## **Correlation Between Lifestyle and Health of Teachers**

#### Correlação entre o estilo de vida e a saúde dos professores

#### Correlación entre el estilo de vida y la salud de los professores

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implicações na saúde. **Métodos:** O artigo, de abordagem quanti-qualitativa, constituiu material empírico de análise através de um questionário online, sendo aplicado individualmente aos professores. **Resultados:** Apontam que os professores negligenciam hábitos de saúde, tais como: a prática de atividade física, o consumo diário de água pura, a exposição solar e, provavelmente, a dieta calórica. Por sua vez, possuem hábitos saudáveis nos componentes: dieta alimentar (qualitativamente), consultas preventivas, descanso do sono e religiosidade. A análise de dados também nos possibilita inferir que os professores sofrem de algumas doenças e transtornos que poderiam ser prevenidos/combatidos por meio de mudanças do estilo de vida.

Descritores: Saúde dos professores; Estilo de vida; Doenças dos professores; Saúde.

#### ABSTRACT

**Objective:** To investigate the lifestyle of teachers in Concórdia/SC and its implications for health. **Methods:** The article, with a quantitative-qualitative approach, used empirical material for analysis through an online questionnaire, applied individually to the teachers. **Results:** The results indicate that teachers neglect health habits such as physical activity, daily consumption of pure water, sun exposure, and possibly their caloric diet. On the other hand, they maintain healthy habits in components like diet (qualitatively), preventive consultations, sleep rest, and religiosity. The data analysis also allows us to infer that teachers suffer from some diseases and disorders that could be prevented or managed through lifestyle changes.

Descriptors: Teachers' health; Lifestyle; Teachers' diseases; Health.

#### RESUMEN

**Objetivo:** To investigate the lifestyle of teachers in Concórdia/SC and its implications for health. **Methods:** The article, with a quantitative-qualitative approach, used empirical material for analysis through an online questionnaire, applied individually to the teachers. **Results:** The results indicate that teachers neglect health habits such as physical activity, daily consumption of pure water, sun exposure, and possibly their caloric diet. On the other hand, they maintain healthy habits in components like diet (qualitatively), preventive consultations, sleep rest, and religiosity. The data analysis also allows us to infer that teachers suffer from some diseases and disorders that could be prevented or managed through lifestyle changes.

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### Introduction

Among the main determinants of health, the main and decisive factors are: human biology, health services, the environment and lifestyle, with the environment and lifestyle being factors with greater impacts than the others. Thus, lifestyle is a fundamental element in the promotion of health or illness and people depend much more on this factor to be healthy, compared to factors related to human biology or access to health services<sup>1</sup>.

Lifestyle is a very broad and heterogeneous concept, which is related to the habits of the human being, that is, to diet, professional activity or occupation, to the physical activities developed, to the use of licit and illicit drugs, to the hours of daily and weekly rest, to sun exposure, to religiosity, to the intake of water, exposure to clean (or polluted) air, use of medications and supplements, etc<sup>1</sup>.

Both health promotion and the emergence of diseases are directly related to each person's lifestyle. Lifestyle habits are fundamental elements in the metabolic processes of the human body, accelerating/intensifying or decreasing cellular metabolism, contributing or impairing basic processes, such as digestion, neurohumorals, tissue formation, cell apoptosis, cellular degeneration, respiration, etc<sup>1</sup>.

According to Porto (2019), lifestyle habits play a fundamental role in disease prevention and health promotion, as they are directly related to the maintenance of physical, mental, social, and spiritual well-being. In other words, a healthy lifestyle reduces costs with medical treatments and hospitalizations, promotes emotional balance, strengthening/improving immunity, prevents chronic diseases (such as diabetes, hypertension, kidney and cardiovascular diseases, etc.), reduces stress, and increases life expectancy (with health)<sup>1</sup>.

Based on the above, it is verified that research on lifestyle becomes relevant for collective health, especially with regard to health promotion through educational processes. Thus, this article aims to investigate the lifestyle of teachers in Concordia/SC and its implications for teacher health.

# Method

The article, with a quantitative-qualitative approach, aimed to investigate the lifestyle of teachers in Concordia/SC and its implications for teacher health. The group of teachers who participated in the investigation teach in two municipal public elementary schools, which are part of the municipality's Municipal Education Network. To this end, the data were constituted through an (online) questionnaire applied to teachers on 10/15/2024 during school hours/days.

The research was approved by the Ethics Committee under number 45026621.6.0000.5564 and the participating teachers consented to their participation by signing a Free and Informed Consent Form (ICF). Thus, the signing of the term was a prerequisite for participation in the research and the beginning of the questionnaire.

Regarding qualitative research, it is characterized by being an appropriate study approach to the world of meanings, given that this level of reality needs to be interpreted by researchers. Thus, the qualitative approach becomes appropriate for scientific studies of discourse analysis, narratives and diverse/distinct documents<sup>2</sup>. In turn, quantitative research is characterized by being an investigation method that seeks to analyze numerical data used to calculate variables and, therefore, numbers are in the foreground<sup>2</sup>.

The study data, constituted through the questionnaire (online), are organized into subjects/topics related to the health of teachers. This article, in turn, has as its main focus the discussion on the "Teachers' lifestyle", although it discusses data related to diseases and medications and other health treatments performed by teachers.

The group of teachers, despite being part of the teaching staff of two municipal schools – pre-defined for the study – also work, concomitantly, in other schools in the municipality of Concordia. The data show that 42.4% of teachers work under temporary contracts and in more than one municipal public school. This means that each year they can change schools and change their workplace. Therefore, the results emerging from this article represent a significant excerpt from a group of teachers who work in municipal schools in Concórdia/SC.

#### Results

A total of 59 teachers participated in the research, 88.1% women and 11.9% men. Of these, 1.69% work 30 hours a week, 1.69% work 50 hours a week, 6.8% work 60 hours a week, 11.9% work 20 hours a week and 78% work 40 hours a week. In addition, all teachers have higher education, and 37.28% are postgraduates; 1.69% are masters; and 1.69% are doctors.

The data indicate that 3.4% of teachers are extremely above their ideal weight, 23.7% are well above, 30.5% are slightly above and 15.3% are very slightly above their ideal weight. Only 27.1% of teachers are not above their ideal weight.

In addition, 22% of the teachers practice physical activities daily, 35.6% practice little, 13.6% practice very little, 5.1% practice extremely rare, and 6.8% practice a lot of physical activity regularly. 16.9% of teachers do not practice physical activities regularly. Of 45 teachers, 2.2% practice physical activities more than 5 times a week, 6.7% practice 5 times a week, 11.1% practice 4 times a week, 24.4% practice 3 times a week, 33.3% practice 2 times a week and 22.2% practice once a week.

According to the data, 15.3% of teachers sleep at night on average up to 5 hours a day, 64.4% sleep 5 to 7 hours a day and 20.3% sleep more than 7 hours a day. Of these, 3.4% have extreme difficulty sleeping, 25.4% have a lot of difficulty, 18.6% have little difficulty, 18.6% have very little difficulty and 33.9% have no difficulty sleeping.

The data indicate that 18.6% of teachers drink more than 2 liters of pure water per day, 27.1% drink from 1.5 liters to 2 liters, 32.2% drink from 1 liter to 1.5 liters and 22% drink less than 1 liter of pure water per day. In addition, 81.4% of teachers use fruits and vegetables frequently in their diet, that is, more than three times a week. 10.2% use little and 8.5% use very little fruit and vegetables in their diet.

According to the data, 18.6% of the teachers use a lot of industrialized products in their diet (more than 3 times a week), 33.9% use little, 32.2% use very little and 15.3% do not use industrialized products, more than 3 times a week, in their diet. In addition, 61% do not use soft drinks, more than three times a week, in their diet, 23.7% use very little, 10.2% use little, 3.4% use a lot and 1.7% extremely.

Regarding the use of fatty foods in the diet, more than three times a week, 35.6% of the teachers do not use fatty foods, 42.4% use very little, 18.6% use little and 3.4% use a lot. In addition, 64.4% of the teachers do not feel unwilling to eat, 22% feel very unwell, 11.9% feel a little unwell and 1.7% feel very unwell to eat.

The data indicate that 62.7% of the teachers do not use alcoholic beverages in their diet, 27.1% use very little and 10.2% use little. In the same sense, 98.3% of the teachers stated that they do not smoke and 1.7%, that is, only one person who answered the questionnaire informed that they smoke.

According to the answers to the questionnaire, 40.7% of the teachers consider themselves very religious, 35.6% consider themselves not very religious, 10.2% consider themselves very little religious, 8.5% do not consider themselves religious and 5.1% consider themselves extremely religious. In turn, 88.1% indicate that they do not perform any therapeutic activity, 6.8% do a lot, 1.7% do little and 3.4% do very little.

The data indicate that 27.1% of teachers do not expose themselves to the sun, more than three times a week, 3.4% expose themselves a lot, 20.3% expose themselves little, 37.3% expose themselves very little and 11.9% extremely rare. On the other hand, 44.1% of the teachers perform a lot of preventive consultations and routine exams, 30.5% perform little, 18.6% perform extremely frequent and 6.8% perform very few routine exams and preventive consultations.

In addition, the data show that teachers have already undergone several health treatments, in the context of their professional trajectories, highlighting the treatments for: hypertension/high blood pressure (23.7%); respiratory infections (22%); chronic pain/diseases (20.3%); asthma or other respiratory diseases (18.6%); allergies (18.6%); hair loss (16.9%); gastrointestinal (16.9%); voice (16.9%); stress/anxiety (13.6%); hormonal regulation (13.6%); spine (11.9%); depression and other behavioral/health disorders (11.9%); high cholesterol (11.9%); urinary tract infections (10.2%); diabetes or high blood glucose (8.5%); hearing loss (5.1%); cancer (3.4%), cardiovascular diseases (3.4%); benign tumors (3.4%); musculoskeletal disorders (1.69%); and other types of treatment (20.3%). In addition, 27.1% of the teachers (16 people) had some symptom of the disease at the time of the survey.

Finally, it is important to highlight that lifestyle is fundamental in health promotion, as it promotes the physical, mental, social and spiritual well-being of the individual. Healthy habits contribute to the development of emotional balance, immunity, helping the body fight inflammation and diseases, reduce costs with medical treatments and hospitalizations, reduce stress and prevent chronic diseases (such as diabetes, hypertension, cancer, kidney and cardiovascular diseases, etc.), increases life expectancy and disposition, allowing people to live with a better quality of life and in an active way<sup>1</sup>.

### Discussion

From the data analysis, it is verified that the female gender is the predominant gender in the teaching profession, representing 88.1% of the teachers. Thus, the data constituted in this investigation represent, for the most part, the health of women working teachers in municipal schools in Concordia/SC. These findings corroborate Reis et al (2006), Sampaio et al (2021) and Reis et al (2005) who found that women make up the majority of teachers working in Brazilian Basic Education.

The data indicate that 49.2% of the teachers practice little or very little physical activity, 5.1% extremely rare and 16.9% of the teachers, that is, 10 teachers, do not practice physical activities. Only 28.8% of teachers practice physical activities daily or a lot. Of these, 55.5% practice physical activities, on average, once or twice a week, 35.5% practice 3 or 4 times a week and 8.9% practice five or more times a week. In addition, the data indicate that 27.1% of teachers are very/extremely above their ideal weight and 30.5% are slightly above their ideal weight.

Physical activities are body movements produced by the skeletal muscles that result in energy expenditure higher than resting levels. They encompass the movements performed at work, in leisure time, in domestic activities and in free time, and can be classified into intensities: light, moderate and intense. In this sense, walking and performing (diverse) daily physical exercises are physical activities that promote health, improving physical and mental condition, preventing and/or delaying diseases, improving self-esteem, controlling stress, providing quality of life and maintaining healthy body weight<sup>3</sup>.

On the other hand, physical inactivity, or low levels of physical activity, are harmful to health. There is evidence that physical inactivity is one of the main risk factors for mortality in the world. In the past decade, 6% of deaths worldwide were attributed to physical inactivity and/or low levels of physical activity, ranking among the four main factors of deaths in the world. The first cause was hypertension (13%), smoking was the second cause (9%) and hyperglycemia was the third cause (also with 6%)<sup>4</sup>.

An individual who has a lifestyle with minimal physical activity, with energy expenditure of less than 500 kcal per week, is considered inactive. In turn, for an individual to be considered moderately active, they need to perform physical activities with a weekly energy expenditure of at least 1,000 Kcal. This corresponds approximately to walking at a brisk pace for thirty minutes, five times a week. Research proves that moderate levels of daily physical activity can significantly reduce/prevent the risk of diseases, especially cardiovascular diseases<sup>4</sup>.

Therefore, it is verified that at least half of the teachers participating in this research have low levels of physical activity. In this context, by crossing the data of this study, it is possible to correlate data on physical inactivity with data on diseases that affect teachers and physical fitness, based on the literature. In this sense, it is verified that there is a direct relationship, since the data indicate that the teachers have already performed/perform different health treatments, that is: 23.7% have performed/perform treatments for hypertension; 13.6% for stress/anxiety; 11.9% for depression and other disorders; 8.5% for diabetes or hyperglycemia; and 3.4% for cardiovascular diseases.

It is reiterated that a physically active lifestyle contributes to the prevention of these diseases/disorders and the maintenance of physical conditioning and ideal weight, considering that only 27.1% of teachers are not above their ideal weight and 27.1% are quite or extremely above their ideal weight.

Regarding diet, it is verified that most teachers have excellent eating habits, considering that 81.4% use a lot of fruits, vegetables and legumes frequently (more than 3 times a week) in their diet, and 78% do not use or use very little (frequently) fatty foods. In addition, 47.5% frequently use very little (or do not use) industrialized products (such as hams, salami, bologna, sausages, mayonnaise, ketchup, snacks, industrialized sweets, etc.) in their diet and 33.9% use little.

Fruits, vegetables and legumes are sources of energy (mainly carbohydrates and proteins), vitamins and minerals. In addition, they are also healthy options for fat supply. They help in the nutrition of the body, in the fight against free radicals, substances formed from oxidative stress, in the strengthening of the immune system, etc. In turn, industrialized products (such as hams, salami, bologna, sausages, mayonnaise, ketchup, snacks, industrialized sweets, etc.) have a high content of sodium, sugar, preservatives, saturated and trans fats, which are harmful to health. In short, fatty foods (high in harmful fats) increase the risk of cardiovascular disease and cause obesity<sup>4</sup>.

The data also point out that 61% of teachers do not use soft drinks frequently (more than 3 times a week) in their diet, 33.9% use little or very little and only 5.1% use it a lot or extremely. In the same sense, 62.7% stated that they do not use alcoholic beverages and 37.3% use little or very little, as follows: 81.4% do not use alcoholic beverages more than 3 times a week; and 18.7% use little or very little. On the other hand, a significant part of teachers drink little pure water per day, with 22% drinking less than 1 liter; and 32.2% from 1 liter to 1.5 liters.

Soft drinks are beverages that are high in sugar and artificial sweeteners. These substances are catalysts for diseases, mainly obesity, diabetes, cardiovascular problems, acidification of the body, as well as some metabolic syndromes and dental problems. Alcoholic beverages, on the other hand, alter the nervous system, compromise the quality of sleep, dehydrate the body and can cause various damages, especially to the liver<sup>1, 4, 5</sup>.

Healthy eating is the main condition for health promotion. Food is a source of energy and nutrition for the human body. There are approximately 50 nutrients that are considered essential for the maintenance of the human body, being classified into macronutrients (carbohydrates, fats and proteins) and micronutrients (vitamins and minerals). In the process of digesting food, complex carbohydrates (starches) are degraded into simple carbohydrates (glucose), proteins are degraded into amino acids, and fats are degraded into glycerol and fatty acids. The digestive process can absorb essential nutrients from food for the human body<sup>4, 5</sup>.

Nutrients are, therefore, chemical compounds that perform specific activities in the human body, such as: tissue growth and repair, regulation of organic processes, supply of energy for the maintenance of vital processes and for the performance of physical activities. In this sense, a healthy diet must observe qualitative (meal composition) and quantitative (value of calories ingested) aspects<sup>3</sup>. These needs have individual characteristics and, although

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the recommended qualitative composition follows a general orientation for the entire population, the quantitative aspect (measured in calories/kcal) is extremely variable, according to body size, lifestyle and stage of development<sup>4,5</sup>.

A sixth component of the diet and vital for the body is pure water. Water represents approximately 70% of body weight, being the most significant substance in the human body and needs to be present, in large quantities, in the daily diet. The recommended daily value is at least 2 liters of pure water per day, thus disregarding the water ingested through other beverages (such as juices, coffees and soft drinks) that constitute the diet<sup>4</sup>.

In this way, the metabolic processes of the human body are totally dependent on water, since it is the main cellular component, acts in the elimination of toxic substances (sweat and urine), composes blood plasma, transports nutrients, oxygen and mineral salts, participates in the process of food digestion, is vital for the immune system and for temperature regulation, etc<sup>4, 5</sup>.

Based on the above and the data, it is possible to verify that, qualitatively, the teachers have excellent eating habits, although it is not possible to verify, from the data, this aspect quantitatively, that is, the caloric value ingested daily. On the other hand, 54.2% of teachers drink little water per day, below 1.5 liters. Thus, although the data are limited, we can infer that, quantitatively, the caloric diet of most teachers may be in daily surplus, considering that 30.5% are slightly above their ideal weight and 27.1% are quite or extremely above. The data show that only 13.6% of teachers feel little or extremely unwilling to eat.

The data indicate that most teachers do not expose themselves or are exposed very little to the sun daily (more than three times a week), and: 64.4% do not expose themselves or are exposed very little to the sun; and 20.3% are little exposed. On the other hand, 62.7% of teachers frequently (quite or extremely) carry out preventive consultations and routine exams, 30.5% perform little and 6.8% perform very little.

Sun exposure is essential for health. The sun is the main source of vitamin D for the human body and moderate sun exposure is a health condition. The activation of vitamin D is vital for the body, as it participates in different metabolic processes, for example, in the absorption of calcium, a fundamental mineral for bones. Vitamin D is critical for bone health, modulating the immune system, muscle contraction, blood pressure regulation, and cardiovascular health. The recommendation is that people spend 15 to 20 minutes exposed to the sun. Although vitamin D can be obtained through some foods, such as fish, eggs, butter, and milk, daily sun exposure is essential.<sup>4,5</sup>

In the same sense, preventive consultations have the objective of health promotion and prevention/early detection of diseases. Through consultations with the doctor and other health professionals, it is possible to monitor and promote the patient's general well-being. Preventive (and routine) consultations are essential for the early detection of diseases, guidance for a healthy lifestyle, disease monitoring, preventive exams and vaccines, etc<sup>5</sup>.

Analyzing the data, based on the theoretical orientation, it is verified that in the "sun exposure" component, most teachers do not have healthy habits. On the other hand, in the "preventive consultations" component, most of

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them demonstrate that they have healthy habits, considering that only 6.8% stated that they carry out very few preventive consultations.

Regarding sleep rest (at night), 64.4% of the teachers sleep from 5 to 7 hours a day, 20.3% sleep more than 7 hours a day and only 15.3% sleep up to 5 hours. Of these, 28.8% have extreme/very difficult sleeping.

A study with 70 thousand women in the United States of America proved that sleepless nights affect metabolism in different ways, including causing stress, reducing the hormone production of leptin and ghrelin (satiety and appetite hormones, respectively). Therefore, sleep deprivation is an element that directly influences health. Studies show that a sleep considered adequate should last 7 to 8 hours<sup>4, 5</sup>.

From this perspective despite 28.8% of the teachers having a lot (or extreme) difficulty sleeping, only 15.3% sleep less than ideal. Considering that the group that sleeps 5 to 7 hours a day sleeps, on average, 7 hours, 84.7% of the teachers sleep a sleep considered adequate.

Regarding religiosity, 45.8% of the teachers consider themselves very or extremely religious, 45.8% consider themselves little or very little religious and only 8.5% do not consider themselves religious. On the other hand, 88.1% do not perform any therapeutic activity, 6.8% perform a lot and 5.1 perform little or very little.

Spiritual/religious care is one of the basic principles of person-centered medicine, respecting their individualities, through respectful listening. Research empirically reveals<sup>6, 7, 8</sup> the value of faith in people's lives, especially in mental health<sup>7, 8</sup>. People who practice a religion tend to have a lower incidence of depression, anxiety, self-mutilation, use of harmful substances, and suicide<sup>8</sup>. This does not mean that there are no mental disorders among religious people, but research points to trends (behavioral and health), not discrimination. The religious dimension generally contributes positively to the treatment of patients with mental illnesses<sup>7,8</sup>, by providing teachings and customs that encourage quality of life, as well as social and emotional development<sup>7</sup>.

Thus, it is verified that the teachers participating in this investigation, in general, are religious and, therefore, tend to enjoy health benefits provided by their religion, as spiritual/religious health has become synonymous with emotional/mental health, as supported by research. On the other hand, although only 8.5% of the teachers are not religious, 49.2% feel extremely/very nervous, 13.6% have already undergone treatments for stress and anxiety and 11.9% feel very depressed and/or have already undergone treatments for depression.

Moving towards the end, the analysis revealed that teachers in Concordia/SC have some habits that are healthy and others that are harmful to health. Most teachers have harmful habits in the components: practice of physical activities; daily consumption of pure water; sun exposure; and, probably, daily caloric surplus (hypercaloric diet). In turn, they have healthy habits in the following components: diet (qualitatively); preventive consultations; rest from sleep; and religiosity.

Although the data constituted are limited for the correlation with diseases that affect the health of teachers, it is possible to infer that the lifestyle of teachers, as well as their habits, needs to be improved to promote health and prevent diseases, considering that they suffer from diseases/disorders such as: hypertension/high blood pressure (23.7%); respiratory infections (22%); chronic

pain/diseases (20.3%); asthma or other respiratory diseases (18.6%); allergies (18.6%); hair loss (16.9%); gastrointestinal (16.9%); voice (16.9%); stress/anxiety (13.6%); hormonal regulation (13.6%); spine (11.9%); depression and other behavioral/health disorders (11.9%); high cholesterol (11.9%); urinary tract infections (10.2%); diabetes or high blood glucose (8.5%); hearing loss (5.1%); cancer (3.4%), cardiovascular diseases (3.4%); benign tumors (3.4%); musculoskeletal disorders (1.69%); and other types of treatment (20.3%).

# **Final Considerations**

The article, with a quantitative-qualitative approach, aimed to investigate the lifestyle of teachers in Concordia/SC and its implications for teacher health. The group of teachers who answered the questionnaire work in two municipal public elementary schools, which are part of the municipality's Municipal Education Network.

The analysis revealed that teachers have some habits that are healthy and others that are harmful to health. Most teachers have harmful habits in the components: practice of physical activities; daily consumption of pure water; sun exposure; and, probably, a daily caloric surplus. In turn, they have healthy habits in the following components: diet (qualitatively); preventive consultations; rest from sleep; and religiosity.

Lifestyle habits play a key role in disease prevention and health promotion, as they are directly related to the maintenance of physical, mental, social, and spiritual well-being. In other words, a healthy lifestyle reduces costs with medical treatments and hospitalizations, promotes emotional balance, strengthening/improving immunity, prevents chronic diseases (such as diabetes, hypertension, kidney and cardiovascular diseases, etc.), reduces stress, and increases life expectancy (with health)<sup>1</sup>.

Although the data constituted are limited for the correlation with diseases that affect the health of teachers, it is possible to infer that the lifestyle of the investigated group, as well as their daily habits, needs to be improved to promote health and prevent/combat diseases, considering that they suffer from some diseases and disorders that could/can be prevented/combated through changes in habits.

Finally, this article contributes to presenting relevant data for the health promotion of teachers, proposing reflections and paths for the development of collective health.

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