

**Aging Successfully:
A literature review**

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MICHELE OWENS
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**TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DALLAS CENTER**

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Introduction

In the United States people are living longer than ever before. The National Institute of Health on Aging reports that there are currently about 35 million Americans aged 65 and over, and this number is expected to double within the next 25 years. This is partly due to the fact that Americans are living longer because of better lifestyles, modern medicine, and attention to environmental influences (U.S. National Institutes of Health, 2008).

Since people are living longer there has been a great deal of interest in remaining in the best of health during these years. There are many organizations such as the National Institute of Aging and the American Association of Retired Persons that supports and encourages research projects for just this purpose. The UCLA Center on Aging whose motto is “living better longer” reports that “since 1996, there has been increasing interest in how to define, and how to accomplish, what we call "successful" aging” (UCLA Center on Aging, 2008). One particular study the MacArthur Study of Successful Aging studied a large group of elderly between the late 1980’s to early 1990’s with a focus on investigating what factors influenced the physical and cognitive functioning of elderly adults (UCLA Center on Aging, 2008).

The term “successful aging” was first used over 50 years ago; however it gained renewed popularity in 1987 when Rowe and Kahn had an article printed in the journal *Science*. In this article the authors proposed that the effects of aging were caused primarily by disease and that successful aging would be aging without being affected by disease (Strawbridge, Wallhagen, and Cohen 2002). Rowe and Kahn, who were actually

researchers in the MacArthur Study went on to publish a book titled “Successful Aging” that was published in 1998 (UCLA Center on Aging, 2008).

Purpose

A review of literature was performed to determine what the health care community determines as “successful aging”. This review of literature will be used to determine what the definition of “successful aging” is or what it should be. This will in turn allow for the development of an assessment tool and intervention set that will aid community-dwelling elderly patients to successfully age.

For the purposes of stating the research question, the format described by Straus, Richardson, Glasziou, and Haynes (2005) is used:

Four- part question (PICO)

1. Patients or problem of interest: What constitutes “successful aging”?
2. Intervention: Understanding the criteria for successful aging in order to develop a care plan for optimizing the health of elderly.
3. Control: When compared to usual care.
4. Outcome of interest: Determining most important criteria for “successful aging”.

Justification

As Americans age it is assumed that they want to live as long as possible without disease, disability, decreased quality of life, and have optimal life satisfaction. One disadvantage of aging is the amount of money currently spent on health care. The National Bureau of Economic Research (2007) reports that Medicare paid out \$374 billion in benefits in 2006, and that this number is expected to increase by 8% each year over the next ten years. In 2006 this amount represented 12% of total government spending. If the factors of “successful aging” are thoroughly identified and researched, accurate assessment tools can be developed that will aid in discovering in what areas an

individual or cohort need improvement in order to age successfully. Individuals and cohorts that are aging successfully will hopefully have less health care expenses and have improved functioning, quality of life, and increased life satisfaction.

Definition of Terms

For the purposes of this literature review the following terms were defined:

Life satisfaction – overall enjoyment of daily activities both past and present (Bowling & Dieppe, 2005).

Community-dwelling – living in his/her own home or the home of a relative, rather not living in a nursing home or other type of assisted living.

Quality of life – ability to enjoy normal life activities (MedicineNet.com, 2008).

Methodology

A literature review was begun with a search in the TWU library database specifically the databases of PubMed, Cochrane library, ProQuest Nursing and Allied Health Source, Journals@OVID Full text, ScienceDirect, MEDLINE, and Health Sciences: A SAGE full-text collection. The following keywords were used: aging in place, successful aging, aging, community-dwelling, home, barriers. In addition the British Medical Journal (www.bmj.com) and tracking citations in selected articles was done to select relevant literature. A further literature review will be done to focus on assessment tools and interventions for the Capstone Project.

For this part of the literature review evaluation I used the 4S organization of evidence described by Straus, Richardson, Glasziou, and Haynes (2005). I was unable to find any information that would be classified as at the ‘system’ level for this part of my literature review. I found several ‘synopses’ and ‘studies’ readily available.

Review of Literature

One review was similar in scope to this literature review. Depp and Jeste (2006) conducted a comprehensive review of studies of successful aging. They reported 29 different definitions of successful aging. They found that most definitions included some form of lack of disability with frequent inclusion of psychosocial variables. In their review they found that approximately one-third of the elderly studied met the proposed definitions of aging. They pointed out that the variables identified with successful aging varied; however, several of these were modifiable. This is an important aspect to understand in the development of a care plan to promote successful aging.

Bowling and Dieppe (2005) pointed out that “a definition of successful ageing needs to include elements that matter to elderly people” (p. 1548). The authors pointed out that the definition of successful aging varies by field, namely the medical, social, and psychological fields. The medical field basically follows Rowe and Kahn’s definition, the absence of disease and continued engagement in activity and the socio-psychological field focuses on life satisfaction, both ones’ past and present, and social participation. In addition they pointed out a third view that of the lay person or what the elderly person believes determines successful aging should also be considered in the primary definition. The authors point out that models should be tested against what the lay people feel determines successful aging in order for the elderly to regard the models as relevant to them. The authors recommended that the goal of successful aging should be thought of as a continuum of achievement instead of as an outcome, and that health care providers should consider what the person views as successful aging in order to assist them in reaching their goals.

Montress, et al. (2006) too realized that there was no true consensus on the definition of successful aging. They set out to discover what community-dwelling elderly persons considered as successful aging and whether they considered themselves as successfully aged. Most of these reported themselves to have successfully aged even though they also reported having different chronic illnesses and disabilities. The results showed that increased quality of life, resilience, greater activity, and a social network were linked to subjective ratings of successful aging. Reichstadt, Depp, Palinkas, Folsom, and Jeste (2007) also wanted to determine what factors older adults related to successful aging. They used a focus group technique of community dwelling older adults as their subjects. This group also found that the subjects place more emphasis on psychosocial variables as important to successful aging then on physical functioning variables. These participants mentioned activity and social engagement as key factors in successful aging.

The primary definition of successful aging identified in the literature review that was used to compare most other proposed models of successful aging against was Rowe and Kahn's version. This definition is described as an outcome of successful aging and consists of elderly who are actively engaged in society, free of disease, and in good physical and cognitive health (Menec, 2003; Rowe, & Kahn, 1997; Strawbridge, Wallhagen, & Cohen, 2002). Most of the researchers discovered tended to believe that this definition was too strict. Strawbridge, Wallhagen, and Cohen (2002) concluded that in order for a definition of successful aging to be accurate it must include a component of well-being, not just an association with longevity and lack of disability. Von Faber, et al. (2001) concluded that from their research the elderly participants placed more importance on overall well-being on successful aging than on overall-functioning. They further

pointed out that the participants regarded social contacts as an important component of overall-well-being, and that overcoming physical limitations was a necessary adaptation to successful aging.

Menec (2003) set out to prove that activity was linked to greater physical functioning, overall well-being, and survival. She used activity theory as a basis for her research which states that “the greater the frequency of activity, the greater the life satisfaction” (p. S74). She used life satisfaction and happiness as her indicators of well-being. Interviews were conducted on a sample of participants in the largest and longest running study on aging in Canada, the Aging in Manitoba (AIM) Study. Her study did not show that life satisfaction significantly increased with activity only that was slightly related ($p < .074$), but did show that activity was significantly related to increased happiness ($p < .001$). She also concluded that overall activity level was related to better functioning and reduced mortality.

Roos and Havens (1991) also used data from the Manitoba Longitudinal Study on Aging. They defined successful aging as remaining physically and functionally independent, not a resident of a nursing home, and scoring seven or more correct answers on a Mental Status Test, therefore having a chronic illness was not seen as having a negative impact on successful aging as long as the person met the other criteria. The authors concluded that a significant group of these elderly that survived the 12 year study aged successfully according to their criteria and that they also expressed more life satisfaction and incurred less health care expenditures than those who did not age successfully. They further pointed out that those who did not age successfully were more

likely to have had a spouse die, assessed themselves as being in poor health, forced to retire, or developed compromised mental status.

Conclusions

After reviewing the literature, it was discovered that there truly is no clear consensus as to the proper definition of successful aging. Basically, from the review it seems there are two components of successful aging, the abstract term of overall well-being and the concrete term of overall functioning. The most inclusive definition will need to include aspects of physical, mental, and social functioning, and based on researchers' suggestions a component that will include a self-rated measurement of successful aging.

Due to the large amount of research that has been done with the term successful aging, Bowling and Dieppe (2005) state that "it would be unhelpful to abandon the term altogether"; however, they feel like that a broader perspective which includes older adults' perspectives is warranted. After the review, I propose to develop a new broader definition based on the recommendations, I feel that a more intervention focused term would be best for this project, I propose the term "optimizing successful aging". According to Encarta Dictionary (2004) the definition of optimize is to enhance effectiveness of something which means "to make something function at its best or most effective".

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