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ORIGINALS

Spiritual practices and quality of life in elderly patients in a peruvian hospital

Practicas espirituales y calidad de vida en pacientes adultos mayores en un hospital peruano

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ABSTRACT:

Introduction: Spirituality and quality of life maintain a positive relationship, where the former acts as a fundamental pillar for integral well-being.
Objective: To analyze the relationship between spiritual practices and the quality of life of older adults in a Peruvian Public Hospital.
Material and Methods: Quantitative, non-experimental, descriptive approach, probabilistic sampling by 340 patients. Validated instruments were used: Daily Spiritual Experience Test (DSES) with 16 items distributed in 11 dimensions, Quality of Life Scale: WHOQOL-OLD, with 24 items in 6 dimensions. Both tools use Likert scales and demonstrated high reliability, with Cronbach's alpha coefficients of 0.899 and 0.790, respectively.
Results: The sample was characterized by a predominance of women (69.7%; n=216), Age ($\bar{X}$= 67.72 and SD= 6.44) and older adults between 60 and 69 years old (63.5%). In terms of spirituality, high levels of gratitude (63.5%), divine support (58.8%) and spiritual exercises (55.9%) stood out. The highest level of spiritual practices, 43.2% and 12.1% experienced a regular quality of life. Finally, a significant association was found between the female sex and the variables of spiritual practices (45.0%) and quality of life (47.6%).
Conclusions: The results of the statistical analysis using Spearman's Rho revealed a moderate positive correlation (rs = 0.423) with a level of statistical significance (p = 0.000). It is confirmed that both variables covary directly: an increase in spiritual practices is linked to a proportional improvement in the quality of life of the population under study.

Keyword: Spirituality; quality of life; older adults.

RESUMEN:

Introducción: Espiritualidad y la calidad de vida mantienen relación positiva, donde la primera actúa como un pilar fundamental para el bienestar integral.
Objetivo: Analizar la relación entre prácticas espirituales y la calidad de vida de los adultos mayores de un Hospital Público Peruano.
Material y Métodos: Enfoque cuantitativo, no experimental, tipo descriptivo, muestreo probabilístico por 340 pacientes. Empleándose instrumentos validados: test de Experiencia Espiritual Diaria (DSES) de 16 reactivos distribuidos en 11 dimensiones, Escala de Calidad de Vida: WHOQOL-OLD, con 24 ítems en 6 dimensiones. Ambas herramientas utilizan escalas Likert y demostraron una alta confiabilidad, con coeficientes Alfa de Cronbach de 0,899 y 0,790, respectivamente.
Resultados: La muestra se caracterizó por un predominio de mujeres (69.7%; n=216) Edad ($\bar{X}$= 67.72 y DE= 6.44) y adultos mayores de entre 60 y 69 años (63.5%). En cuanto a la espiritualidad, destacaron los niveles altos en gratitud (63.5%), apoyo divino (58.8%) y ejercicios espirituales (55.9%). El nivel más elevado de prácticas espirituales, el 43.2% y el 12.1% experimentaron una calidad de vida regular. Finalmente, se encontró asociación significativa entre el sexo femenino y las variables de prácticas espirituales (45.0%) y calidad de vida (47.6%).
Conclusiones: Los resultados del análisis estadístico mediante Rho de Spearman revelaron una correlación positiva moderada (rs = 0.423) con un nivel de significancia estadística (p=0.000). Se confirma que ambas variables covarían de forma directa: un incremento en las prácticas espirituales se vincula con una mejora proporcional en la calidad de vida de la población en estudio.

Palabra Clave: Espiritualidad; calidad de vida; adultos mayores.

INTRODUCTION

The importance of spirituality in health lies in its ability to provide tools for hope and well-being, determining factors in the quality of life of patients in critical stages[1]. This aspect is especially relevant for the elderly, a group that the WHO identifies as vulnerable and constantly growing. Given that it is projected that by 2030 one in six people will be over 60 years old, it is essential that the health system must adapt to a world where longevity and chronicity demand stronger emotional and spiritual support from these people globally.

With one in six people projected to be over the age of 60 by 2030, it is essential that the healthcare system adjusts to an environment where longevity and chronic disease require more robust emotional and spiritual support globally. It is anticipated that by 2050, the global population of people over 60 years of age will exceed 2100 million, representing an increase of more than 426 million compared to 2020 figures[2].

In the face of this accelerated aging process, especially notable in Latin America and the Caribbean, PAHO has promoted the "Decade of Healthy Aging (2021-2030)" in order to improve the quality of life of this demographic sector[3].

During the 1950s, Peruvian demographics were predominantly young, with 42% of the population under the age of 15. However, by 2023, this group was reduced to 24%, while the segment of adults over 60 years of age experienced significant growth, going from 5.7% to 13.6%[4]. This process of population aging leads to a natural deterioration of physical and cognitive abilities, which increases vulnerability to diseases and affects general well-being[5].

The sustained increase in life expectancy, derived from technological, medical and food innovations, has placed the care and well-being of the elderly population as one of the greatest priorities and challenges for health and social protection structures worldwide[6].

According to the WHO, the emotional condition is understood as the subjective perception of the individual about his or her reality, inserted in a specific cultural and value context. This vision integrates psychological, biological, and social dimensions, being directly linked to the exercise of autonomy, the search for well-being, and harmonious interaction with their environment[7].

Lately, research on quality of life has established itself as a fundamental axis for understanding how individuals perceive their own well-being[8].

It is necessary to provide support to the population group under study, which is constantly increasing; They need to receive quality care and empathize with the spiritual care of nursing professionals, so that they can cope with their illnesses and have opportunities for comprehensive and dynamic care, focused on a better aging process.

After the incorporation of the concept of spirituality into the concept of health and its expansion, the question arises about the benefits it brings to humanity. Science has shown interest in investigating the subject. Studies and research show how a group of 65-year-old adults immerse themselves deeply in their spiritual and religious essence[9].

Spirituality is considered an essential pillar of the human essence; it stands as a fundamental pillar in the health field to effectively face ailments, especially in nurses, by offering spiritual care that facilitates dynamic and comprehensive care, focused on healthy aging[10].

Various studies carried out in Latin America indicate that spirituality acts as a valuable resource for the integral health of the elderly, facilitating a more positive predisposition to the health challenges of aging[11].

From another point of view, for Alcocer and Muñoz, spirituality acts as a bridge between this journey and offers a purpose in life, a logic of the moment and a compass to face it. This phenomenon intensifies with the passage of time and reveals the relevance of this facet in human life. Patient care is crucial, because it offers emotional resources such as hope and strategies to face the obstacles of the disease, it increases the excellence of life and simplifies wise decisions that the elderly have[1,12].

Angana et al. in India found that spirituality advocates that the elderly retain hope in their existence, maintaining vigorous emotional health[13]. Barreto et al. in Brazil concluded that the spiritual realm emerged as a crucial ally, increasing the improvement of health, as well as reducing the probability of suffering from melancholy[14]. According to Goicochea and Reyes, there is an inversely proportional relationship between quality of life and spiritual well-being in the Peruvian context. The authors suggest that declining health acts as a catalyst that drives individuals to seek comfort and refuge in spirituality[15].

In summary, spirituality is a fundamental axis in the well-being of the elderly, given its favorable impact on the physical and mental dimensions, which has a direct impact on their quality of life. Therefore, it is imperative for public health to investigate the

relationship between spiritual practices and general well-being in elderly patients attending hospitals.

The study is crucial, as it will allow the design of spiritual care strategies to solve or mitigate challenges; Despite the lack of resources, the elderly encounter the challenges that the elderly face in this journey of understanding spirituality and well-being in our field, exploring the connection between spiritual ceremonies and the quality of life of the elderly who visit a Peruvian hospital.

MATERIAL AND METHOD

Fundamental, binding and non-experimental research, covering all elderly people visiting a Peruvian hospital in Ica, Peru, totaling 2,940 (period from January to December 2023). The simple randomized probabilistic study included 340 patients. Selection criteria were established for elderly patients seen in the outpatient clinic who manifested religious beliefs and agreed to participate voluntarily. On the other hand, those in critical condition, who declined to sign the informed consent or had sensory limitations (auditory or visual) were excluded.

The questionnaire was used as a tool to collect data, the survey as a method to collect data, and the survey as a strategy to collect data. The percentage was also used to support data collection. Likewise, authorization is requested from the entity to collect information from the elderly who presented to the outpatient clinic for various ailments. When applying the survey between August and October 2024, surveys with partial responses were eliminated, statistical numbers were organized, analyzed, and discussed. The tool used was organized as follows:

(a) The sociodemographic profile was determined by evaluating eight fundamental variables: age, sex, place of origin, level of education, work activity, marital status, religious affiliation and pathological history.

b) The Daily Spiritual Experience Scale (DSES) was used, which consists of 11 evaluative dimensions. Its application had the formal approval of the author, Dr. Lynn Underwood, obtained via email. This instrument stands out for its cross-cultural and religious versatility, being effective both in practitioners of various confessions (Christianity, Islam, Hinduism, Judaism, among others) and in non-religious people. In the Costa Rican context, Oñate (16) validated this instrument, obtaining a value of 0.94 in the Kaiser-Meyer-Olkin (KMO) test.

This test was developed using closed-ended multiple-choice responses, using a scale from 1 to 6: Never (1), rarely (2), often (3), most often (4), every day (5), and always (6).

The questionnaire scores were determined using the interval technique, with equal proportions on each step, and on three distinct steps: low-level (16-42), medium-level (43-69), and high-level (70-96) spiritual practices.

Considered in 11 dimensions. D1. Connection (God's Presence and Connection). D2. Joy and Meaning (Activities with a feeling of joy), D3. Comfort and strength in the face of crisis (knowing how to deal with problems feeling protected). D4. Peace (Internal calm), D5. Divine Help (Feeling that God is a constant support), D6. Divine Guidance

(guiding by faith in the decisions of each day), D7. Feeling loved (Feeling God's love in the people around us and in the heart), D8. Admiration (Feeling awe at the greatness of creation or the spiritual), D9. Gratitude and thankfulness (feeling grateful). D10. Compassionate love (empathy and altruistic attitude) and D11. Union and Proximity (Desire for union with the divine, feeling of closeness with the divine).

c) The version validated in Peru by Queirolo (Cronbach's alpha (α) and omega (ω) was used, all of them greater than 0.70 of the WHO quality of life scale (24 items, 6 dimensions)[17]. This instrument, which reported optimal internal consistency, uses a 5-level Likert scale. The total score allows us to classify the perception of the elderly into three ranges: deficient (24-56 points), fair (57-88 points) or good (89-120 points), where the highest figures indicate a higher quality of life.

6 dimensions are evaluated: D1. Sensory skills (visual, auditory, gustatory, and olfactory problems; ability to perform activities and interact with others; ability to interact and connect with others). A. Autonomy (Right to choose, dominion over one's future and reverence for freedom). D3. Past and current activities; D4. Social participation (Feeling enough activities each day; satisfaction with the time used, with the level of activity, in the community). D5. Coping with death (Worry and fear of dying, added to the anguish of not having control of the end); and D6. Intimacy (Feeling of love, companionship, and opportunities to love and be loved).

The validity and reliability of the instrument were ratified by expert judges and the application of a pilot test to 10% of the sample. The values of Cronbach's alpha obtained (0.899 and 0.790 respectively) confirm the technical solvency of the scales of spiritual practices and quality of life. It should be noted that these instruments have a history of successful use in the Peruvian context, with reliability reports consistent with previous studies conducted by Bonilla and Morales, and Queirolo[18, 17].

The collected data were initially tabulated in Excel 2024 using the palotao technique, and then processed in the SPSS v.27 software. The descriptive analysis was based on the calculation of frequencies and percentages, represented in statistical tables and figures. Likewise, after applying the Kolmogorov-Smirnov test and obtaining a significance of ($p = 0.000$), the absence of normality in the distribution was confirmed. Therefore, Spearman's Rho coefficient was used for correlational analysis, assuming a 95% confidence level of significance ($p < 0.05$).

ETHICAL CONSIDERATIONS

The analysis has considered the ethical principles established in accordance with the compass of good clinical practice of the Declaration of Helsinki. Aspects such as trustworthiness, privacy, beneficence and non-beneficence, as well as conscious consent, which each participant has signed, are highlighted. Also, the institution's research ethics committee approved it (HRI), registering through Directorial Resolution No. 751-2024 HRI/RD.

RESULTS

The mean age of the elderly was 65 years, it was $\bar{X} = 67.72$, SD = 6.44, evidencing that 63.5% were between 60 and 69 years old. 69.7% are female and 60.3% are of urban

origin. 49.7% have a primary education level, with 59.4% of their occupation being the home; likewise, 32.9% are married, 77% profess the Catholic religion, and 84.1% had previous illnesses (Table 1).

Table 1. General data on older adults in a public hospital, Peru.

General Data			Frequency	%
Age $\overline{X}$ **= 67.72** DE **= 6.44**	60-69 years old		216	63.5%
	70-79 years old		101	29.7%
	80-89 years old		23	6.8%
		Total	340	100.0%
Sex	Male		103	30.3%
	Female		237	69.7%
		Total	340	100.0%
Origin	Urban		205	60.3%
	Rural		135	39.7%
		Total	340	100.0%
Educational Level	None		14	4.1%
	Primary		169	49.7%
	Secondary		121	35.6%
	Superior		36	10.6%
		Total	340	100.0%
Occupation	Your home		202	59.4%
	Self-employed		117	34.4%
	Dependent worker		21	6.2%
		Total	340	100.0%
Marital Status	Single		105	30.9%
	Married		112	32.9%
	Cohabitant		47	13.8%
	Divorced		22	6.5%
	Widow(er)		54	15.9%
		Total	340	100.0%
Religious Belief	Catholic		262	77.0%
	Evangelical		54	15.9%
	Jehovah's Witness		21	6.2%
	Other		3	0.9%
		Total	340	100.0%
Previous illnesses	Yes		286	84.1%
	No		54	15.9%
		Total	340	100.0%

Source: Database.

There is a notable relationship between spirituality and well-being in old age: while low quality of life predominates in older adults with little spiritual activity (13.2%), those with a high level of spiritual practices enjoy a favorable perception of life in 43.2% of cases. The results of statistical analysis using Spearman's Rho test indicated a positive and moderate correlation (rs = 0.423; p = 0.000). These findings confirm a directly proportional relationship between both variables, suggesting that the increase in spiritual practices is associated with a better perception of quality of life in the elderly population (Table 2).

Table 2. Relationship between spiritual practices and quality of life in older adults in a public hospital, Peru.

Spiritual Practices	Quality of life						Total		Rho Spearman
	Poor		Regular		Good				
	f	%	f	%	f	%	f	%	
Low Level	45	13.2%	18	5.3%	7	2.1%	70	20.6%	rs = 0.423
Intermediate level	8	2.4%	56	16.5%	16	4.6%	80	23.5%	*p* = 0.000
High Level	2	0.6%	147	43.2%	41	12.1%	190	55.9%	
Total	55	16.2%	221	65.0%	64	18.8%	340	100.0%	

Source: Database

Regarding the first variable, it is observed that spiritual practices in older adults mostly reached a high level (55.9%), followed by a medium level (23.5%) and, finally, a low or deficient level (20.6%) (Table 3).

Table 3. Spiritual practices in older adults in a public hospital, Peru.

	Level	f	%
Spiritual Practices	Low Level	70	20.6%
	Intermediate level	80	23.5%
	High Level	190	55.9%
	Total	340	100.0%

Source: Database

The analysis of spiritual practices in the participating older adults revealed a predominance of gratitude, followed by the search for divine assistance and guidance. However, compassionate love showed a lower incidence, suggesting the need to strengthen health services to integrate and enhance these dimensions of well-being (Table 4).

Table 4. Spiritual practices according to dimensions, in older adults in a public hospital, Peru.

Dimensions of spiritual practices	Low Level		Intermediate level		High Level	
	f	%	f	%	f	%
Connection	60	17.6%	92	27.1%	188	55.3%
Joy and sense of transcendence of the self	32	9.4%	122	35.9%	186	54.7%
Comfort and strength	43	12.6%	136	40.0%	161	47.4%
Peace	50	14.7%	108	31.8%	182	53.5%
Divine Help	57	16.8%	83	24.4%	200	58.8%
Divine Guidance	46	13.5%	97	28.5%	197	58.0%
Perception of Divine Love	55	16.2%	136	40.0%	149	43.8%
Admiration	54	15.9%	134	39.4%	152	44.7%
Gratitude and gratitude	54	15.9%	70	20.6%	216	63.5%
Compassionate Love	62	18.2%	185	54.4%	93	27.4%
Union and proximity	59	17.4%	162	47.6%	119	35.0%

Source: Databases

The second parameter of the living condition is examined through the analysis of the second variable. predominantly as a regular level (65%) the one that obtained the

highest proportion, followed by the good level reached (18.8%) and finally the deficient level (16.2%) (Table 5).

Table 5. Quality of life in older adults in a public hospital, Peru

	Level	f	%
Quality of life	Poor	55	16.2%
	Regular	221	65.0%
	Good	64	18.8%
	Total	340	100.0%

Source: Database

The analysis reveals that, although sensory skills, social interaction and acceptance of death stand out, there is a deficit in the dimensions of intimacy and autonomy. Therefore, it is essential to strengthen the sense of otherness, the capacity for self-determination, and the promotion of activities with a personal purpose, in order to improve statistical indicators in these areas (Table 6).

Table 6. Quality of life according to dimensions in older adults in a public hospital, Peru

Dimensions of quality of life	Poor		Regular		Good	
	N°	%	N°	%	N°	%
Sensory skills	47	13.8%	250	73.5%	43	12.7%
Autonomy	77	22.6%	141	41.5%	122	35.9%
Past, Present, and Future Activities	73	21.5%	204	60.0%	63	18.5%
Social participation	54	15.9%	217	63.8%	69	20.3%
Coping with Death	62	18.2%	216	63.5%	62	18.3%
Privacy	91	26.8%	134	39.4%	115	33.8%

Source: Database

DISCUSSION

The majority of the population was found to be sixty years of age, female, married, and had a statistically significant relationship with quality of life (p=0.035) (p=0.005). Likewise, female sex, occupation at home and religious belief were significantly associated with spiritual practice (p=0.000) (p>0.05). These data are similar in terms of age group and sex to those found by Castañeda[19].

The research reveals that more than the majority of the participants in the research were men. They exhibited exceptional spirituality skills, in line with Jaihind, who stated that all participants saw spirituality as an essential pillar of their lives[20]. Lima also examines how spirituality can help to face health problems[21]. This finding remarkably resembles that of Ezati, who found that, out of a total of 211 participants, nearly fifty percent of the elderly exhibited a high level of spiritual well-being[22].

The findings of the research revealed the connection between the elderly and their thirst for spirituality, which facilitates their well-being in this vital phase, allowing them to face the changes and wear and tear of their health, and/or chronicity, etc., obtaining satisfaction, meaning in life and connection with the transcendent and divine.

The results reveal that gratitude was the dominant spiritual component, while divine protection and guidance showed similar secondary relevance. This trend reinforces Tan's statement about the positive impact of religiosity on mental health [23]. Likewise, the research shows that, for the elderly of this Peruvian hospital, spiritual practices are a determining factor in their perception of quality of life.

In agreement with the results of Saldías (over 50%), it can be deduced that spiritual and religious aspects represent fundamental pillars in the well-being of the elderly population. These elements not only provide a basis for designing programs that promote fullness in old age, but also coincide with previous literature in pointing out that the cultivation of these dimensions, through relevant pedagogical content, is a key strategy to raise the quality of life at this stage of development[24].

It is crucial to apply strategies that enhance these dimensions, since, according to Jadidi's research, transcendence is the most critical existential need in old age. For this author, this aspect is consolidated as the fundamental priority shared by older adults[25].

The essence of this concept lay in finding purpose and meaning in our existence. Participants might suggest that human existence would be a mirage and existential joy would fade away for no reason or end. They believed that one must decipher the purpose and essence of existence in order to attain existential perfection[25]. The results identified that, in the elderly, 50% of the sample has the predisposition to contribute with joy to their emotional well-being and perception of a life purpose.

In the universe of happiness and well-being, global and zone harmony was observed, highlighting sensory skills, a united social fabric and a struggle against disease. García argues that emotional well-being predominates among older patients; the average, and the variables of well-being and vital happiness are the ones that predominate, they are the ones that have the most impact on this classification[26]. In contrast, Beltrán assures that quality of life flourishes when it is valued through the creation of deep social ties, which will transform this stage into an extension and continuity of the life journey[27].

Multidimensional assessment is a formidable compass for assessing quality of life and health, both from an objective perspective and from a personal perspective. These factors can be woven intertwined to maximize well-being and health[28]. The daily well-being in the study reached a medium level, which represents a robustness in these people who require both emotional and spiritual assistance, although there is still forty percent to improve which will contribute to improving their well-being.

The results identify that it is necessary to establish guidelines for health professionals to strengthen empathy skills, assertive communication, and empower the elderly to elevate their well-being and improve their performance.

Personal well-being is significantly favored by affection, a factor that also promotes a constant positive mood in the female population. It was also identified that the marriage bond is closely related to the quality of life of the spouses. On the other hand, sociodemographic and health variables such as age, origin, education, occupation, religious beliefs, and medical history did not show a statistically significant association ($p > 0.05$). These findings contradict what was reported by Pérez et al., who found a higher quality of life in males ($U = .036$, $p < .05$); In this previous study, a slight positive

correlation was detected, highlighting the dimensions of intimacy and social relationships, with a majority of the sample having medium levels of well-being[29].
Regarding spiritual practices and quality of life of the elderly, it was discovered that poor quality of life predominates in those with a lower level of spiritual practices, while regular and good quality of life predominate in those with intermediate and high levels, thus revealing a statistical connection between both variables. Soto's findings reveal that the connection between spirituality and maturity in adulthood is evidenced in the literature that suggests spirituality could be a protective shield[30].

Molina highlights the relevance of investing in spirituality and one's own convictions as a well-being strategy, as they have revealed a notable reduction in melancholy and a notable increase in daily well-being. Findings in research on spirituality reveal a boom in emotional well-being, which speeds up progress on the existential journey.

Research is important for nursing in the case of older adults, a vulnerable population group, which requires special and personalized care, a lot of help and supervision. Likewise, this study is significant because it will increase the knowledge that health personnel have on this transcendental topic about spirituality, which is the integral essence of human success, and the elderly enjoy an exceptional quality of life.

The study is relevant because it will provide the health team with tools to help this population group, which is constantly evolving, to face their ailments. Nursing, in the field of spiritual care, discovers an opportunity that will open doors to innovative ideas for more vigorous aging.

Since there is no spiritual assistance center in hospitals in our country, we suggest the implementation of a spiritual care program to assist patients and, especially, the elderly, an age group with special needs that require individualized attention, which will strengthen their independence and value their self-esteem.

The data collected from the study encompasses older people visiting a public hospital in Peru, so the findings may not be fully applicable to all elderly people in the country or on the planet. Spiritual practices and their link to existential happiness can be influenced in practice by their multiple dimensions. Therefore, future studies with greater sample representativeness are recommended, which allow the identification of this type of relationship.

CONCLUSIONS

A directly proportional and significant relationship between spiritual practices and the quality of life of the older adults evaluated was determined. According to Spearman's Rho test, strengthening the spiritual area contributes positively to the patient's well-being. Although the sample presented a high index of spirituality, their quality of life was in a medium range, demonstrating that spirituality is a key resource to face aging. The research revealed that elderly patients have a greater capacity for attention and care.

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