psychologists. Many mental health professionals still tend to question or

devalue spiritual and religious aspects of society, often based on the assumption that, with social development, such aspects would diminish and come to be regarded not as scientifically grounded constructs but as matters of personal belief (Monteiro *et al.*, 2020).

An additional issue concerns the expectation that health professionals maintain neutrality in their practice regarding the spiritual and religious dimensions presented by patients. This expectation may reinforce the notion that science and spirituality/religiosity operate in incompatible domains (Aguiar & Silva, 2021).

Nevertheless, it is important to acknowledge the existence of a significant interaction within the triad of mental health, spirituality, and religiosity, particularly in distressing moments that lead individuals to seek support in order to cope with stressful events or to find meaning in life (Oliveira & Junges, 2012). Another important point for reflection concerns how individuals relate to their spirituality or religiosity. A positive interaction tends to expand coping resources, fostering greater resilience. Conversely, a negative interaction may increase vulnerability, especially in situations involving illness or emotional instability (Souza *et al.*, 2020).

An important gap to be considered concerns the lack of instruments to measure spirituality and religiosity, which represents a significant limitation in both research and clinical practice, particularly given the relevance of the RSC concept. RSC is an essential variable for understanding the complex relationship between religion, spirituality, and health, providing a basis for exploring both positive and negative coping strategies. The use of RSC scales can expand knowledge in this field and guide appropriate interventions within health care settings (Panzini, 2004).

Furthermore, although there is no scientific consensus regarding the specific categorization of spirituality and religiosity due to their subjective nature, it is crucial that health professionals acknowledge and respect the meanings that these dimensions hold for their patients. In clinical and hospital practice, the understanding of religious and spiritual beliefs should begin from the patient's perspective. Studies have shown that ignoring such beliefs may lead to an incomplete and decontextualized understanding of the patient, potentially compromising the quality of care (Raddatz *et al.* 2019).

3.3 Integration of cultural and spiritual beliefs in the care of hospitalized older adults: approaches and critical considerations

Health professionals are increasingly encouraged to recognize that patient care should extend beyond physiological aspects, incorporating the cultural and spiritual particularities of each individual. Medeiros *et al.* (2023), for example, highlight the Brazilian practice known as benzeção, a traditional blessing ritual, which is grounded in religious and spiritual traditions and is recognized as an important determinant in patterns of health-seeking behavior. This practice affects not only individuals or small groups but also broader populations due to the influence of cultural beliefs, habits, and customs. The integration of complementary and alternative therapies, such as blessing rituals, into health care requires attention, since their inappropriate use may cause significant harm. Therefore, ongoing dialogue between different forms of care is essential to ensure comprehensive patient care.

For hospitalized older adults in health institutions, religious visitation is guaranteed under Brazilian Law no. 9.982/2000, which allows access to public and private hospitals for the purpose of providing spiritual and religious assistance to hospitalized patients who express such interest (Law no. 9.982, 2000). In this regard, hospitals should adopt a broader and more attentive perspective regarding religious and spiritual aspects as part of comprehensive health care. Such an approach can enhance the well-being of hospitalized patients and serve as an important coping resource for critically ill individuals, since religious and spiritual beliefs may influence both the mental and physical health of hospitalized patients (Raddatz *et al.*, 2019).

Spiritual and religious support within the hospital environment aligns with a biopsychosocial view of the patient, respecting the individual's life history as well as their individuality and uniqueness, rather than focusing solely on a diagnosis or symptoms experienced in the hospital context. Religious and spiritual support also extends to the family of the hospitalized older adult, since during hospitalization the family constitutes a very important component in the patient-family-health care team relationship. Family members may also experience suffering and therefore require expanded care within this scenario (Saad *et al.*, 2019).

In the health field, strengthened by the influence of the holistic model, spirituality and religiosity

have become increasingly relevant topics for discussion and research. This is particularly evident in the interaction between patients, their families, and health professionals in the communication of news within the hospital context. These interactions are often shaped by the search for answers in situations involving pain and suffering associated with the progression of illness, as well as by the search for healing through appeals to the divine or through attempts to understand the reasons behind moments of vulnerability and fragility (Souza *et al.*, 2022).

The work of hospital psychologists with issues related to spirituality and religiosity is therefore highly important in providing support to patients. This approach allows professionals to understand individuals in their entirety, creating space for attentive listening and enabling connections between the experiences lived during illness and the patient's spiritual or religious beliefs, which may function as an important dimension of care. In situations involving patients receiving palliative care, spirituality and religiosity may enhance comfort, contribute to the relief of physical, emotional, and social symptoms, and facilitate deeper reflection on human finitude (Neto, 2022).

With regard to psychology within the health field, the literature review conducted by Monteiro *et al.* (2020) identified that most oncology patients reported an increase in their faith following the diagnosis and throughout the course of treatment. This finding supports the understanding of spirituality and religiosity as functional coping resources in the face of illness.

Regarding spirituality and religiosity, the study by Monteiro *et al.* (2020) also highlights the importance of spiritual and religious aspects among older adults hospitalized in geriatric wards. These dimensions are often perceived as alternatives for coping with the vulnerability associated with hospitalization, invasive procedures, physical symptoms, worsening health conditions, separation from family members, and disruptions to overall well-being. However, the role of spirituality and religiosity as coping resources for older adults can be delicate. A positivist belief that a higher power will resolve anguish and illness may sometimes reinforce neglectful behaviors related to self-care and adherence to treatment, or lead individuals to interpret illness as a form of divine punishment, thereby creating a negative relationship with spirituality or religiosity.

Population aging, on the other hand, is a determining factor in the hospitalization of older adults in the Intensive Care Unit (ICU), given the high prevalence of chronic diseases that may lead to critical conditions. In such situations, individuals often find themselves in a position of fragility, experiencing separation from their families, exposure to a highly structured hospital routine, feelings of insecurity, and occasional difficulty understanding their illness. In many cases, patients may adopt a passive role and find themselves in circumstances in which their wishes and decisions are not fully heard (Harris & Protti, 2016).

Thus, the expression of spiritual and religious practices within the ICU context should be valued when expressed by patients, especially older adults, who frequently seek relief from suffering through prayers and supplications grounded in belief in a higher power (Harris & Protti, 2016). On the other hand, Monteiro *et al.* (2020) also highlight potential challenges faced by health professionals when addressing spirituality and religiosity. The authors argue that professionals must develop a deep understanding of the cultural and religious contexts in which they work, since religion may both facilitate patients' integration into society and encourage them to seek treatment, or, conversely, hinder treatment, particularly in cases where religious beliefs discourage psychotherapy or the use of certain medications.

In Brazil, rapid religious change combined with poverty and limited access to education may render some individuals vulnerable to forms of spiritual abuse. Nevertheless, it is important to emphasize that although some empirical studies suggest that religion may promote passivity or denial in the face of illness, most research highlights the benefits of religious coping for psychological health and well-being, associating it with positive physical health outcomes, particularly among individuals with serious illnesses. At the same time, religion may also increase stress and tension in certain situations (Neto, 2022).

3.4 Need for Protocols and Guidelines for Addressing Spirituality in Clinical Practice

Although the literature consistently points to the benefits of integrating spirituality and religiosity into the health care of older adults, there remains a need for systematized clinical protocols to guide this approach in an ethical, technically sound, and

culturally sensitive manner (Puchalski *et al.*, 2009; Ferrell *et al.*, 2018). The incorporation of the spiritual dimension should not occur intuitively or be based solely on the professional's personal experience, as this may lead to the imposition of beliefs, proselytism, or, at the opposite extreme, the neglect of clinically relevant spiritual needs (Puchalski *et al.*, 2014).

In this regard, the development and validation of guidelines addressing at least four key areas are recommended: (1) structured assessment of the spiritual/religious dimension, including open-ended questions and instruments widely used in clinical practice (Anandarajah & Hight, 2001; Puchalski, 2014); (2) professional training focused on recognizing manifestations of religious/spiritual coping that may be either protective or potentially harmful, thereby avoiding reductionist interpretations of the phenomenon; (3) clear ethical boundaries regarding autonomy, informed consent, and respect for the patient's symbolic and cultural framework; and (4) interprofessional collaboration, including, when appropriate, referrals to chaplaincy or spiritual care services and alignment with therapeutic care plans, as consistently recommended in quality standards for palliative care and comprehensive health care (Puchalski *et al.*, 2009; Ferrell *et al.*, 2018).

The development of protocols does not imply the rigid standardization of spirituality, but rather provides minimum parameters to prevent both the neglect and the inappropriate management of this dimension in clinical and hospital settings. In a context of accelerated population aging, the absence of formal guidelines may perpetuate fragmented and unequal practices in the care of older adults (Puchalski *et al.*, 2014).

4. Final considerations

It is essential that health professionals integrate spiritual and religious dimensions into their practice in a sensitive and informed manner. In the context of health care for older adults, professionals should be prepared to acknowledge patients' spiritual beliefs and values, recognizing them as an essential component of holistic care. The literature suggests that inadequate understanding or disregard of these dimensions may result in fragmented care, potentially compromising patients' overall well-being. Therefore, it is crucial that professionals working in mental health and gerontology develop a deep understanding of the cultural and religious contexts in which they operate, recognizing both the benefits and the potential challenges that spirituality may present within the therapeutic process.

Psychology plays a fundamental role in identifying and addressing the spiritual needs of older patients, as spirituality can serve as a source of resilience, helping individuals cope with difficulties and find meaning in their experiences. However, professionals must also remain attentive to possible complications, such as the promotion of passivity or the rejection of essential medical treatments. Achieving a balance between recognizing the benefits of religious coping and mitigating its potential risks is crucial for providing comprehensive and effective care.

To achieve this, it is necessary to incorporate the study of spirituality and religiosity into the training of health professionals, equipping them to address these issues in patient care. Such training can help minimize existential conflicts while facilitating the constructive use of spiritual and religious resources in the diagnosis and treatment of health conditions. Although advances have been observed in the United States of America and initial efforts have begun in Brazil, more consistent and systematic initiatives are needed to incorporate these practices into health care. Furthermore, exploring patients' religious/spiritual coping strategies may represent an important intervention for promoting improved outcomes in disease management.

As population aging continues to accelerate, strengthening integrated care that takes spiritual and religious dimensions into account becomes increasingly important. The combination of complementary therapies with the study of religious/spiritual coping offers a holistic approach that can benefit both the physical and mental well-being of older adults. Incorporating these aspects into supportive health practices not only broadens therapeutic possibilities but also affirms patients' individual beliefs, resulting in more humanized and effective care. Such an integrated perspective is essential for addressing the complex needs of the aging population and for promoting healthy and meaningful aging.

Finally, spirituality in aging requires an interdisciplinary and sensitive approach that takes cultural, spiritual, and psychological aspects into account. By

integrating these dimensions into the care of older adults, health professionals have the opportunity to promote a more meaningful aging process while respecting the complexities of each individual. Continuous professional education and greater awareness of the importance of spirituality are fundamental for enabling professionals to provide care that fully addresses the needs of their patients.

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