




## LIFE SATISFACTION, QUALITY OF LIFE AND FUNCTIONAL CAPACITY OF HOSPITALIZED OCTOGENARIES

SATISFAÇÃO COM A VIDA, QUALIDADE DE VIDA E CAPACIDADE FUNCIONAL DE OCTOGENÁRIOS HOSPITALIZADOS

SATISFACCIÓN CON LA VIDA, CALIDAD DE VIDA Y CAPACIDAD FUNCIONAL DE PACIENTES OCTOGENARIOS HOSPITALIZADOS

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### ABSTRACT

**Objectives:** to correlate life satisfaction with quality of life and functional capacity in hospitalized elderly. **Method:** cross-sectional study with 128 octogenarians. World Health Organization quality of life instruments applied, Life Satisfaction Scales and Katz. **Results:** the higher the scores for physical health, physical capacity and social involvement in the Life Satisfaction Scale, the higher the scores in the physical, psychological, social relations, environment, perception of quality of life and health satisfaction of the quality of life instrument. The larger the domains of sensory functioning, autonomy, past, present and future activities, social participation, general quality of life and quality of life, the higher the scores on physical health, mental health, physical capacity and social involvement of the Satisfaction Scale with Life. Independent patients had higher scores on physical and mental health aspects of the Life Satisfaction Scale when compared to those with a maximum degree of dependence. **Conclusion:** the results allow guiding care strategies to health professionals who work with the elderly.

**Keywords:** Aging; Personal Satisfaction; Nursing Care; Aged, 80 and Over; Health of the Elderly; Quality of Life.

### RESUMO

**Objetivos:** correlacionar satisfação com a vida com qualidade de vida e capacidade funcional em idosos hospitalizados. **Método:** estudo transversal com 128 octogenários. Aplicados instrumentos de qualidade de vida da Organização Mundial da Saúde, Escalas de Satisfação com a Vida e Katz. **Resultados:** quanto mais altos os escores aspectos saúde física, capacidade física e envolvimento social da Escala de Satisfação com a Vida, mais altos os escores nos domínios físico, psicológico, relações sociais, meio ambiente, percepção da qualidade de vida e satisfação com a saúde do instrumento de qualidade de vida. Quanto maiores os domínios funcionamento do sensorio, autonomia, atividades passadas, presentes e futuras, participação social, qualidade de vida geral e qualidade de vida, maiores os escores aspectos saúde física, saúde mental, capacidade física e envolvimento social da Escala de Satisfação com a Vida. Pacientes independentes apresentaram maiores escores aspectos saúde física e saúde mental da Escala de Satisfação com a Vida quando comparados aos com grau máximo de dependência. **Conclusão:** os resultados permitem orientar estratégias de cuidado aos profissionais de saúde que trabalham com idosos.

**Palavras-chave:** Envelhecimento; Satisfação Pessoal; Cuidados de Enfermagem; Idoso de 80 Anos ou Mais; Saúde do Idoso; Qualidade de Vida.

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## RESUMEN

**Objetivo:** correlacionar la satisfacción con la vida con la calidad de vida y la capacidad funcional en adultos mayores hospitalizados. **Método:** estudio transversal con 128 pacientes octogenarios. Se utilizaron instrumentos de calidad de vida de la Organización Mundial de la Salud, Escalas de Satisfacción con la Vida y Katz. **Resultados:** cuanto mayor era la puntuación en los aspectos salud física, capacidad física y compromiso social en la escala de satisfacción con la vida, más alta era la puntuación en los campos físico, psicológico, relaciones sociales, medio ambiente, percepción de la calidad de vida y satisfacción con la salud del instrumento de calidad de vida. Cuanto mayores eran los dominios de funcionamiento sensorial, autonomía, actividades pasadas, presentes y futuras, participación social, calidad de vida en general y calidad de vida, mayor era la puntuación en salud física, salud mental, capacidad física y compromiso social de la Escala de Satisfacción con la Vida. Los pacientes independientes obtuvieron puntuaciones más altas en los aspectos salud física y mental de la Escala de Satisfacción con la Vida en comparación con aquéllos con nivel máximo de dependencia. **Conclusión:** los resultados permiten orientar estrategias de atención a los profesionales de la salud que trabajan con adultos mayores.

**Palabras clave:** Envejecimiento; Satisfacción Personal; Cuidados de Enfermería; Anciano de 80 o Más Años; Salud del Anciano; Calidad de Vida.

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## INTRODUCTION

Globally, the age range of elderly people having 80 years old is the one that has been increasing the most, corresponding in 2020 to 15% of the population. Brazilian octogenarians constitute 1.5% of the population, and may reach approximately 19 million in the year 2060.<sup>1</sup>

Aging causes changes in the body that sometimes make the elderly fragile, giving risks to quality of life (QOL). The number of coexisting chronic diseases, usually defined as multimorbidity, increases with advancing age, which may require more attention and differentiated care. Thus, with the changes in the age structure, it is imperative to expand the various health concepts to offer QOL to the elderly. To meet the specific demands of the elderly, health services need to have goals aimed at identifying situations of violence, abuse and initial dementia and assessing functionality. Therefore, investment in training health professionals for geriatric care is urgent.<sup>2</sup>

Aging implies social, economic, development and opportunity challenges, which are a priority to meet the needs of the elderly, allowing them fruitful longevity with more vitality. Identifying ways to improve health and well-being in old age is essential to reduce

the impact of aging, therefore, it is a fundamental issue for health professionals who care for this population and for public managers.<sup>3</sup>

With the increase in the elderly, geriatric research, in addition to being concerned with illness and disability, also focuses on life satisfaction, QOL and healthy aging. In old age, life satisfaction is influenced by health status, the burden of symptoms, functional capacity, factors related to personality and marital status. Elderly is the group of society with the highest risk of functional, physical and cognitive decline, making it important to explore associations between physical, cognitive functioning and positive health results, with life satisfaction and QOL.<sup>4</sup>

Health in the elderly can be seen as a process that aims to optimize opportunities to improve and preserve functional capacity, socialization, QOL and life satisfaction. The concept of health in the elderly is associated with the ability to maintain functionality, autonomy and self-care.<sup>5</sup> Health, then, is multifactorial and the factors that influence it are complex and comprehensive.<sup>3</sup>

Identifying factors related to QOL is important for clinical practice and public health. Worse health results, measured by hospital readmission and worse patient prognosis, are associated with impaired QOL.<sup>6</sup> QOL is characterized by multifactorial, physical, psychological and social dimensions and subjectivity related to well-being. The construction of well-being has two components, the emotional and the cognitive, called life satisfaction.<sup>7,8</sup> Thus, well-being includes the study of happiness from the perspective of positive emotions and life satisfaction.<sup>9</sup>

The individual's functional capacity depends on adequate physical and cognitive performance and can be defined as the ability to perform routine activities with autonomy and independence. Functional capacity is defined as the individual's ability to maintain his physical and cognitive functions, which are essential to preserve his autonomy and independence.<sup>10</sup> Loss of autonomy and independence often interferes negatively with QOL and life satisfaction and becomes more noticeable in old age.<sup>11</sup>

In view of the increase in octogenarians in Brazil, the high prevalence of disabilities and the growing need for more complex care for the elderly, such as hospitalization, it is necessary and fundamental to identify and disseminate life satisfaction, QOL and the functional capacity of hospitalized octogenarians to better adapt the assistance provided to them in these institutions. This study aimed to correlate life satisfaction with QOL and functional capacity of hospitalized elderly.

## METHOD

Epidemiological, cross-sectional and analytical study carried out at Hospital São Paulo (HSP) in clinical, surgical and emergency services, between June 2016 and April 2017. One-hundred and twenty-eight elderly people aged 80 and over, capable of

understanding and answering the questionnaires, who had no dementia record in their medical records agreed to participate in the study and signed the Free and Informed Consent Form.

The sample size was calculated using the stratified probabilistic sampling method proportional to the average number of patients over 80 years old, hospitalized in the six months preceding the survey. The calculation considered a level of confidence equal to or greater than 80% and an alpha of 5%, based on the characteristics age, gender, education, marital status, occupation, days of hospitalization, family income, use of medication, having a caregiver and religion. The result indicated the need for the study to include 100 patients to achieve the proposed objectives.

To obtain the data, a structured questionnaire was used in which the patient referred information about age, sex, skin color, education, marital status, occupation, days of hospitalization, family income, having a caregiver and the existence or not of a health network, support and comorbidities. The medical diagnosis of hospitalization was obtained through consultation in the medical record, with no classification of heart failure (HF) by the New York Heart Association (NYHA). Not all elderly people diagnosed with pneumonia and HF used oxygen therapy, but this variable was not included in the questionnaire. Thus, it was not possible to determine the percentage of the elderly in the research who used a device for oxygen administration.

Quality of life instruments from the World Health Organization, WHOQOL-OLD specific to the elderly population,<sup>12</sup> were used to assess QOL, and the short version, WHOLQOL-BREF,<sup>13</sup> was a generic instrument for assessing QOL; both were translated into Portuguese and validated for use in the elderly Brazilian population.

The WHOQOL-OLD consists of 24 items divided into six domains: sensory functioning; autonomy; past, present and future activities; social participation; death and dying; and intimacy. The WHOLQOL-BREF has 26 items, the first two questions refer to self-perception of QOL and health satisfaction. 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 the environment. The final scores for each domain can vary from zero to 100 points. The closer to 100, the better the QOL.

To assess life satisfaction, the Life Satisfaction Scale, validated in Brazil, was used, which 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 the Likert scale (1 = poorly satisfied, 2 = poorly satisfied, 3 = quite satisfied, 4 = satisfied, 5 = really satisfied). The closer to five, the better the level of satisfaction.<sup>14</sup>

To evaluate the elderly's ability to perform activity of daily life (ADL), the Katz Scale was used, which measures the individual's performance and degree of dependence on six items of self-care

activities: food, sphincter control, transfer, personal hygiene, ability to dress and take a bath. For the classification in level of dependency, the elderly was categorized as independent (six points), partial dependency (three to five points) and maximum degree of dependence (zero to two points).<sup>15</sup>

A list of patients aged 80 and older admitted to clinical, surgical units and to the HSP emergency service was requested daily. Then the researcher contacted the elderly in each unit to check whether they met the inclusion criteria. Afterwards, each selected participant was invited to take part in the study. When they agreed, they were interviewed individually. The reading of the instruments was performed by the researcher in a single moment, with an average duration of 40 minutes.

Descriptive analysis was used to characterize sociodemographic, economic, having a caregiver, days of hospitalization and medical diagnosis of hospitalization. For continuous variables, mean, standard deviation, median, minimum and maximum were calculated and for categorical variables, frequency and percentage. To relate QOL with satisfaction; and life satisfaction with the days of hospitalization, Spearman's correlation coefficient was used. To relate life satisfaction with functional capacity, analysis of variance was used; and to relate life satisfaction with gender, comorbidities and support network in the community, the T test was used. The level of significance was set at  $p < 0.05$  and the program used for the analysis was the Statistical Package for the Social Sciences version 19.

This study was submitted to and approved by the Research Ethics Committee of the Federal University of São Paulo, under Opinion report Nr. 1.480,631, in 2016, as the information highlighted is CAAE: 53904316.6.0000.5505. This project was carried out in accordance with the recommendations of Good Clinical Practices and Resolution No. 466 of 2012 of the Brazilian National Health Council/Ministry of Health.

## RESULTS

The average age of the elderly was 84.55, the average length of hospitalization was 4.63, most were women (81 - 63.30%), white (96 - 75.00%), widowed (68 - 53.1%), with caregiver (105 - 82.00%), retired or pensioner (121 - 94.50%), illiterate or incomplete elementary school (66 - 51.60%), with monthly family income between one and two minimum wages, the average of family income dependents was 1.92, the most prevalent medical diagnoses at hospitalization were pneumonia (12 - 10.00%) and congestive heart failure (12 - 10.00%).

There was a positive correlation between the WHOQOL-BREF domains, physical, psychological, social relationships, environment, perception of QOL and health satisfaction and aspects of physical health, physical capacity and social involvement in the Life Satisfaction Scale. The higher the scores in these WHOQOL-BREF domains, the higher the

scores for the aspects of physical health, physical capacity and social involvement. There is also a positive correlation between the WHOQOL-BREF domains, physical, psychological, social relationships, environment, QOL perception and the mental health aspect of the Life Satisfaction Scale. The higher the scores in these WHOQOL-BREF domains, the higher the score for the mental health aspect, as shown in Table 1.

Table 2 shows that there was a positive correlation between the WHOQOL-OLD domains, sensory functioning, autonomy, past, present and future activities, social participation and general quality of life and the aspects of physical health, mental health, physical capacity and social involvement of the Life Satisfaction Scale. The higher the scores in these WHOQOL-OLD domains, the higher the scores for the aspects of physical health, mental health, physical capacity and social involvement.

There was a positive correlation between the domains death and dying and intimacy of the WHOQOL-OLD and the physical and mental health aspects of the Life Satisfaction Scale, respectively. The higher the scores in these WHOQOL-OLD domains, the higher the score for the physical and mental health aspects.

There was a positive correlation between the domains death and dying and intimacy of the WHOQOL-OLD and the physical capacity aspect of the Life Satisfaction Scale. The higher the scores in these WHOQOL-OLD domains, the higher the score for the physical capacity aspect.

A positive correlation was found between the WHOQOL-OLD intimacy domain and the social involvement aspect of the Life Satisfaction Scale. The higher the score in these WHOQOL-OLD domains, the higher the score for the social involvement aspect.

Elderly people without comorbidities had a significantly higher score on the physical capacity aspect of the Life Satisfaction Scale

when compared with present comorbidities. Male patients had a significantly higher physical capacity score than female patients. Participants with support in the community reported significantly higher scores in terms of physical health, mental health, physical capacity and social involvement than those without support (Table 3).

There was a positive correlation between the social involvement aspect of the Life Satisfaction Scale and days of hospitalization. The greater the number of days of hospitalization, the higher the score for social involvement ( $p = 0.0171$ ).

Independent patients described higher scores in the physical health and mental health aspects of the Life Satisfaction Scale when compared to those with a maximum degree of dependence. Elderly people with partial dependence and independence showed higher scores in terms of physical capacity and social involvement than those with a maximum degree of dependence (Table 4).

## DISCUSSION

Some characteristics of the participants in this research, such as average age, most of them being women, retired, low education and income, were similar to the results found in a study carried out in *Sete Lagoas, Minas Gerais*. However, most of the elderly in *Sete Lagoas* reported living with spouse and not having a caregiver, which differs from the present study, in which the majority were widowed and had a caregiver.<sup>16</sup>

Average length of hospitalization and most frequent medical diagnoses in this study were 4.63 days and pneumonia and congestive heart failure, respectively. Another survey of elderly people admitted to a University Hospital in *Belém do Pará* found partially similar results, an average hospital stay of four days and the

Table 1- Correlation between the WHOQOL-BREF domains and the aspects of the Life Satisfaction Scale of hospitalized elderly. *São Paulo, SP, Brazil, 2016/2017*

WHOQOL-BREF		Physical health	Mental health	Physical Capacity	Social Involvement
Physical domain	R	0.57	0.27	0.63	0.47
	p-value	<0.0001	0.0021	<0.0001	<0.0001
Psychological domain	R	0.45	0.50	0.48	0.53
	p-value	<0.0001	<0.0001	<0.0001	<0.0001
Social relationships	R	0.22	0.18	0.32	0.33
	p-value	0.0133	0.0437	0.0002	0.0001
Environment	R	0.36	0.22	0.41	0.37
	p-value	<0.0001	0.0112	<0.0001	<0.0001
Perception of quality of life	R	0.35	0.26	0.33	0.23
	p-value	<0.0001	0.0037	0.0001	0.0084
Health satisfaction	R	0.47	0.08	0.42	0.19
	p-value	<0.0001	0.3848	<0.0001	0.0327

Spearman's correlation coefficient was used.  
Note: (n = 128).

Table 2 - Correlation between the WHOQOL-OLD domains and the aspects of the Life Satisfaction Scale of hospitalized patients. São Paulo, SP, Brazil, 2016/2017

WHOQOL-OLD		Physical health	Mental health	Physical Capacity	Social Involvement
Sensory functioning	R	0.31	0.26	0.33	0.31
	p-value	0.0003	0.0026	0.0001	0.0004
Autonomy	R	0.30	0.25	0.34	0.39
	p-value	0.0005	0.0049	0.0001	<0.0001
Past, present, and future activities	R	0.27	0.21	0.33	0.39
	p-value	0.0020	0.0157	0.0002	<0.0001
Social participation	R	0.46	0.19	0.53	0.36
	p-value	<0.0001	0.0303	<0.0001	<0.0001
Death and dying	R	0.24	0.09	0.18	0.12
	p-value	0.0054	0.2992	0.0378	0.1648
Intimacy	R	0.11	0.29	0.18	0.29
	p-value	0.2104	0.0008	0.0404	0.0011
Overall quality of life	R	0.45	0.34	0.47	0.47
	p-value	<0.0001	0.0001	<0.0001	<0.0001

Spearman's correlation coefficient was used.

Note: (n = 128).

Table 3 - Variables that showed correlation with the aspects of the Life Satisfaction Scale of the interviewees in this research. São Paulo, SP, Brazil, 2016/2017

Variables - mean (SD)	Physical health	Mental health	Physical Capacity	Social Involvement
Comorbidities				
Yes	2.67 (0.80)	3.39 (0.79)	2.58 (0.77)	2.99 (0.85)
No	3.16 (0.63)	3.64 (1.15)	3.46 (0.80)	3.51 (1.03)
<b>Total</b>	<b>2.69 (0.79)</b>	<b>3.41 (0.81)</b>	<b>2.63 (0.80)</b>	<b>3.01 (0.87)</b>
p-value	0.1390	0.6287	0.0114	0.1841
Sex				
Female	2.64 (0.81)	3.44 (0.76)	2.53 (0.78)	3 (0.86)
Male	2.79 (0.77)	3.34 (0.88)	2.80 (0.81)	3.03 (0.88)
<b>Total</b>	<b>2.69 (0.79)</b>	<b>3.41 (0.81)</b>	<b>2.63 (0.80)</b>	<b>3.01 (0.87)</b>
p-value	0.2028	0.4551	0.0409	0.8060
Community support network				
Yes	2.9 (0.74)	3.64 (0.60)	2.88 (0.83)	3.23 (0.83)
No	2.60 (0.80)	3.29 (0.87)	2.5 (0.76)	2.91 (0.87)
<b>Total</b>	<b>2.69 (0.79)</b>	<b>3.41 (0.81)</b>	<b>2.63 (0.80)</b>	<b>3.01 (0.87)</b>
p-value	0.0337	0.0189	0.0103	0.0360

The T test was used.

Note: (n = 128).

Table 4 - Correlation between aspects of the Life Satisfaction Scale and the Katz Scale of the study participants - São Paulo, SP, Brazil, 2016/2017

Life Satisfaction Scale - mean (SD)	Katz scale			Total	p-value
	Maximum degree of dependence	Partial dependence	Independent		
Physical health	2.46 (0.78)	2.83 (0.75)	3.02 (0.74)	<b>2.69 (0.79)</b>	0.0035
Mental health	3.19 (0.85)	3.54 (0.73)	3.69 (0.72)	<b>3.41 (0.81)</b>	0.0148
Physical Capacity	2.4 (0.75)	2.75 (0.80)	2.96 (0.76)	<b>2.63 (0.80)</b>	0.0024
Social Involvement	2.64 (0.89)	3.34 (0.68)	3.35 (0.73)	<b>3.01 (0.87)</b>	<0.0001

Analysis of variance was used.

Note: (n = 128).

most prevalent diagnoses were cardiovascular, digestive, endocrine and metabolic diseases.<sup>17</sup>

The higher the scores of the octogenarians of this study in the aspects of physical health, physical capacity and social involvement of the Life Satisfaction Scale, the higher the scores in the physical, psychological, social relations, environment, perception of QOL and WHOQOL-BREF health satisfaction. Having physical capacity is an indispensable condition for carrying out routine activities in an autonomous and free way. However, over the years this bodily function suffers losses that end up becoming silent mutilators of functional capacity, temporarily or permanently, and which can interfere with the elderly's perception of their QOL and life satisfaction.<sup>11</sup> Having life satisfaction can be a protective factor for the development of physical or psychological disorders that may be related to risky behaviors against one's life.<sup>10</sup> Successful aging is associated with having personal relationships, the ability to perform daily tasks and autonomy. Elderly people report better QoL linked to social relationships, because social contact makes them feel valued, belonging to some place/person, productivity and visible in society.<sup>18,19</sup>

It was observed that the higher the score of the interviewees in the mental health aspect of the Life Satisfaction Scale, the higher the scores in the WHOQOL-BREF, physical, psychological, social relations, environment and QOL perception domains. Healthy aging is accompanied by QOL and a feeling of well-being and must be developed throughout the life trajectory. Healthy aging is due to the interaction between physical health, mental health, functional capacity, socialization, family and financial independence. In addition, staying active and involved with social and leisure activities for this age group can influence life satisfaction.<sup>19</sup>

In this research, the higher the scores in the domains of sensory functioning, autonomy, past, present and future activities, social participation and general quality of life of the WHOQOL-OLD, the higher the scores in the aspects of physical health, mental health, physical capacity and social involvement of the Life Satisfaction Scale. QoL and life satisfaction of the elderly can influence various aspects such as physical, mental, emotional health, as well as being influenced by social relationships, productive activity and self-perceived health. The impairment of functional capacity and autonomy in the elderly causes more insecurity and the need for care, causing damage to life satisfaction and QOL.<sup>20</sup>

In addition, the higher the scores of respondents in the domains of death and dying and intimacy of the WHOQOL-OLD, the higher the score in the physical capacity aspect of the Life Satisfaction Scale. Fear of death plays a critical role in maintaining physical and mental health among the elderly. Spirituality and life satisfaction can be effective in reducing anxiety related to fear of death.<sup>21</sup> Although old age is not synonymous with disease, as the individual grows older, he/she is subject to the involvement of multi-morbidities as well as to the impairment of functional capacity,

which can negatively interfere in the intimacy domain, which assesses the ability to have personal and intimate relationships. Not having a partner can contribute to the fact that the elderly person does not have other personal and intimate relationships and can thus have a greater impact on the intimacy facet and collaborate for worse life satisfaction. In this study, most octogenarians were widowed and had a caregiver, which may be related to the results found between the domain of intimacy and functional capacity.<sup>22,23</sup>

The higher the score of the participants of this research in the WHOQOL-OLD intimacy domain, the higher the score of the social involvement aspect of the Life Satisfaction Scale. Despite the elderly being hospitalized and being widowed, the high performance in the intimacy domain can be explained by the satisfaction with the coexistence during visits with their family and friends and the possibility of having intimate relationships before the hospitalization period, since the respondents think about their life in the last two weeks to answer the questions of the QOL instrument. Performing leisure, cultural, religious, socializing and financial activities is important for a better evaluation of QOL and satisfaction for the elderly. The elderly who attend social groups for the elderly have better scores related to the perception of QOL. These groups offer the opportunity for socialization, guidance, information and physical and leisure activities, a tool that contributes to the life satisfaction and QOL of the elderly.<sup>24</sup>

Octogenarians without comorbidities reported a significantly higher score on the physical capacity aspect of the Life Satisfaction Scale when compared to comorbidities. QOL and life satisfaction are influenced by demographic, clinical and behavioral variables.<sup>25</sup> Elderly had a significantly higher score in the physical capacity aspect than the elderly. This may be related to the fact that women have a longer life expectancy than men, being more prone to a greater number of chronic diseases and comorbidities, resulting in functional limitations and disabilities.<sup>19</sup>

Participants who had support in the community had significantly higher scores in terms of physical health, mental health, physical capacity and social involvement than those without support. The better QOL and life satisfaction of the elderly are related to maintaining independence and having a social support network. These networks are associated with positive outcomes related to various aspects of health, favoring life satisfaction.<sup>20</sup>

The hospitalization of the elderly brings the possibility of cognitive changes due to the departure from their routine and daily habits, family and friends and work, which can cause damage to their QOL and life satisfaction.<sup>26</sup> In this study, however, the greater the number of hospitalization days for octogenarians, the higher the score for the social involvement aspect of the Life Satisfaction Scale. This may be related to the reception and identification of anxieties, anxieties and fears of the elderly by the Nursing team in the units surveyed. A study reveals that the main link between the patient and the hospital occurs through the nurse, as it is the



professional who routinely promotes the maintenance, recovery and rehabilitation of health through care. Thus, patient satisfaction corresponds to their perception of the care received.<sup>27</sup>

Patients classified as independent had higher scores on the physical health and mental health aspects of the Life Satisfaction Scale when compared to those with a maximum degree of dependence. The burden on the family and on the health system can be very great when there is a loss of functional capacity, making it impossible for the elderly person to self-care, negatively affecting QOL and life satisfaction. Therefore, independence for daily activities can be associated with the feeling of life satisfaction.<sup>28</sup>

The elderly classified as partially dependent and independent reported higher scores in the aspects of physical capacity and social involvement of the Life Satisfaction Scale than those with a maximum degree of dependence. Successful aging is accompanied by maintenance of the ability to function, providing autonomy as well as a feeling of security, contributing to well-being and more life satisfaction.<sup>28</sup>

## CONCLUSION

The higher the scores of the octogenarians in the aspects of physical health, physical capacity and social involvement of the Life Satisfaction Scale, the greater the physical, psychological, social relationships, environment, QOL perception and WHOQOL- BREF health satisfaction. It was also observed that the higher the score in the mental health aspect of the Life Satisfaction Scale, the higher the scores in the WHOQOL-BREF, physical, psychological, social relations, environment and QOL perception domains.

The higher the scores of the elderly in the domains of sensory functioning, autonomy, past, present and future activities, social participation and general quality of life of the WHOQOL-OLD, the higher the scores in the aspects of physical health, mental health, physical capacity and social involvement the Life Satisfaction Scale. The higher the scores of the elderly in the domains of sensory functioning, autonomy, past, present and future activities, social participation and general quality of life of the WHOQOL-OLD, the higher the scores in the aspects of physical health, mental health, physical capacity and social involvement the Life Satisfaction Scale. In addition, the higher the scores in the death and dying and intimacy domains of the WHOQOL-OLD, the higher the score in the physical capacity aspect of the Life Satisfaction Scale. The higher the score in the WHOQOL-OLD intimacy domain, the higher the score for the social involvement aspect of the Life Satisfaction Scale.

Octogenarians without comorbidities reported a significantly higher score on the physical capacity aspect of the Life Satisfaction Scale when compared to comorbidities. Those with support in the community showed significantly higher scores in terms of physical health, mental health, physical capacity and social involvement when compared to those without support. The longer the hospital

stay, the higher the score for the social involvement aspect of the Life Satisfaction Scale.

Patients classified as independent reported higher scores on the physical and mental health aspects of the Life Satisfaction Scale when compared to those with a maximum degree of dependence. Elderly showed a score in the aspect of physical capacity significantly higher than the elderly. Those classified as partially dependent and independent reported higher scores in terms of physical capacity and social involvement in the Life Satisfaction Scale than those with a maximum degree of dependence.

This research is limited by 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 the realities of other health services located in other regions of the country. However, it offers an overview of the correlation between life satisfaction with QOL and with the functional capacity of hospitalized octogenarians.

These findings still contribute to discussions about predictors that influence life satisfaction of octogenarians and indicate the need for public investments in public policies that guarantee not only disease prevention, but also health promotion. The results can help health professionals who work with this population to direct their care also towards the prevention or mitigation of factors that impair life satisfaction.

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