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Perception of successful aging: Effects of socio-demographic variables

Postrzeganie pomyślnego starzenia się. Wpływ zmiennych społeczno-demograficznych

Abstract: This study aims to determine the relationship between the successful perception of aging and socio-demographic variables. This study used a descriptive and relational model, 432 individuals at 60+ were conducted. The scale was used to determine the “Perceptions of Successful Ageing”. The average score of the scale of the older adults who participated in the study was 51.44 ± 4.80 , the average of psychosocial and economic welfare was 30.47 ± 3.24 , the physical welfare average was 13.09 ± 1.59 , and the social support provided from children the average is 7.88 ± 1.70 . There was a positive and significant relationship among some socio-demographic variables. Successful aging processes of older adults, increased age, assessing their health negatively, poor social relations, and being negatively affected by single life. It is recommended to strengthen the living environments of older adults.

Keywords: older adults, successful aging, socio-demographic variables

Streszczenie: Celem przeprowadzonego badania było określenie związku pomiędzy pomyślnym starzeniem się a wybranymi cechami społeczno-demograficznymi. W badaniu wzięły udział 432 osoby w wieku powyżej 60. roku życia. Do analiz posłużył model relacyjny oraz opisowy. Wykorzystano też skalę do określenia „Postrzegania Pomyślnego Starzenia się”. Średni wynik skali uczestników badania wyniósł $51,44 \pm 4,80$, średni dobrostan

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psychospołeczny i ekonomiczny to $30,47 \pm 3,24$, średni dobrostan fizyczny $13,09 \pm 1,59$, natomiast średni wynik wsparcia, jakie otrzymały badane osoby od swoich dzieci, wynosi $7,88 \pm 1,70$. Ponadto stwierdzono pozytywny związek pomiędzy pomyślnym starzeniem się a wybranymi cechami społeczno-demograficznymi. Jednym z ważniejszych zaleceń jest wzmacnianie środowiska życia osób starszych.

Słowa kluczowe: osoby starsze, pomyślne starzenie się, zmienne socjodemograficzne

Introduction

Successful aging is a phenomenon that is desired socially as well as individually. Although this concept is used differently in different countries, the issue has attracted much attention from politicians and academics. As many developed and developing countries experience an increase in life expectancy (Reichstadt et al., 2010), they also experience old age in different ways due to their economic development level and cultural differences. Policy agendas in developed countries emphasize the need for active and healthy aging in terms of health improvement, greater activity, and autonomy (Zaidi et al., 2013). Increasing cultural diversity in older populations in many developed countries poses various challenges to societies in supporting the aging population. Underlying these challenges is the lack of understanding of what successful aging means among older people in different segments of society (Teh et al., 2020). Little is known about how older people view successful aging or how they define it (Rossen et al., 2008). Although the definition of successful aging varies widely, the three-component model developed by Rowe and Kahn (1987, 1997) is widely accepted by researchers. These define successful aging as “absence of disease and low risk, high psychological and physical functionality and participation in life” (Hsu & Jones, 2012; Teh et al., 2020). When asked to define successful aging, older adults identify domains of physical functioning and health, but they also emphasize subjective domains that counterbalance physical decline, such as acceptance, attitude, adaptation, and emotional well-being (Troutman et al., 2011; Romo et al., 2012). Angel (2009) notes there are cultural and structural barriers to successful aging because disparities in health, health care access, and acculturation affect older adults Latinos’ ability to age successfully, especially when physical criteria are used. Troutman et al., (2011) examined successful aging among African Americans and found that faith was included as a component (Romo et al., 2012). Perception of aging affects the well-being of older adults and their social behavior and expectations in coping with the aging process (Löckenhoff et al., 2009). Most of the work in this area has focused on individual differences in perceptions of aging within a culture. However, increasing evidence shows that views of aging can also vary

across cultures (Giles et al., 2000). To the extent that the perception of aging reflects biologically based functional differences, relatively minor variation can be seen between cultures. In contrast, age-related changes in socio-emotional characteristics and social status seem more dependent on motivational priorities (Fung et al., 2005) and social roles (Eagly et al., 2000), rather than biological ones. Thus, perception of age-related changes in these traits may vary more across cultures. Asian countries are classified as collectivist cultures, while most Western countries are defined as individual cultures geared towards youth, and ageism is more common. While the values of countries in each broad cultural group differ from each other, collectivist cultures emphasize relationships with others, while individualistic cultures emphasize individual success and autonomy (Sung, 2001; Rossen et al., 2008). The comparisons between East / Asian and Western cultures are dominant in studies on the effects of cultural differences, values, and beliefs on the health of individuals, the issues they consider important in their lives, the meaning of “success,” and attitudes to aging (Giles et al., 2003; Stowe & Cooney, 2015). Hung et al. (2010), in their study on “healthy aging,” mention individual, family, and spiritual life issues rather than healthy aging, and it is stated that family ties and financial stability play a primary role in Eastern cultures. Such variations reflect the importance of the family collective in Eastern cultures and its emphasis on “interdependence” rather than independence in aging (Stowe & Cooney, 2015). Asian societies encourage positive views of aging and high dignity (Sher, 1984; Sung, 2001), whereas Western societies are thought to be towards young people and have more negative views about the aging process and older adults (Palmore, 1975). Research has shown that the meaning of age changes in each country, thus affecting individuals’ general attitudes (Löckenhoff et al., 2009; North & Fiske, 2015) and individual beliefs about aging differently (Kornadt et al., 2018). Initial research based on socioeconomic predictions found that higher levels of economic development and industrialization are associated with less positive attitudes towards aging and lower social status of older individuals (Simmons, 1945; Palmore & Manton, 1974). There is evidence that socioeconomic development and cultural values and beliefs can be important for intercultural differences in attitudes toward successful aging. Until today, this rich knowledge base has not been adequately linked to cross-cultural differences in perceptions of aging (Löckenhoff et al., 2009). Therefore, successful aging appears to be multidimensional and can vary depending on the individual and the individual’s interpretation of living conditions. In addition, culture, race, gender, and lifestyle play a role in defining the characteristics of successful aging. This study aims to determine the relationship between “Perception of Successful Ageing” and socio-demographic variables.

Methods

Participants

This study was conducted on individuals aged 60+. Regarding the research group size, Tabachnick and Fidell (2013) stated that the minimum number of observations should be 300. The study was carried out on 432 older adults who voluntarily accepted to participate.

Procedures

The descriptive and relational model used in this study questionnaire was applied between June 2020 and November 2019 in different regions of Türkiye. In the first stage of the research, preliminary interviews were made with researchers and older adults on the scope and possible results of the questionnaire and its benefits. Practical studies were carried out and informed with the team supporting the study material collection. Data were collected in two ways. First, seniors, who are at the level of understanding and responding to written materials, filled out the questionnaire by themselves via printed material or the Internet. Second, the researchers obtained the scale questions by interviewing older adults who are illiterate and have health problems or do not want to fill them by themselves.

Variables

Independent variables: Age, gender, marital status, education level, life arrangements, ability to do daily activities, self-rated health, chronic disease, social relations, participation in leisure time activities, economic situation, and life satisfaction.

Dependent variables: The “Perceptions about Successful Ageing” scale was used as a dependent variable in the study. The scale of perceptions about successful aging developed by Feng and Straughan (2017) is 5-Likert type. Perceptions of successful aging include a total of 12 items: Psychosocial and Economic Welfare (1, 2, 4, 9, 10, 11, and 12), Physical Well-being (5, 6 and 7), and Social Support from Children (3 and 8). The score to be obtained from the scale varies between 12 and 60. In this study, the Cronbach Alpha value was 0.691, and the KMO value was .753.

Statistical Analyses

The KMO coefficient was calculated to determine whether the data were suitable for exploratory factor analysis. KMO coefficient means that the data is suitable for analysis as it approaches 1 (Tabachnick & Fidell, 2013). The Kaiser Meyer-Olkin (KMO) coefficient was calculated to evaluate the adequacy of the sample. The study investigated the effects of independent variables on perceptions

of successful aging.[IK1] Variance analysis and t-tests were used to determine the effect of sociodemographic variables on successful aging. Data were analyzed using SPSS statistical package programming.

Results

The sample included a total of 432 participants with an average age of 71 years and a standard deviation of 6.3. About 64% of the respondents are married, more than 58% are women, and 55% have a high school or higher education level. Regarding living arrangements, approximately 74% of the participants live with their spouse and/or children. More than 58% of the participants rated their health as excellent or good, and more than 81% of the participants did not need help with daily living activities. Approximately 42% of the respondents did not report chronic disease (Table 1). 72% of the participants have face-to-face relationships daily, 73% participate in social and leisure activities, 63% find their economic situation satisfactory, and 77% are satisfied with their lives (Table 1).

Table 1. Summary of Sample Characteristics (N=432)

Variables	Descriptive statistics		
	n	%	
Gender	Female	251	58.1
	Male	181	41.9
Marital status	Currently married	277	64.1
	His wife is dead / separated	155	35.9
Educational level	Primary school	196	45.4
	Secondary school	74	17.1
	University and higher	138	31.9
	Graduate	24	5.6
Living arrangement	Living with spouse and/or child	320	74.1
	Living alone or living with others	112	25.9
Self-rated health as good or excellent	Very good / excellent	252	58.3
	Not very good / bad	180	41.7
Activities of daily living	Need help	80	18.5
	No help needed	352	81.5
Presence of a chronic disease	No any chronic condition	181	41.9
	Having at least one chronic condition	251	58.1

Variables	Descriptive statistics	
	n	%
Social relations	Communicates face to face every day	310 71.8
	Little or no face to face relationship	65 15.1
	Communicating by phone	57 13.2
Participation in social and leisure activities	Yes	317 73.4
	No	115 26.6
Economic status	Satisfied	274 63.4
	Not satisfied	158 36.6
Satisfaction with life	Satisfied	331 76.6
	Not satisfied	101 23.4
Age*	70.69±.305 (min. 60 – max. 92)	

Note: For continuous variables such as age, mean and standard deviation (in parenthesis) were provided.

The study's findings showed that the average "Perceptions about Successful Ageing" score was 51.44 ± 4.80 , and the scores varied between 28 and 60. This average is found as 30.47 ± 3.24 in the "psychosocial and economic well-being sub-dimension," 13.09 ± 1.59 in the "physical well-being sub-dimension" and 7.88 ± 1.70 in the "social support from children" (Table 2). The results of the Kolmogorov-Smirnov Normality Test conducted to determine whether the data related to the scale sub-dimensions are normally distributed revealed that the data showed a normal distribution ($p < 0.000$). When the perception of successful aging is evaluated based on the maximum scores taken from the scale, it was determined that 81.5% of older adults perceive themselves as successfully aged. The perception of successful aging of older adults is 87.1% in the psychosocial and economic welfare sub-dimension, 87.3% in the physical well-being sub-dimension, and 78.8% in the social support sub-dimension provided by children.

Table 2. Mean scores for Perception on Successful Ageing (N=432)

Scale	X±Sd	Min.	Max.
Perception on Successful Ageing	51.44±4.80*	28	60
Psychosocial and economic well-being sub-scale	30.47±3.24**	17	35
Physical well-being sub-scale	13.09±1.59**	3	15
Social support from children sub-scale	7.88±1.70**	2	10

* $p < 0,029$ ** $p < 0,001$ (Kolmogorov-Smirnov Normality Test results)

Based on the study conducted by Feng and Straughan (2017), the weighted distribution of 12 components of successful aging perceived by older adults was discussed in Table 3. The options “very important,” “important,” “not important,” and “not important” were combined to emphasize the pattern. Although all components received positive answers, the distribution according to the approaches was roughly divided into three groups. The first group (upper panel) consists of features like a set of idealized individual groups mainly related to self-efficacy, such as “being physically active,” “financially secure,” “being happy,” “having no illness” and “being able to take care of other family members” at an older age. Over 90% of the participants rated each item in this group as “very important” and “important.”

In contrast, the second group (middle panel) received a slightly less positive response. In this group, items were mainly related to maintaining social functions such as “being able to continue working,” “engaging in social activities,” “children living with me,” “having friends,” and “being able to live independently.” The last group (lower panel) includes 5-10% “I do not know” answers. This group consisted of two items that included concerns about the future of family support, such as “my wife being with me” and “children taking care of me” (Table 3).

Table 3. Subjective Components of Lay Perception on Successful Ageing

No:	Subjective component of successful ageing	Very important / important (%)	not important at all / “not important (%)	Do not know (%)
2.05.	To be physically mobile	97.2	2.6	0.2
2.04.	To be financially secure	97.0	2.8	0.2
2.12.	To be happy	96.5	2.1	1.4
2.06.	To be free of diseases	95.8	3.7	0.5
2.11.	To be able to take care of other family members	93.3	6.5	.2
2.07.	To be able to continue working	71.7	27.1	1.2
2.09.	To engage in social activity	76.6	22.7	.7
2.03.	To have children living together with me	80.8	16.4	2.8
2.02.	To have friends	89.8	10.0	0.2
2.01.	To be independent in life	88.9	9.0	2.1
2.08.	To have children taking care of me	68.5	22.5	9.0
2.10.	To have my spouse with me	82.2	11.6	6.3

*Red middle panel, green middle panel, orange bottom panel are stated.

Average old age perception scores are higher in men, those who are married, those who have a high education level, who evaluate their health positively, those who do not have a chronic disease, have high face-to-face communication, participate in social or leisure activities, and are satisfied with their life ($p < 0.05$). There was no significant difference between the groups in terms of age, living arrangements, activities of daily living, and economic status ($p > 0.05$) (Table 4).

Table 4. Distribution of older adults' "perception of successful ageing" scores according to their socio-demographic characteristics (N=432)

Variables		n	X±Sd	Test value	p
Gender	Female	251	50.91 ± 4.86	t = -2.731	0.007**
	Male	181	52.18 ± 4.62		
Married status	Currently married	277	51.80 ± 4.50	t = 2.145	0.033*
	His wife is dead / separated	155	50.78 ± 5.24		
Educational level	Primary school ^a	196	50.45 ± 5.03	F = 11.847 (ab, bc)	0.000**
	Secondary school ^b	74	51.00 ± 4.95		
	University, Graduate ^c	162	52.83 ± 4.08		
Living arrangement	Living with spouse and/or child	320	51.84 ± 4.44	t = 1.495	0.136
	Living alone or living with others	112	50.86 ± 5.68		
Self-rated health as good or excellent	Very good / excellent	252	52.17 ± 4.61	t = 3.804	0.000**
	Not very good / bad	180	50.42 ± 4.88		
Activities of daily living	Need help	80	50.58 ± 5.64	t = -1.791	0.074
	No help needed	352	51.64 ± 4.57		
Presence of a chronic disease	No any chronic condition	181	52.01 ± 4.83	t = 2.110	0.035*
	Having at least one chronic condition	251	51.03 ± 4.74		
Social relations	Communicates face to face every day ^a	310	51.83 ± 4.63	F = 7.686 (ab, bc)	0.001**
	Little or no face to face relationship ^b	65	49.32 ± 4.99		
	Communicating by phone ^c	57	51.74 ± 4.92		
Participation in social and leisure activities	Yes	317	52.22 ± 4.23	t = 5.853	0.000**
	No	115	49.28 ± 5.58		

Variables		n	X±Sd	Test value	p
Economic status	Satisfied	274	51.49 ± 4.57	t = 0.260	0.795
	Not satisfied	158	51.36 ± 5.19		
Satisfaction with life	Satisfied	331	51.78 ± 4.29	t = 2.658	0.008**
	Not satisfied	101	50.34 ± 6.07		
Age	60-69	233	20.43 ± 4.91	F = 0.326	0.722
	70-79	146	20.96 ± 4.41		
	80+ year	53	21.02 ± 5.34		

*p<0,029 **p<0,001

According to the Tukey HSD and t-test results, the psychosocial and economic well-being sub-dimension averages were found in men (p <0.01), married (p <0.01), higher education students (p <0.01), and those with high social relations (each Those who have a face-to-face relationship with those who communicate by phone) (p <0.01), those who evaluate their health positively (p <0.01), those without chronic disease (p <0.05), those who participate in social activities and leisure activities (p <0, 01) and those with high life satisfaction (p <0.01), and the difference was found to be significant. The mean psychosocial and economic well-being sub-dimensions are low in those with low education levels and minimal face-to-face relationships (p> 0.05). The physical well-being sub-dimension means those who have higher education (p <0.01), who evaluate their health positively (p <0.01), those who do not have a chronic disease (p <0.01), those who participate in social activities and leisure activities (p <0, 01) and those with high life satisfaction (p <0.01) and the difference is significant. There was no significant difference between the groups regarding marital status (p> 0.05). Average social support sub-dimension from children in widowed, separated (p <0.01), literate, and primary school education (p <0.01), negatively evaluated their health (p <0.01), those who do not participate in activities and leisure activities (p <0.05) are higher, and the difference is significant (p <0.05). There is no difference between the groups in this sub-dimension regarding chronic disease status and life satisfaction (p> 0.05). With these features, older adults in the sample exhibit a collectivist structure that emphasizes common relations with others, which is characteristic of Eastern societies. Naturally, aging norms are more similar to those in Asia, especially low education level, negative health, chronic illness, lack of communication, increased need for social support, older parent-adult child relationship and support (economic, emotional, daily life support, care, etc.) bring to the agenda; In short, it strongly emphasizes the importance of family support in old age.

Discussion

In this study, which aims to determine the relationship between the perception of successful aging of older adults and socio-demographic variables, the findings are discussed in accordance with the relevant literature. Much research has been carried out on successful aging in our country (Vural et al., 2018; Kars Fertelli & Deliktas, 2020). As far as we know, there is no research addressing the perception of successful aging of older adults in this context in our country. For this reason, the discussion was carried out over research conducted in other countries. In this study, the overall mean score of the “Perceptions about Successful Ageing” was found to be 51.44 ± 4.80 , and the overall scores of the participants were very close to the maximum score (60). The scale has no cut-off point. Approximately half of older adults who participated in the study (49.5%) had a perception of aging score above the average. More than half of older adults (58%) rated their health as excellent or good, and more than 81% do not need help with daily living activities. 81.5% of older adults also consider themselves as successfully aged. Montross et al. (2006) reported in their study that the vast majority of older adults (92%) consider themselves to have successfully aged, but only 15% have no physical illness or disability. Subjective scores of successful aging showed a more significant correlation with health-related quality of life, resistance, more activity, and number of close friends. Research results show that successful aging is not only associated with chronic diseases and disability, but most older adults see themselves as successful aging despite chronic physical diseases and some disabilities. In the study conducted by Teh et al. (2020), approximately half of the participants defined the goal of health protection as minimizing and postponing the burden of care for their children. Although the responses in all 12 components of successful aging perceived by older adults were positive in this study, they were divided into three groups: upper, middle, and lower panels. The top panel included “being physically active,” “being financially secure,” “being happy,” “not having a disease,” and “being able to take care of other family members.” In this study, while “being independent in life” was not included in the top panel, “being able to take care of other family members” was evaluated in the top panel. It is seen that “self-sufficiency” and caring for family members are important for older adults in our country. In the study by Feng and Straughan (2017), those related to self-efficacy, such as “being happy,” “being physically active,” “not having a disease,” “being financially secure,” and “being independent in life” are listed in the top panel. In the study conducted by Amin (2017) in Bangladesh, “low risk of disease and disability” is perceived as an important dimension of successful aging. This was followed by financial security, family and intergenerational care, spirituality, gender, community engagement, and volunteering. In this study,

functional independence is the most emphasized in Western models. Therefore, for Bangladeshi older adults, living with children, being financially, physically, and emotionally dependent on the family, and being cared for by them is considered normal and appropriate. Phelan et al. (2004) concluded that older people's views on successful aging are far more dimensional and complex than most published studies that focus on one aspect of health (psychological or physical). Torres (1999) associated Americans' perception of old age with self-sufficiency and the ability to live alone, while Hong Kong residents do not understand why individuals want to be self-sufficient in old age and see their family's willingness to meet their needs as a sign of successful aging. In her study in India, Lamb (2014) observed the "absence of commitment to independence and physical and mental exercise," which is the biggest concern of Americans. Hsu (2007) stated that among older adults in Taiwan, "family and social support, domination of life, health, enjoyment of life and autonomy" are the five most important criteria for successful aging. In the qualitative study by Duay and Bryan (2006), establishing relationships with others, coping with changes, and protecting physical, mental, and financial health emerged as important factors in the successful aging process. In a study by Bowling and Dieppe (2006), when participants were asked to describe successful aging, the answer was to be healthy and functional. However, these have generally been mentioned along with other features of successful aging. Indeed, participants' definitions of successful aging are comprehensive and multidimensional. They are categorized as success, delightful diet, financial security, neighborly relations, physical appearance, productivity and contribution to life, sense of humor, sense of purpose, and spirituality. In the study conducted by Zhang et al. (2018), individuals who are "independent," "have friends," and "engage in social activities" are those who are better educated, have better self-health, and report that they have no chronic illness. The idea of "getting rid of chronic illness" is accepted as an important element of successful aging regardless of socio-demographic and health differences. In this study, items related to maintaining social functions, such as "being able to continue working," "engaging in social activities," "living with children," "having friends," and "living independently" were included in the middle panel. In the study conducted by Feng and Straughan (2017), the middle panel includes "taking care of other family members," "having friends," "being able to continue working," and "engaging in social activities." Although there are similarities in both studies, in this study, "children living with me" and "being able to live independently" took place in the middle panel. In the study by Teh et al. (2020), independence was expressed as a necessity for good health and financial competence. Moreover, more than half of the participants reported on the importance of autonomy and evaluated it as not wanting to burden others. The same study emphasized that active participation is necessary for aging,

and continuous learning, exercise, music, travel, playing chess, reading, and volunteering were among the activities. In the same study, the participants expressed the importance of social connectedness. Older adults with communication difficulties stated that there is not a place where they can interact with others. In the study conducted by Reichstadt et al. (2010), the participants emphasized the importance of being surrounded by people and having a “sense of connection” and “feeling that somebody cares.” In the same study, older adults stated a critical need for maintaining or improving social relations, community, and social support (retirement associations, participation in social organizations, etc.). Friends who were even closer than spouses or family members were often cited as sources of support and were seen as the driving force behind the participants’ sense of joy and well-being. Ng et al. (2009) found education, better housing, social networks, support, spirituality, and nutrition to be salient factors associated with successful aging in Chinese older adults in Singapore.

In the third panel of this study, there were two items about the future concerns about family support, such as “my wife being with me” and “children taking care of me.” In the study conducted by Feng and Straughan (2017), those related to family support, such as “my wife being with me,” “children living with me,” and “children taking care of me,” are listed in the bottom panel. In the study of Chung and Park (2008) on low-income older adults in South Korea, three primary factors, “life, children’s success, and relationships with others,” came to the fore. Interestingly, older adults in this study underline the role of family relationships as the most critical component of successful aging. In this study, the expectation of living with the spouse and caring for the children with the older adult stands out. This suggests that in other Asian countries and Türkiye, family expectations of older adults come forward in the old age period. Chin and Phua (2016) found that there is a strong family bond that is particularly deeply rooted in Asian values and local aging culture, that the family is the first line of support for older people, and children are the largest financial resource provider for older adult parents, and it was stated that they were expected to stay at home for long-term care. In the study by Teh et al. (2020) on Chinese living in Australia, all the older adults talked about their relationships with their children while considering the meaning of aging. While frequently referring to the concept of child attachment in varying degrees, on the other hand, it has been observed that older adults maintain their traditional expectations of providing financial and physical care for their children when such needs occur. In this study, low education level, negative health level, chronic illnesses, and lack of communication increase the social support needs and expectations of older adults. In this respect, the study findings are similar to those conducted in Eastern societies. In the study by Teh et al. (2020), older adults emphasized the importance of positive

attitudes in aging. They saw a positive attitude toward aging as the primary condition of successful aging and stated, "If you have a good attitude, other characteristics will be normal." As can be understood from here, positive attitudes are more important than anything else for perceptions toward successful aging. In the study conducted by Reichstadt et al. (2010), positive attitudes were frequently emphasized. Most older adults stated that it is important to develop coping strategies used to acknowledge or adapt to life's difficulties, such as the loss of a spouse, friends, and/or family, inability to drive and/or physical disabilities. Rowe and Kahn (1998) state that social connectedness affects health in various ways in old age. These are the lack of isolation or social ties, the lack of emotional support and physical assistance, and the lack of supportive social relationships. Unnecessary or unwanted support can also deprive older adult of their self-esteem and independence.

Conclusion

The findings of this study have several implications for future studies and policies for the aging population in Türkiye. Understanding what constitutes successful aging for older individuals themselves can help future definitions of successful aging and subsequently develop care models, interventions, and policy reform. However, successful aging components and processes accepted in Western countries may not be appropriate to explain successful aging in Türkiye and many Asian countries.

Although the literature on successful aging has developed through the work of researchers from various disciplines, the main themes are psychosocial or biomedical approaches. However, more research is needed to address the needs of specific groups among minority older adult populations (Dillaway & Byrnes 2009; Lewis, 2010). Cho et al. (2012) found that older adults aged 80 and over were more likely to age successfully based on criteria focused on subjective health and psychosocial domains (perceived economic status and happiness, etc.). Therefore, findings from other racial and ethnic groups may not be culturally appropriate or generalizable to all groups. Older adult populations are culturally heterogeneous, and subgroups may approach successful aging differently. For example, filial piety in traditional East Asian cultural structures is poorly explained in existing definitions of successful aging. Filial piety refers to the obligation of younger generations to support them and respect their older adults. Traditional values still influence Chinese perspectives on aging, but traditions are declining in younger generations (Mjelde-Mossey et al., 2009; Nguyen et al., 2014). Although the people from Türkiye are of Asian origin, it is traditionally different in that older adults prefer to be independent, and the situation

in which the children of older adults take over their financial responsibilities. Studies show that perceptions of successful aging vary among ethnic groups and that older adults' views differ across cultures. For example, older adults in North America and Latin America are more likely to mention spirituality. Compared, older adults in Western Europe, North Africa/Middle East, and Asia/Oceania are more likely to mention physical functioning. Some perspectives are also specific to countries. For example, for Japanese older adults, "getting an outcome in life" gives meaning to their aging experience, whereas older adults in Puerto Rico value gratitude toward life more (Jensen et al., 2018). In Latin American and Hispanic cultures, spirituality and a sense of community are essential components of aging (Hilton et al., 2012). As a result, older adults' perspectives on successful aging are rich and complex and influenced by cultural context (Jensen et al., 2018). In addition, It is also necessary to accept that old age is a biological, sociological, and cultural phenomenon. Critics of successful aging research note that cultural sensitivity (Sadler & Biggs, 2006), financial security, and spirituality are lacking in models and measures developed by researchers. While successful aging implies that some fail in the aging process, it does not consider the structural inequalities of some groups. It imposes the responsibility for healthy aging on older adults (James et al., 2010). Therefore, it is essential to emphasize that older adults with different ages and levels of functioning can experience happiness and well-being if they compensate for their physical losses with psychological and social resources (Young et al., 2009)

Some solutions can be suggested to help older adults age successfully and to change the negative perception of aging: (1) the acquisition of specific knowledge needed to make informed decisions and develop coping strategies, in particular about understanding and preparing for health problems and life obstacles (managing old age); (2) development of programs and support systems (home care services, transport, and innovative pension associations), including social and environmental support (on-site aging and age-friendly cities); and (3) development of meaningful activities (social organizations, training programs – third-year education, etc.). The results of this study include the need for perceived interventions to help people identify various social support tools, especially for isolated individuals, and opportunities to participate in new and meaningful activities such as these.

Ethics Statement

Ethics Committee approval was obtained from Süleyman Demirel University Ethical Commissions of Clinical Research (Decision No. 23/388 of 22.10.2020).

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