



Quality Perception in Successful Aging

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Abstract

This study aims to reveal current and perceptual status and the perception of quality in successful aging. The study was conducted with 142 individuals (65 years and older) living in Cukurova Adana Turkey. A qualitative research method (phenomenological method) was adopted in the study. According to the findings, four basic factors, health, psychological state, active participation in the life and social relationship, were determined as the perception factors of successful aging and quality. The highest levels of significance in these dimensions were determined as follows: Physical strength: shrinkage in bone structure, kyphoscoliosis (26.4%); social power: relationships with family, friends and neighbors (34.5%); psychological strength: coping with problems (39.3%); health strength: aging-related diseases such as menopause, prostate, Alzheimer's (53.6%); financial power: decrease in income after retirement (49.8%). Qualitative research results revealed that these four dimensions were required in successful aging standards.

Keywords: Alzheimer's; Aging; Health; Phenomenology

Introduction

Successful aging is related to the individual's psychological resilience, active participation in social life, mental strength, well-being in mental and proactive behavior, feeling healthy, and paying attention to personal care [1-6]. Males associate successful aging with physical postures, healthy conditions, strength in their muscles, and wrinkles in their skin [7]. Females perceive the level of success in their aging with psychological states, social environments, personal care, wrinkles on their skin, and the period of menopause [8-11]. These perceptions reveal the individual's current and perceptual state [12]. Therefore, successful aging is under the influence of two main factors: current and perceptual states.

Perception is a set of processes and thought performed at the cognitive level where the individual evaluates the factors related to her/himself and her/his environment, and as a result of these evaluations [13]. These operations are acquisition, coding, storage, retrieving and feedback of information. Information obtained from the environment (internal and external environment) is evaluated (coded) at the cognitive level [14]. This coded information is stored

for future use and recalled when necessary [15]. After the cognitive process ends, the individual starts to implement the emerging idea [16]. However, two basic decisions are emphasized before implementation: Acceptance, and rejection. Indecision is a complex state within these two fundamental decisions [17-18]. When the individual decides to accept the emerging idea, she/he reflects the idea of the implementation to the external environment with five senses [19]. When she/he rejects the idea, she/he may remain silent or reflect the decision to the outside environment. Thus, when the individual accepts the perception of aging, she/he gives messages to the environment revealing that she/he is an elderly person. When the individual decides that the effects of external and internal environmental factors on the aging are not negative, she/he has the idea that she/he has been aged successfully.

Perceptive positive thoughts of the individual who is in good physical, social, psychological and health conditions may reveal successful aging [20-25]. In this case, the issue of the perception of successful aging quality arises. Although the current situation and

perception reveal successful aging, the real case is also important. Are individual assessments sufficient to measure successful aging? Is the individual really aged successfully? How is quality measured in successful aging and what is the perception of quality in this context? The answer to these questions is of great importance for successful aging literature. This study aims to meet these questions and contribute to the literature. Although there are studies on successful aging in the literature, there are no studies associated with quality and quality perception of successful aging. The study is thought to contribute to the fields of aging, gerontology, geriatrics, and social work.

Materials and Methods

The research was conducted with 65 years and older 142 individuals living in Cukurova Adana Turkey. The sample selection was performed with the individuals visiting the elderly rest houses. Since it is very difficult to access all elderly individuals, elderly rest houses, which the elderly frequently visit, were preferred for the sample selection. Purposive sampling method was adopted as the sampling method. The research period is between January and February 2020. In this study, which was carried out with 10 interviewers, the participants signed a consent form. The participants were informed that the research/survey was voluntary and that participation in the survey could be abandoned at any stage. Participants were selected from individuals with no obvious health problems. Individuals with any disabilities were excluded from the research.

Survey questions consist of demographic information (age, gender, marital status) and open-ended questions. Open-ended

questions were obtained through an extended literature review. The research questions are as follows: Is the individual aged successfully? What are the factors of successful aging, successful aging perception, quality perception in successful aging? According to the literature review conducted in the light of these questions, successful aging was determined to focus on five main factors. These factors are physical, social, psychological, health and financial factors [20-35]. The questions asked to the participants in the research are shown in Appendix 1. The questions related to the subjects are as follows: Q1→ physical strength, Q2→ social strength, Q3→ psychological strength, Q4→ health strength, Q5→financial strength, Q6→ perception of successful aging, and Q7→ perception of quality in successful aging.

In the research, the phenomenology method was adopted. Phenomenology, which is one of the qualitative research methods, enables us to reveal the causes of the researched case [36-38]. Research data were analyzed with MAXQDA software. MAXQDA is a reliable analysis tool that is frequently preferred in mixed and qualitative research methods [39-40].

Results

Demographics

According to the research results, the demographic information of the participants is presented in **Table 1** 62.68% of the participants were between the ages of 65-75. Participants aged 76 and over were 37.32%. 64.79% of the individuals participating in the study were women and 35.21% were men. 53.53% of the participants were married, and 46.47% were single.

Table 1: Demographic variables

Demographic variables		f	%
Age	65-75	89	62.68
	76-86	41	28.87
	87 and over	12	8.45
Gender	Female	92	64.79
	Male	50	35.21
Marital Status	Married	76	53.53
	Single	66	46.47
n=142; f: Frequency			

Qualitative findings

The data obtained from the interviews with the participants were analyzed by coding and classification methods. According to the results of the analysis, the responses of the Q1 question revealed that physical strength was less significant/important in the successful aging and the other responses (Q2, Q3, Q4, Q5) compared to other factors. According to the findings, the effects percentages of the five factors affecting successful aging were as follows: physical strength: 9%, social strength: 19.8%, psychological strength: 22.8%, health: 41.2%, financial strength: 7.2%. The questions of

Q1, Q2, Q3, Q4, Q5 were asked to the participants to detect the current situation of their successful aging.

The Q1 question was asked to determine the factors of physical strength in successful aging (**Table 2**). According to the findings, physical strength is associated with shrinkage in bone structure, kyphoscoliosis (26.4%), decline in muscle strength and structure (25.4%), decrease in active movement (24.6%), medical devices and new technology (23.6%). The Q2 question was asked to identify the factors of social strength in successful aging. According to the research findings, relationships with family, friends and

neighbors (34.5%), intergenerational relations and discrimination (24.2%), participation in concerts, theater, musical activities

(21.2%), smartphone and social media (20.1%) were determined as the sub-factors of the social power.

Table 2: Qualitative Findings

Qn	TT1	TT2	TT3	TT4	SR%
Q1.Physical strength ^a	shrinkage in bone structure, kyphoscoliosis	decline in muscle strength and structure	decrease in active movement	medical devices and new technology	9
SR%	26.4	25.4	24.6	23.6	
Q2.Social power ^a	relationships with family, friends and neighbors	intergenerational relations and discrimination	participation in concerts, theater, musical activities	smartphone and social media	19.8
SR%	34.5	24.2	21.2	20.1	
Q3- Psychological strength ^a	coping with problems	pessimism and negative mood	depression, stress, anxiety	awareness, consciousness	22.8
SR%	39.3	33.6	20.4	6.7	
Q4. Health strength ^a	aging-related diseases such as menopause, prostate, Alzheimer's	dysmnnesia, weakening in perception	being sick very often	needing care, home care, health support	41.2
SR%	53.6	20.3	13.1	13	
Q5.Financial power ^a	decrease in income after retirement	increased health spending	social security issues	employment problems and discrimination	7.2
SR%	49.8	26.4	13.6	10.2	
n=142; TT: Theme Title; SR: Significance ratio; ^a Current state dimension in successful aging					

The question of Q3 was asked to identify the factors of psychological strength in successful aging. The findings demonstrated that coping with problems (39.3%), pessimism and negative mood (33.6%), depression, stress, anxiety (20.4%), awareness, consciousness (6.7%) were associated with psychological strength. The question of Q4 was asked to identify the factors of health strength in successful aging. According to the data obtained from the participants, aging-related diseases such as menopause, prostate, Alzheimer's (53.6%), dysmnnesia, weakening in perception (20.3%), being sick very often (13.1%), needing care, home care, health support (13.0%) were identified as health factors. It was asked to the participants to identify the factors of financial power in successful aging via Q5. According to the results of the analysis, a decrease in income after retirement (49.8%), increased health spending (26.4%), social security issues (13.6%), employment problems and discrimination (10.2%) were determined as factors related to financial power.

The question of Q6 was asked to the participants to reveal the perceptual dimension of successful aging. According to the findings, the sub-factors of successful aging perception were determined as health (51%), psychological status, consciousness (24.6%), active

participation in life (16.3%), social relations and support (8.1%). The linked words of the theme titles obtained from the findings are shown in **Figure 1**.

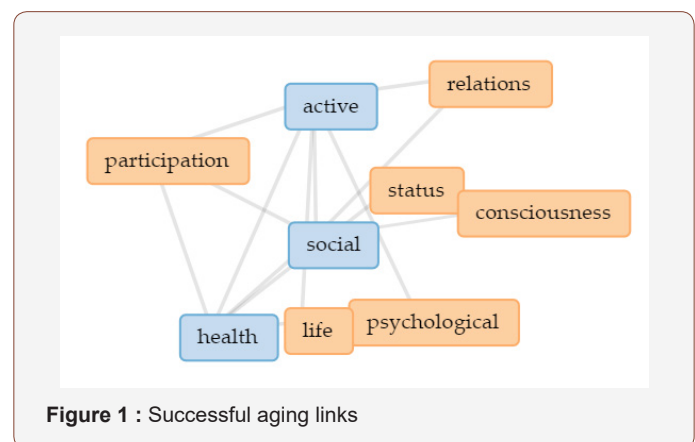


Figure 1 : Successful aging links

In order to determine individuals' perception of quality in successful aging, Q7 question was asked. According to the results obtained, health (47.4%), psychological status, consciousness (22.2%), active participation in life (21.2%), social relations and

support (9.2%) had an impact on quality perception (**Table 3**). Finally, in successful aging, the current situation and perception were evaluated to gather, and analysis was performed. According to the findings, four factors affecting successful aging under two main di-

mensions were determined: health (46.1%), psychological status (23.7), active participation in life (16.25%), social relations and support (13.95%).

Table 3: Two-dimensional findings of successful aging and quality perception

Qn	TT1	TT2	TT3	TT4
Q6. Successful aging perception	health	psychological status, consciousness	active participation in life	social relations and support
SR%	51.0	24.6	16.3	8.1
Q7. Quality perception in successful aging	health	psychological status, consciousness	active participation in life	social relations and support
SR%	47.4	22.2	21.2	9.2
Successful Aging (a+b)	health	psychological status	active participation in life	social relations and support
SR%	46.1	23.7	16.25	13.95
n=142; TT: Theme Title; SR: Significance ratio; ^b : Perceptual dimension in successful aging				

Discussion and Conclusion

Successful aging has been studied in the literature in the context of physical, social, psychological, health and financial factors [20-35]. Researches include some empirical findings that these factors are effective on successful aging. However, there is no qualitative study in which successful aging is examined under two basic dimensions as the current situation and perception of aging.

According to the findings of the study, elderly individuals mostly answered "health" to the questions asked to reveal the successful aging situation. This finding reveals the importance of health on successful aging. On the other hand, successful aging is perceived by elderly individuals as health, psychological state, active participation in the life and social relationship. The factors of this perception also reveal the perception of quality in successful aging. Besides, when the current situation and perception of aging are evaluated together in successful aging, it is determined that the health factor is close to 50%. The fact that other factors are below 24% reveals the importance of health in the context of successful aging and quality perception.

According to the other remarkable finding of the study, the majority of the participants are women, 65-75 years old and married. It may be an important research subject that successful aging is affected by these demographic features. It is suggested to investigate the differences in demographic characteristics in the context of successful aging perception for future studies. Besides, it is recommended to conduct scale development studies by performing this study with individuals with different demographic features. The high number of questions and the qualitative method have led to time and effort. In the interviews with the elderly, towards the end of the questionnaire the low tolerance level and decreased responses is an important limitation. The small sample size and the possible influence of demographic characteristics on the results are the limitations of the study.

Active participation, social relations, and support factors should be taken into consideration by the practitioners, which are the factors that have an impact on the successful aging of the elderly and quality perception. Policymakers are recommended to make the necessary social policy arrangements for the successful aging of older individuals. The major effects of health and psychology on successful aging should be taken into account by nursing homes, home care officers.

Appendix

(Appendix)

Acknowledgments

None

Conflicts of Interest

The authors declare that they have no conflict of interest.

References

1. Woo J (2019) Frailty, Successful aging, resilience, and intrinsic capacity: a cross-disciplinary discourse of the aging process. *Current Geriatrics Reports* 8(2): 67-71.
2. Bosnes I, Nordahl H M, Stordal E, Bosnes O, Myklebust TÅ, et al. (2019) Lifestyle predictors of successful aging: A 20-year prospective HUNT study. *PloS one* 14(7).
3. Olson DA, Shultz KS (2019) Lifespan perspectives on successful aging at work. In *Work across the Lifespan*. Academic Press, USA, pp. 215-234.
4. Lee EE (2019) Aging successfully and healthfully. *Int Psychogeriatr* 31(4): 439-441.
5. Rowe JW, Kahn RL (1997) Successful aging. *The gerontologist* 37(4): 433-440.
6. Butler RN (1974) Successful aging and the role of the life review. *Journal of the American geriatrics Society* 22(12): 529-535.
7. Swift A U, Tate RB (2013) Themes from older men's lay definitions of successful aging as indicators of primary and secondary control beliefs over time: The Manitoba Follow-up Study. *Journal of Aging Studies* 27(4): 410-418.

8. Moen P, Dempster-McClain D, Williams Jr RM (1992) Successful aging: A life-course perspective on women's multiple roles and health. *American Journal of Sociology* 97(6): 1612-1638.
9. Rossen E K, Knafk K A, Flood M (2008) Older women's perceptions of successful aging. *Activities, Adaptation & Aging*, 32(2): 73-88.
10. La Croix AZ, Newton K M, Leveille S G, Wallace J (1997) Healthy aging. A women's issue. *Western Journal of Medicine* 167(4): 220-232.
11. Özsungur F (2019) Women's Successful Aging. *Health Care for Women International*.
12. Pichora-Fuller MK (2020) Hearing and Cognitive Aging. In *Oxford Research Encyclopedia of Psychology*.
13. Zacks JM (2020) Event perception and memory. *Annual Review of Psychology* 71: 165-191.
14. Chick C F, Rolle C, Trivedi HM, Monuszko K, Etkin A (2020) Transcranial magnetic stimulation demonstrates a role for the ventrolateral prefrontal cortex in emotion perception. *Psychiatry Research* 284: 112515.
15. Brunetti F A (2020) Observation, Drawing, Modeling. Elements of a Cognitive Process Between Analogic and Digital for Design Learning. In *Faces of Geometry. From Agnesi to Mirzakhani* Springer, Cham, pp. 13-30.
16. Zhang, P, Soergel D (2020) Cognitive mechanisms in sensemaking: A qualitative user study. *Journal of the Association for Information Science and Technology*.
17. Fischhoff B, Broomell S B (2020) Judgment and Decision Making. *Annual Review of Psychology* 71.
18. Koehlin E (2020) Human decision-making beyond the rational decision theory. *Trends in cognitive sciences* 24(1): 4-6.
19. Rigby D, Vass C, Payne K (2020) Opening the 'Black Box': An Overview of Methods to Investigate the Decision-Making Process in Choice-Based Surveys. *The Patient-Patient-Centered Outcomes Research* 13(1): 31-41.
20. Chodzko-Zajko W, Schwingel A, Park CH (2009) Successful aging: the role of physical activity. *American journal of lifestyle medicine* 3(1): 20-28.
21. Havighurst R J (1963) Successful aging. *Processes of aging: Social and psychological perspectives* 1: 299-320.
22. Seeman T E, Lusignolo T M, Albert M, Berkman L (2001) Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: MacArthur studies of successful aging. *Health psychology* 20(4): 243-255.
23. Martinson M, Berridge C (2015) Successful aging and its discontents: A systematic review of the social gerontology literature. *The Gerontologist* 55(1): 58-69.
24. Seeman T E, Berkman L F, Blazer D, Rowe J W (1994) Social ties and support and neuroendocrine function: The MacArthur studies of successful aging. *Annals of Behavioral Medicine* 16(2): 95-106.
25. Baltes P B, Baltes M M (1990) Psychological perspectives on successful aging: The model of selective optimization with compensation. *Successful aging: Perspectives from the behavioral sciences* 1(1): 1-34.
26. Bernhold Q S, Gasiorek J, Giles H (2020) Communicative predictors of older adults' successful aging, mental health, and alcohol use. *The International Journal of Aging and Human Development* 90(2): 107-134.
27. Fillekes M P, Perchoux C, Weibel R, Allemand M (2020) Exploring the Role of Mobility and Personality for Healthy Aging. In *Personality and Healthy Aging in Adulthood* (pp: 133-153). Springer, Cham.
28. Pandey A, Kraus WE, Brubaker P H, Kitzman DW (2020) Healthy aging and cardiovascular function: Invasive hemodynamics during rest and exercise in 104 healthy volunteers. *JACC: Heart Failure* 8(2): 111-121.
29. Wingo A P, Wingo T S, Fan W, Bergquist S, Alonso A, et al. (2020) Purpose in life is a robust protective factor of reported cognitive decline among late middle-aged adults: The Emory Healthy Aging Study. *Journal of Affective Disorders*, 263: 310-317.
30. McMahon J H, Hoy JF (2020) Frailty, the Next Obstacle to Achieve Healthy Aging in People with Human Immunodeficiency Virus. *The Journal of Infectious Diseases*.
31. Chou K L, Chi I (2002) Successful aging among the young-old, old-old, and oldest-old Chinese. *The International Journal of Aging and Human Development* 54(1): 1-14.
32. Duay D L, Bryan V C (2006) Senior adults' perceptions of successful aging. *Educational Gerontology* 32(6): 423-445.
33. Iwamasa G Y, Iwasaki M (2011) A new multidimensional model of successful aging: Perceptions of Japanese American older adults. *Journal of cross-cultural gerontology* 26(3): 261-278.
34. Palmore E (1979) Predictors of successful aging. *The Gerontologist* 19(5): 427-431.
35. Fisher B J (1995) Successful aging, life satisfaction, and generativity in later life. *The International Journal of Aging and Human Development* 41(3): 239-250.
36. Omery A (1983) Phenomenology: A method for nursing research. *Advances in nursing science* 5(2): 49-64.
37. Starks H, Brown Trinidad S (2007) Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research* 17(10): 1372-1380.
38. Donalek JG (2004) Phenomenology as a qualitative research method. *Urologic nursing* 24(6): 516-517.
39. Kuckartz U (2010) Realizing mixed methods approaches with MAXQDA. *Philipps-Universität, Marburg, Germany*.
40. Woolf N H, Silver C (2017) Qualitative analysis using MAXQDA: The five-level QDATM method. *Routledge*.