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Religious/spiritual experiences, quality of life and satisfaction with life of hospitalized octogenarians

Experiências religiosas/espirituais, qualidade de vida e satisfação com a vida de octogenários hospitalizados

Experiencias religiosas/espirituales, calidad de vida y satisfacción con la vida de octogenarios hospitalizados

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ABSTRACT

Objectives: to assess quality of life (QoL) and satisfaction with life (SWL) indices and verify whether the frequency of religious and spiritual experiences is associated with QoL and SWL in hospitalized octogenarians. **Method:** this is a cross-sectional study, with 128 octogenarians. World Health Organization QoL instruments and Scales applied: Daily Spiritual Experience (DSES) and Satisfaction With Life (SWLS). **Results:** more committed domains related to QoL and SWL: autonomy and physical capacity. The higher the score in DSES, the higher the scores in the psychological domains and past, present, and future QoL activities. The higher the score in DSES, the higher the score in the social involvement aspect. **Conclusion**: the results of this study showed that the higher frequency of religious and spiritual experiences of hospitalized elderly people was associated with better QoL and SWL. It is emphasized that religious and spiritual experiences should be explored in the hospital therapeutic context. **Descriptors:** Aged; Aging; Spirituality; Nursing Care; Quality of Life.

RESUMO

Objetivos: avaliar índices de qualidade de vida (QV) e de satisfação com a vida (SV) e verificar se a frequência de experiências religiosas e espirituais se associa à QV e à SV em octogenários hospitalizados. **Método:** transversal, 128 octogenários. Aplicados instrumentos de QV da Organização Mundial da Saúde e Escalas: Diária de Experiência Espiritual (EDEE) e de Satisfação com a Vida (ESV). **Resultados:** domínios mais comprometidos relacionados à QV e à SV: autonomia e capacidade física. Quanto maior a pontuação na EDEE, maiores os escores nos domínios psicológico e atividades passadas, presentes e futuras de QV. Quanto maior a pontuação na EDEE, maior o escore no aspecto envolvimento social da ESV. **Conclusão**: os resultados deste estudo mostraram que a maior frequência de experiências religiosas e espirituais dos idosos hospitalizados associou-se com a melhor QV e SV. Ressalta-se que as experiências religiosas e espirituais devem ser exploradas no contexto terapêutico hospitalar. **Descritores:** Idoso; Envelhecimento; Espiritualidade; Cuidados de Enfermagem; Qualidade de Vida.

RESUMEN

Objetivos: evaluar índices de calidad de vida (CV) y satisfacción con la vida (SV) y verificar si la frecuencia de experiencias religiosas y espirituales está asociada a CV y SV en octogenarios hospitalizados. **Método:** transversal, 128 octogenarios. Instrumentos y escalas de calidad de vida de la Organización Mundial de la Salud aplicados: Experiencia Espiritual Diaria (EDEE) y Satisfacción con la Vida (ESV). **Resultados:** dominios más comprometidos relacionados con CV y VS: autonomía y capacidad física. Cuanto mayor sea la puntuación EDEE, mayores serán las puntuaciones en los dominios psicológico y pasado, presente y futuro de calidad de vida. Cuanto mayor sea la puntuación en la EDEE, mayor será la puntuación en el aspecto de implicación social de la ESV. **Conclusión:** los resultados de este estudio mostraron que la mayor frecuencia de experiencias religiosas y espirituales de los ancianos hospitalizados se asoció con una mejor CV y SS. Se enfatiza que las experiencias religiosas y espirituales deben ser exploradas en el contexto terapéutico hospitalario.
Descriptores: Anciano; Envejecimiento; Espiritualidad; Atención de Enfermería; Calidad de Vida.

INTRODUCTION

The population division of the UN released, in 2019, the new population projections for all countries and the world. In the world, in relative terms, the population aged 80 and over represented only 0.6% of the total population in 1950, rising to 1.9% in 2020 and is expected to reach 8.1% in 2100 (an increase of 14, 4 times in the percentage from 1950 to 2100). In relative terms, the elderly Brazilian population aged 80 and over represented only 0.3% of the total population of 1950, increased to 2% in 2020 and is expected to reach 15.6% in 2100 (an increase of 55.2 times in the percentage from 1950 to 2100)[1].

From the accelerated population aging, the epidemiological transition occurs, changing the profile of morbidity and mortality. In Brazil, there is a triple burden profile of diseases, maintaining the occurrence of some infectious diseases, together with an increase in morbidity and mortality from Chronic Non-Communicable Diseases (NCDs) and a significant increase in external causes. Elderly people tend to consume more health services, presenting higher rates of hospitalizations, when compared to other age groups[2].

Hospitalization, for the elderly, is a stressful event that can lead to loss of functional capacity, distance from family and friends, and the religious and spiritual experiences lived during the hospitalization period can be a positive coping resource for the difficulties[3].

As the number of elderly people in Brazil increases, interest in research related to quality of life (QoL) and longevity grows. The elderly's QoL is related to self-esteem, personal and spiritual well-being. Moreover, it is associated with functional capacity, socioeconomic status, emotional state, social interaction, intellectual activity, self-care, family support, health status, lifestyle, satisfaction with daily activities and spirituality[4].

There are several concepts of QoL, but the most used concept is that of the World Health Organization (WHO): "*as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*" (OMS, 1995, p.1)[5].

In addition, it is important to distinguish religiosity and spirituality, since these concepts are closely connected and are sometimes taken to be synonymous: "*spirituality is constituted by an existential intimate feeling, a search for the meaning of living and being in the world and that will not necessarily be linked to the belief in something greater, like a God*". (BÜSSING e col., 2015, p.1525) [6]. While religiosity, it can be understood as a "*set of beliefs and practices belonging to a doctrine, which are shared and followed by a group of people, through cults or rituals that necessarily involve the notion of faith*" (BÜSSING e col., 2015, p.1525)[6].

In recent years, interest in finding an association between religious and spiritual issues and a better QoL in people with physical and mental illnesses has increased and the possible expected salutogenic effect on the well-being of those living in this scenario[7]. Individuals with chronic or life-threatening illnesses often report unmet spiritual needs that, in most cases, are not addressed or recognized by health professionals. Meeting spiritual needs is an important aspect to be considered in health care and, increasingly, professionals need to seek competence for this specific care[8]. Religiosity and spirituality are important resources for coping with diseases, and it is still necessary to deepen the knowledge about religious and spiritual beliefs, since they can influence the treatment and recovery of chronic health conditions[9].

The theme of satisfaction with the lives of octogenarians has been discussed and studied, being especially important for professionals who work with this population, whose activity has the purpose of improving QoL in old age; however, the concept is still considered a subjective dimension of QoL, alongside happiness and well-being[10].

Satisfaction with life (SWL) is related to physical health, to the needs of social and psychological satisfaction. It is also associated with gender, age, socioeconomic and educational level, among others. Moreover, it is a strong indicator of QoL and can guide health policies in old age. A more in-depth knowledge of the relationship between SWL, religiosity and spirituality will enable the development of methods to intervene in the elderly population, aiming at successful aging[11].

The elderly, in general, have CNCD. They have physical limitations, emotional and psychosocial changes as a result of these diseases, which, to varying degrees, can modify their perception of SWL and QoL[10].

Due to the increase in life expectancy of Brazilians and, consequently, population aging, the health system faces new challenges and must be structured to meet the growing demand of this population group. As the diseases of this age group gain greater expression in society as a whole, there is a greater demand for health services, generating high costs, without necessarily achieving improvement in QoL and health recovery[12].

Health professionals are increasingly providing care to patients with greater severity, older age, with multiple comorbidities and from various cultural backgrounds[11]. Therefore, this study is justified by the fact that the aging of society requires health professionals to change the elderly's perception, i.e., their care priorities. The focus of care in the hospital environment needs to target both clinical aspects and those of spiritual experience, SWL and QoL, since the variety of health problems observed in the elderly requires the planning and structuring of comprehensive care for this population. In order to achieve comprehensive care for hospitalized elderly people, the verification of whether religious and spiritual experiences are associated with QoL and SWL in hospitalized octogenarians is necessary, since it can reveal to health professionals the spiritual needs of these elderly people who, if met, can favor SWL and QoL. To plan elder care, using an instrument to assess religious experience becomes important, since there is still a knowledge gap about assessment of frequency of religious experience in hospitalized elderly.

OBJECTIVES

To assess quality of life (QoL) and satisfaction with life (SWL) indices and verify whether the frequency of religious and spiritual experiences is associated with QoL and SWL in hospitalized octogenarians.

METHODS

Ethical aspects

This research followed the guidelines of Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*),

and started after approval by the Institutional Review Board of *Universidade Federal de São Paulo* (UNIFESP). All participants were informed about the research and signed the Informed Consent Form (ICF); their names were expressed by number and encoded by acronym. Confidentiality and anonymity were maintained throughout the research process.

Study design, place, and period

This is an epidemiological, cross-sectional and analytical study. STROBE (Strengthening The Reporting of Observational Studies in Epidemiology Statement) recommendations were used[13].

The study was carried out at *Hospital São Paulo* (HSP), which is the teaching hospital of UNIFESP, in clinical, surgical and emergency units, between June 2016 and April 2017. HSP, during the period of data collection, was going through an internal strike by civil servants and worsening of institutional financial crisis, and for that reason, they had, on average, 360 beds.

Sample; inclusion and exclusion criteria

The study included 128 elderly people with at least three days of hospitalization[14] and aged 80 and over. According to the hospital's estimate, for every five elderly patients hospitalized, one was aged 80 and over.

Those who were disoriented, confused and diagnosed with dementia were excluded from medical records.

The sample was not probabilistic for convenience. The sample calculation was performed using Pearson's correlation coefficient, found in a pilot sample of 20 patients that was included in the study. The sample was obtained by the correlation between the Daily Spiritual Experience Scale and the WHOQOL-BREF domains. The formula used was $N = [(z\alpha + z\beta) \div C]\ 2 + 3$, where R = correlation coefficient, $C = 0.5 \times \ln [(1 + r)/(1 - r)]$, N = total sample, α = level of significance (bilateral) and β = 1-test power. The values adopted were Zα = 95%, Zβ = 80%, R = -0.248. Thus, when replacing the values in the formula, 128 elderly people would be needed.

Study protocol

Initially, to obtain the data, a structured questionnaire was used with information on age, gender, education, marital status, occupation, length of stay, family income, use of medicines, having a caregiver and religion.

To assess QoL, the World Health Organization's QoL instruments, the World Health Organization Quality of Life Group project for assessing the elderly's QoL (WHOQOL-OLD), specific to be used in the elderly population, were used; the abbreviated version of the World Health Organization Quality of Life Group (WHOQOL-BREF), a generic instrument for assessing QoL; both instruments were translated into Portuguese and validated, to be used in the elderly Brazilian population[15-16].

The WHOQOL-OLD consists of 24 items divided into six facets: sensory functioning; autonomy; past, present and future activities; social participation; death and dying; intimacy. It is a specific instrument for assessment of QoL in the elderly, and it should be applied in conjunction with the WHOQOL-BREF. The sum of the facets produces a synthesis that can be called "total score" for the WHOQOL-OLD. The final scores of the facets vary from 0 to 100, with the highest number corresponding to the best QoL[14]. The WHOQOL-BREF has 26 items and the first two questions refer to self-perception of QoL and satisfaction with health. The remaining 24 questions represent each of the 24 facets that make up the original instrument, divided into four domains: physical, psychological, social relations and environment. The final scores for each domain can vary from 0 to 100 points. The closer to 100, the better the QoL. The score adopted in this study to assess QoL was 60 points. This cutoff point is suggestive of a worse QoL and was proposed in another study with elderly people[17].

Subsequently, to measure the frequency of religious/spiritual experiences, the Daily Spiritual Experience Scale[17] was used, which was translated and validated in Brazil. This scale was conceived as a measure of religiosity/spirituality, considering both concepts as overlapping circles. It includes a wide variety of experiences that can be found in different religious and spiritual traditions, seeking to assess the nature and depth of these experiences. Spiritual experiences are defined as feelings and emotions towards the divine or the transcendent, as expressions of religiosity/spirituality not centered on beliefs or behaviors of a specific religious/spiritual doctrine. It assesses the frequency with which people experience, in their daily lives, feeling God's presence, strength and comfort in religion or spirituality, connection with life in general, love for others, admiration for nature, peace interior, gratitude for blessings and desire for closeness to God. It consists of 16 items and is considered a one-dimensional measure. The total score is obtained by adding the scores of the 16 items, which can vary from 16 to 94. Lower scores reflect a higher frequency of religious or spiritual experiences. There is no categorization according to the scale's score. Another study adopted a mean score of 38.1 (SD = 13.6) as a moderate frequency of spiritual experiences[18].

Finally, to assess SWL, the Satisfaction With Life Scale was used, validated in Brazil[19]. This instrument contains 12 questions related to four aspects: physical health (questions 1, 3 and 5), mental health (questions 7, 8 and 9), physical capacity (questions 2, 4 and 6) and social involvement (questions 10, 11 and 12). Each aspect is assessed using a Likert-type scale (1 = extremely dissatisfied, 2 = dissatisfied, 3 = slightly satisfied, 4 = extremely satisfied, 5 = satisfied). The closer to 5, the better the SWL level[19]. This scale has no total score and no cut-off point.

In order to carry out the collection in a continuous and careful way, daily, the hospitalization sector was asked to list patients aged 80 years and older admitted to clinical, surgical units and to the HSP emergency service. Then, the researcher went to each location, consulted the medical records to make sure octogenarians' ability to understand and answer the research questionnaires and instruments and whether they had been hospitalized for at least three days. The confirmed octogenarians were invited to participate in the study and, when they agreed, they would be interviewed individually. The instruments were read by the researcher in a single moment, with an average duration of 40 minutes. All the elderly were interviewed by a single researcher during the data collection period.

Analysis of results, and statistics

An electronic spreadsheet was built for data storage, using the Microsoft Office Excel® program, 2007. The data collected were entered by two people, with double entry, for later verification of existence of inconsistencies. In the event of disagreements, the researchers returned to the original interview to make the relevant corrections. Descriptive analysis was used to characterize sociodemographic, economic, medication use, having a caregiver and religion. For continuous variables, mean, standard deviation (SD), median, minimum and maximum were calculated; for categorical variables, frequency and percentage were calculated. To relate religiosity/spirituality with QoL and SWL, Spearman's correlation coefficient was used. As the variables are continuous and not normal, Spearman's correlation coefficient (non-parametric correlation) was used, which is the most appropriate analysis in this case. In the statistical analysis, the data were considered missing. No substitution was carried out.

A significance level of p <0.05 was considered and the program used for analysis was the Statistical Package for the Social Sciences, version 19.

RESULTS

The mean age of octogenarians was 84.5 years, the average number of days spent in hospital was 4.6, most were women (81; 63.30%), widowed (68; 53.1%), with caregivers (105; 82.00%), religion (125; 97.70%), catholic (91; 71.10%), retirees or pensioners (121; 94.50%), illiterate or incomplete elementary education (66; 51.60%), with monthly family income between R$937.00 (about US$170) and R$1,874.00 (about US$340), reported the use of medications (122; 95.30%), mean number of medications in use 2.2, the most used being antihypertensive drugs (107; 83.60%), hypoglycemic agents (52; 40.60%) and analgesics (42; 32.80%).

Table 1 shows WHOQOL-BREF domains and WHOQOL-OLD facets of assessed octogenarians; the most compromised were the physical domain of the WHOQOL-BREF and the autonomy facet of the WHOQOL-OLD, which scored below 50.

In the Daily Spiritual Experience Scale, patients in this study presented a mean score among the interviewees of 33.89 (SD = 14.37), ranging from 16 to 87 points. Table 2 shows that the lower the score of the Daily Spiritual Experience Scale, i.e., the more spiritual experiences, the higher the scores in the psychological, social relations and environment domains of the WHOQOL-BREF; this correlation was negative and weak.

In Table 3, it is verified that the lower the score of the Daily Spiritual Experience Scale (more spiritual experiences), the higher the scores of the facets: past, present and future activities; regarding the intimacy of the WHOQOL-OLD, this correlation was negative and weak.

Table 4 showed that the mean total score of the Satisfaction With Life Scale was 2.93, and the physical capacity and physical health aspects presented the lowest scores, 2.63 and 2.69. Therefore, it was noticed that the assessed elderly were "not satisfied" in relation to SWL.

Table 1 - Mean values of the scores of the WHOQOL-BREF domains and the WHOQOL-OLD facets of hospitalized octogenarian patients, São Paulo, São Paulo, Brazil, 2017 (N= 128)

WHOQOL-BREF* domains	Scores - mean (standard deviation)	WHOQOL-OLD facets†	Scores - mean (standard deviation)
Physical	45.06 (15.67)	Sensory ability	51.03 (23.12)
Psychological	58.40 (15.48)	Autonomy	48.73 (20.46)
Social relations	65.89 (15.94)	Past, present, and future activities	60.40 (17.45)
Environment	57.06 (11.53)	Social participation	53.32 (19.45)
		Death and dying	57.13 (28.61)
		Intimacy	69.97 (18.11)

**WHOQOL-BREF = abbreviated version of the World Health Organization Quality of Life Group instrument; †WHOQOL-OLD= World Health Organization Quality of Life Group project.*

Table 2 - Correlation between WHOQOL-BREF domains and the Daily Spiritual Experience Scale of hospitalized octogenarian patients, São Paulo, São Paulo, Brazil, 2017 (N= 128)

WHOQOL-BREF* domains		Daily Spiritual Experience Scale
Physical	R†	-0.10
	p value‡	0.2652
Psychological	R†	-0.30
	p value‡	0.0006
Social relationships	R†	-0.29
	p value‡	0.0009
Environment	R†	-0.24
	p value‡	0.0074
Perception of quality of life	R†	-0.05
	p value‡	0.5651
Satisfaction with health	R†	-0.03
	p value‡	0.7618

**WHOQOL-BREF = abbreviated version of the World Health Organization Quality of Life Group instrument; †R = Spearman's correlation coefficient; ‡p value = significance level.*

Table 3 - Correlation between WHOQOL-OLD facets and the Daily Spiritual Experience Scale of hospitalized octogenarian patients, São Paulo, São Paulo, Brazil, 2017 (N= 128)

WHOQOL-OLD facets*		Daily Spiritual Experience Scale
Sensory ability	R†	-0.07
	p value‡	0.4172
Autonomy	R†	-0.10
	p value‡	0.2713
Past, present, and future activities	R†	-0.28
	p value‡	0.0016
Social participation	R†	-0.14
	p value‡	0.1054
Death and dying	R†	0.15
	p value‡	0.0992
Intimacy	R†	-0.45
	p value‡	**<§0.0001**

**WHOQOL-OLD = World Health Organization Quality of Life Group project to assess elderly's quality of life; †R = Spearman's correlation coefficient; ‡p value = significance level; §<= minor.*

Table 5 shows that there was a significant correlation between the lowest score of the Daily Spiritual Experience Scale (more spiritual experiences) and the highest score in the social involvement aspect of the Satisfaction With Life Scale, negative and weak correlation.

Table 4 - Mean values of the scores of Satisfaction With Life Scale aspects of hospitalized octogenarian patients, São Paulo, São Paulo, Brazil, 2017 (N= 128)

Satisfaction With Life Scale aspects	Mean (standard deviation)
Physical health	2.69 (0.79)
Mental health	3.41 (0.81)
Physical capacity	2.63 (0.80)
Social involvement	3.01 (0.87)
Total score	2.93 (0.85)

Table 5 - Correlation between Satisfaction With Life Scale and the Daily Spiritual Experience Scale aspects of hospitalized octogenarian patients, São Paulo, São Paulo, Brazil, 2017 (N= 128)

Satisfaction With Life Scale aspects		Daily Spiritual Experience Scale
Mental health	R*	-0.14
	p value†	0.1115
Physical capacity	R*	-0.05
	p value†	0.5460
Social involvement	R*	-0.28
	p value†	0.0014

**R = Spearman's correlation coefficient; †p value = significance level.*

DISCUSSION

The interviewees with less frequency of spiritual experiences had worse results in the psychological, social relations and environment domains of the WHOQOL-BREF. Spirituality can help preserve and improve the QoL of elderly people with physical, environmental, social and emotional challenges. Spiritual and religious beliefs can provide an understanding of suffering, enabling change and adaptation in the construction of a new meaning for the existence and strengthening of hope, to start again even in a situation of suffering that hospitalization often imposes on patients[7].

The elderly with less frequency of spiritual experiences had worse scores in the facets past, present and future activities, and the WHOQOL-OLD intimacy domain. Past, present, and future activities depict satisfaction with achievements and future hopes. Religiosity and spirituality can act as a means of reorganizing life, promoting new configurations of protection and perception of identity and reality they experience, in addition to serving as a language for the elderly, mitigating past, present and future conflicts arising from the situation itself of life[20]. The intimacy domain assesses the capacity for personal and intimate relationships. Religion and spirituality can promote social support, in addition to being a regular activity for many elderly people. Some factors are identified as strong predictors for QoL improvement and maintenance and they are social support and satisfaction with health, influenced by the interaction provided by joining a religious or spiritualist community[21-22].

The interviewees had a mean total SWL score of 2.93, which represents that they were not very satisfied with life, the domains physical capacity and physical health had the lowest scores 2.63 and 2.69, respectively. Another survey of elderly people in the community obtained a higher mean total SWL score of 3.88, and the physical capacity and mental health domains had the lowest scores 3.66 and 3.81. The best SWL in this study may be related to the fact that the elderly are not hospitalized[20]. Another study carried out at the geriatric outpatient clinic of a university hospital in Campinas, SP, found that, even with the decrease in physical mobility, the elderly over 80 years old had better scores in SWL. This may be related to the elderly's internal conditions in accepting functional decline and helping others in their daily activities[9].

The lower the score of participants, in this study, in the Daily Spiritual Experience Scale, which reflected greater spiritual experience, the higher the score in the social involvement domain of the Satisfaction With Life Scale. The spiritual dimension is related to finding meaning and answers to fundamental aspects of life through sacred and transcendent experiences, which are capable of providing health benefits, bringing greater SWL and social life and better QoL, as these individuals are more resilient to situations and personal problems[7].

The assessed elderly in this research showed greater impairment in the physical domain of the WHOQOL-BREF (45.06 score) and in the facet autonomy of the WHOQOL-OLD (48.73 score). A similar result was found in the physical domain of the WHOQOL-BREF (mean = 55.50) of elderly people who underwent hemodialysis in dialysis units in the city of Ribeirão Preto, SP, but participants under hemodialysis had a better score in the autonomy facet (mean = 62.70) from WHOQOL-OLD, which can be the product of cultural and regional aspects[7].

Regarding the Daily Spiritual Experience Scale, the individuals in this study obtained a mean score of 33.89 (SD = 14.37). A survey conducted in Iran with retired elderly people living in the community found that the mean score for daily spiritual experiences was 16.90 (SD = 73.11)[23]. Thus, the elderly in this study had a lower frequency of spiritual experiences, which may be related to the fact that these patients are hospitalized. The implications of hospitalization for patients are often negative, since there is a need to adapt to the new routine and undergo invasive procedures. This new environment can influence their well-being, triggering physical and spiritual suffering[23-24].

Some characteristics of the interviewees, such as the majority being a woman and using antihypertensive drugs, were similar to another survey conducted with elderly people in inpatient units of a large private hospital in Belo Horizonte/MG (Brazil). The average age was 74.81 years, most were married, had eight or more years of study and the average length of stay was 24 days. However, other data were in contrast to the findings of this study, in which the average age was 84.5 years, most were widowed, illiterate or had incomplete elementary education, and the average length of stay was 4.6 days[25].

Health professionals' knowledge of religiousness and spirituality of the QoL and the SWL of hospitalized octogenarians can provide them with subsidies to strengthen the mechanisms related to treatment. The good reception and listening, integration of the facets of religiosity and spirituality, QoL and SWL, on the part of health professionals, can improve health practices and, consequently, improve personalized assistance to octogenarians.

Religious, spiritual and SWL aspects interfere with individuals' QoL and are basic human needs that can be encouraged by health professionals to promote health for the elderly in a chronic and hospitalized condition. Religion and spirituality are very strong

aspects in people's lives, and it is relevant to consider this aspect as a supporting factor in the recovery process of hospitalized elderly people. Thus, the experience of spirituality and spiritual support, transmitted by health professionals to these patients, are shown to be important tools in this moment of fragility, spreading comfort, hope and a better understanding of the disease. There is no doubt that health professionals need to be prepared and knowledgeable in the direction of humanized assistance to the hospitalized elderly, which addresses, in addition to many other aspects, their spiritual needs, using instruments such as valuing beliefs, communication, humanization and encouraging religious and spiritual activities, in order to achieve better SWL and QoL[26].

Study limitations

This study has as a limitation the fact that it was carried out in a single center, with assistance only provided to patients in the public health system, which may not represent other realities. The results of this study cannot be generalized, since they bring specific characteristics of a specific region of the country.

Contributions to nursing

The study provided an insight into octogenarians' QoL and their religious and spiritual experiences. As it is a very specific population and has been growing nationally and internationally, studies must understand the needs of this audience.

CONCLUSION

The greater the spiritual experience experienced by hospitalized octogenarians, the better the WHOQOL-BREF psychological, social relations and environment scores, as well as the scores for the past, present and future activities facets; and intimacy of the WHOQOL-OLD. The greater the spiritual experience, the better the social involvement assessed by the Satisfaction With Life Scale.

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