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Successful Aging: Definitions and Subjective Assessment According to Older Adults

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There is no standard method for measuring successful aging or a consensus on its definition. Surveys about successful aging were administered to 53 older adults in New Jersey. Participants defined successful aging as including activity/exercise (56% of responses), physical health (46%), social relationships (41%), and psychological/cognitive health (33%). Successful aging, as assessed by one question, was positively related to social support, life satisfaction, and subjective health. By understanding more about the concept of aging successfully, researchers can develop interventions to promote successful aging for older adults.

KEYWORDS healthy aging, life satisfaction, social support, subjective assessment, subjective health, successful aging

INTRODUCTION

Research on aging has demonstrated that many individuals can age successfully, and that this “success” is realized in different ways by different individuals (Bowling, 2007; Depp & Jeste, 2006; Rowe & Kahn, 1998; Strawbridge, Wallhagen & Cohen, 2002). In a review of the literature on successful aging, Depp & Jeste (2006) found 28 studies with 29 different definitions of successful aging, including both objective ratings based on
criteria determined by the researchers and subjective assessments by older adults themselves. Bowling (2007) emphasizes the need that successful aging be defined as multi-dimensional, incorporate the perspective of older adults, and be thought of as a continuous rather than dichotomous construct. To date, successful aging has been characterized as either 1) an objective assessment of an individual’s status on biopsychosocial factors compared with peers or 2) as an older adult’s subjective assessment of how they are aging.

Objective measurement of successful aging is based primarily on Rowe and Kahn’s model (1998), which emphasizes the difference between usual aging and successful aging. This model attempts to capture individuals who are doing well across three domains: avoidance of diseases/illnesses, high cognitive and physical function, and social engagement with life. Individuals who are in the top 33rd percentile across all three domains are considered aging successfully. The MacArthur study of successful aging included 1,189 adults aged 70 to 79 years in the Established Populations for Epidemiologic Studies of the Elderly (EPESE) studies who were in the top third on various measures of physical and mental function (Rowe & Kahn, 1998). In follow-up studies over eight years, participants with higher mental function were more likely to retain good physical function. Frequency of emotional support from others was also a strong predictor of maintaining physical functioning over time. In this sample of successful agers, nearly 25% improved their functioning over time, challenging the notion of aging as a course of physical and mental decline (Rowe & Kahn, 1998).

Objective models of successful aging are important because they document wellness in a stage of life that stereotypes of aging characterize as wrought with illness and dependency (Angus & Reeve, 2006). However, objective measures do not take into account subjective assessments of success in aging by older adults. Subjective measures of well-being have long been appreciated in the gerontological literature as powerful predictors of objective outcomes. For example, self-rated health has consistently been identified as a significant predictor of mortality above and beyond disease and disability (Idler & Benyamini, 1997).

While the objective model identifies individuals who are doing better than their peers in health, function and social connectedness, older adult themselves seem to be more liberal in rating their own successful aging. When objective and subjective measures of successful aging are compared within a sample, more older adults rate themselves as aging successfully than would be identified as aging successfully by Rowe and Kahn’s criteria (Strawbridge, Wallhagen & Cohen, 2002; Von Faber Bootsma-van der Wiel, von Exel, Gussekloo, Lagaay, et al., 2001; Montross, Depp, Daly, Reichstadt, Golshan, et al., 2006). Subjective measures of successful aging have been found to be associated with various measures of well-being, including life and relationship satisfaction, mental health, positive affect and perceived control (Strawbridge, Wallhagen & Cohen, 2002). Montross et al. (2006) also
found measures of leisure activity, like reading and listening to the radio were significantly related to self-rated success in aging. While subjective measures of successful aging are garnering attention, it remains unclear what the term successful aging means to older adults.

Research has shown that older adults agree with researchers that successful aging is a multidimensional concept, and include physical, psychological, functional and social health in the definition (Phelen, Anderson, LaCroix & Larson, 2004; Tate, Lah & Cuddy, 2003; Bowling, 2007). Adaptability and adjustment to change are also emphasized by older adults (Von Faber et al., 2001; Knight & Ricciardelli, 2003). More research on subjective assessment of successful aging can expand knowledge about successful aging beyond objective classification of older adults as successful or unsuccessful. Learning more about self-perceptions of successful aging may inform interventions focused in improving wellness in later life by identifying important concepts associated with “success.”

The purpose of the current study is to understand how older adults define successful aging and to examine relationships between physical health, functional ability, well-being, and subjective assessment of successful aging. This is an exploratory study of the subjective perceptions of successful aging, though prior research in this area allows us to test hypotheses. Hypothesis 1 states that definitions of successful aging by older adults will include physical health, functional ability, social relationships, and psychological well-being. This would replicate prior research on subjective assessment (Phelen et al., 1994), which adds psychological well-being to Rowe & Kahn’s (1998) objective definition. Hypothesis 2 states that measures of health (subjective rating and number of chronic illnesses), social support, instrumental activities of daily living, depressive symptoms, and life satisfaction will be correlated with a one-item, subjective assessment of “successful aging.” While hypothesis 1 focuses on defining the term successful aging, hypothesis two examines correlates of the individual’s assessment of their own success.

METHODS

Participants

Subjects in the study were community-dwelling adults, aged 60 years and older, who attended one of four senior centers in Cape May County or Atlantic County in southern New Jersey. Fifty-three individuals completed the survey in Spring 2005. Data were collected from five different locations with a subset of potential participants volunteering to participate at each site. Inclusion criteria included age over 60 years, living in the community, English speaking and reading, and ability to use a pen to complete paper questionnaires.
This protocol was approved by the UMDNJ-SOM Institutional Review Board for the Use of Human Subjects in Research. Data were anonymous.

Procedure

Surveys were distributed at senior centers in Cape May and Atlantic Counties in southern New Jersey. Participants gathered in a group setting for a brief explanation of the study. The principal investigator was available in the room to respond to questions. Participants completed the questionnaire in approximately 30 to 40 minutes. After the questionnaires were completed, the study’s principal investigator (CF) presented a lecture on a topic related to healthy aging.

Instrumentation

Demographic information including age, gender, religion, ethnicity, and years of education were collected with categories based on the U.S. Census and 2003 Statistical Abstract of the United States.

Physical health was assessed by an illness checklist that included 17 common illnesses for the elderly and the option to include additional illnesses. The list was derived from diseases and conditions that are frequently occurring and amongst the standard health conditions used in other inventories. Measures of self-rated health (poor, fair, good, very good, excellent) were also included.

Functional health was measured by the Lawton & Brody ADL/IADL scale (1969), which is a reliable, valid, and commonly used measure of functionality in older adults. There were 23 items assessing a range of basic and more complex daily tasks from toileting to managing medications. High scores were associated with higher function.

Depressive symptoms were assessed with the CES-D (Radloff, 1977), a widely used 20-item self report measure of depressive symptomatology. High scores indicate higher levels of depression.

The Satisfaction with Life Scale was used to assess satisfaction with people’s lives as a whole (Deiner, Emmons, Larson, & Griffin, 1985). This 5-item measure is a general assessment of life satisfaction, rather than focusing on any particular area (i.e., health, finances, relationships). It has been found reliable and valid (Pavot, Diener, Colvin & Sandvik, 1991).

Social support was assessed with the Short Social Support Measure (Mitchell, Powell, Blumenthal, Norten, Ironson, et al., 2003). This scale is a 7-item measure that was validated in a sample of adults recovering from a myocardial infarction. High scores indicate high levels of social support. Though this sample was not recovering from heart disease, the reliability of the scale in this sample was acceptable (Cronbach’s alpha = .883).
The definition of successful aging was assessed with an open-ended item that asked participants, “How would you define the term Successful Aging?” Participants wrote responses by hand. These qualitative data were coded using prior research (Phelen et al., 1994) and the grounded theory method (Dey, 1999) to develop categories. Nine categories identified until a saturation point. Once the categories were developed, two coders (CF and IG) independently identified which categories were included in each participant’s response. Cohen’s kappa was calculated to determine inter-rater reliability, which was in the acceptable range (kappa = .76).

Subjective rating of success in aging was assessed with the question, “How successfully do you think you are aging?” The response set included four options: not at all successfully, a little successfully, quite successfully, or very successfully.

Data were entered and analyzed with SPSS version 12 software. Descriptive statistics and simple correlations were used to test the hypotheses.

RESULTS

Demographic information on participants is summarized in Table 1. The mean age was 78 years (range, 61 to 90 years). The mean number of years of education completed was 12.71 years (range, 8 to 16 years). Eight males and 45 females agreed to participate. The sample was not ethnically diverse, with 51 Caucasians and two African-Americans. Most participants were widowed (53%), with 32% married and 15% divorced or single.

For the open-ended question “How would you define the term Successful Aging?” 74% of participants wrote responses. The most frequently

<table>
<thead>
<tr>
<th>TABLE 1 Demographic Characteristics of the Sample</th>
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<tr>
<td>Mean</td>
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<td>Age</td>
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<td>Education</td>
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<tbody>
<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>8</td>
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<tr>
<td>Female</td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Married</td>
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<tr>
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<tr>
<td>Divorced/separated</td>
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<tr>
<td>Widow/widower</td>
<td>28</td>
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<tr>
<td>Race</td>
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<tr>
<td>Caucasian</td>
<td>51</td>
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<td>African American</td>
<td>2</td>
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Note. n = number of participants.
generated response was in the activity/exercise category, with 56% of responses including this in the definition. Forty-six percent of responses mentioned physical health in the definition, 41% mentioned social relationships, and 33% mentioned psychological/cognitive health. Twenty-three percent of responses mentioned independence, 15% mentioned good daily habits like diet and sleep, and 13% financial security. Hypothesis 1—that older adults would consider health, functional, social, and psychological factors in defining successful aging—was supported.

Scores on the one-item subjective success in aging question ranged from not at all \((n = 1\) or 1.9% of the sample) to very much \((n = 11\) or 20.8% of the sample). The modal response was quite a bit \((n = 29, 54.7%)\). The mean rating was 3.2 on the five point Likert scale \((SD = .757)\).

For physical health, participants reported an average of 2.92 chronic illnesses, with a range of 1 to 7. For self assessed health, the mean response was 3.3 on a scale of 1 (poor) to 5 (excellent).

The mean score of responses on the CES-D was 14.1 with a range from 4 to 28 (the cut-off for significant depressive symptomatology is 16) and 73% of the sample scored below that cutoff. Total CES-D scores were not calculated for 16 participants due to missing data on one or more of the CES-D items.

Scores on the IADL scale reflected the high functional independence of the sample, with 78% of the sample reporting functional independence in at least six of the seven areas.

The highest possible score on the social support measure was 25, and the average score for participants in this sample was 20.5. In the original study describing the scale cut-off points were not provided, though in their sample the cut-off for the bottom quartile was 18. Thus the participants in this study seem to have comparable levels of social support as the sample on which the scale was validated.

Correlations between the variables are reported in Table 2. The subjective self-assessed success in aging question was positively correlated with self-assessed physical health \((r = .406, p < .01)\), social support \((r = .482, p < .01)\), and life satisfaction \((r = .675, p < .001)\). The successful aging question was not significantly correlated to number of physical illnesses, functional ability, or number of depressive symptoms. Hypothesis 2—that measures of health (subjective rating and number of chronic illnesses), social support, instrumental activities of daily living, depressive symptoms, and life satisfaction will be correlated with a one-item measure of successful aging—was partially supported.

**DISCUSSION**

The findings in this study replicate past research suggesting that successful aging, as defined by older adults, includes good physical health, good
Successful Aging

More participants identified activity/functional ability as important in an open-ended question about the definition of successful aging than any of the other components, highlighting the importance of creating opportunities for engagement with life to older adults living in the community. This finding has been consistently demonstrated in prior research examining correlates of successful aging (Montross et al., 2006). Economic security and daily habits were mentioned by a significant minority of participants and may be part of the definition of “success” for older adults in the general population.

A one-item question identified to rate successful aging is correlated with three of the aspects successful aging (psychological health, physical health, social support). Though there was no significant correlation with depressive symptoms (CES-D), the positive correlation between life satisfaction and successful aging encompasses a more general assessment of well-being than depressive symptomatology alone. This sample did have a relatively high average level of depression (M = 14.1, s = 6.64), with 27% of the sample in the clinically significant range. It is surprising that depressive symptoms were not related to a subjective measure of successful aging, and the negativistic thinking patterns associated with depression (Beck & Newman, 2005) may have influenced the variables measured in this study. In addition, the small sample size and/or the amount of missing data for the total CES-D score may have impacted the analysis. Future research on the relationship between depressive symptomatology and subjective assessment of successful aging in depressed and non-depressed older adults is needed.

The positive correlation between self assessed health and subjective success in aging suggests that better health is associated with higher ratings on successful aging. There was no significant correlation between number of illnesses and successful aging, suggesting that participants' perception of their health status is more related to successful aging than their actual

<table>
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<th>TABLE 2 Correlations Between Subjective Success in Aging and Measures of Health and Psychosocial Well-Being</th>
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<td>Illnesses</td>
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<td>Social Support</td>
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<td>Instrumental Activities of Daily Living (IADL)</td>
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<td>Center for Epidemiological Studies–Depression (CES-D)</td>
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<td>Life satisfaction</td>
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Note. **p < .01.
physical health status. This is consistent with findings that subjective perceptions of health predict mortality independent of disease and disability (Idler & Benyamini, 1997).

Finally, the positive correlation between social support and successful aging is consistent with prior research. Not surprisingly, individuals with higher levels of social support report higher levels of successful aging. It is, important however, to note that the Short Social Support Measure used in this study has been shown valid and reliable only in patients recovering from myocardial infarction. Though the participants in this study did have an average of 2.92 chronic illnesses and it had acceptable reliability in this sample, there are questions of the measure’s validity in a community sample that is not recovering from myocardial infarction.

The one-item question was not correlated with the measure of function in this study. This is likely due to the instrument chosen to assess for function. The Lawton and Brody scale is a measure of ability and independence. It measures a range of self-care behaviors, and because this survey was distributed to individuals who participate in community activities they are less likely to have difficulty with self-care behaviors than a more frail group. Indeed, 78% of the sample had difficulty with none or one of the IADL items. Though individuals do tend to underreport functional impairment, this level of functional independence is not a surprise given that the participants are living in the community. With such small variability in scores, it is difficult to determine correlation. Also, given the frequency with which activity/exercise was mentioned in responses to the open-ended question (56.4% of responses), it may be that older adults’ perceptions of action in the context of successful aging are more closely related to leisure and social activities than functional ability in daily activities. Perhaps a different pattern would emerge if a group of more functionally dependent seniors completed the survey, such that among those who do have compromised functional ability, the extent of the disability is negatively correlated with subjective successful aging.

This study has several limitations. One was the failure to assess for activity/exercise and cognitive ability, both of which were important in the participants’ definitions of successful aging. In addition, this was a convenience sample of older adults. A representative sample of older adults may have demonstrated more variability on each of the measures and different patterns may have emerged. Also, because only a subset of potential participants at each senior center volunteered for the study, the sample is not necessarily representative of senior center attendees. Individuals who chose not to participate may have differed qualitatively from those who did with respect the variables measured in this study, including their subjective assessment of successful aging.

This study provides additional confirmation that successful aging is a multidimensional concept, such that participants endorsed each of the
domains previously identified as important to the definition of successful aging (physical health, social support, psychological well-being, functional ability/activity). In clinical practice, practitioners can use this simple question to assess well-being across a variety of areas. Questions about subjective successful aging can also begin a conversation about setting goals for treatment and assist in developing interventions that help patient’s achieve “success” according to their own definition of the term. It also begins to establish validity of the use of a one-item question about subjective success in aging, though additional evidence of validity and reliability should be established by future research.

REFERENCES


