Introduction

An aging population is a worldwide reality. According to projections done by World Health Organization (WHO), between 2015 and 2050 the percentage of the world’s population over 60 will grow from 900 million to 2 billion, representing a jump from 12% to 22% increase, the fastest growth in history (WHO, 2017). As for a local projection of the population based on gender and age done in 2013 by IBGE (Brazilian Institute of Geography and Statistics), the proportion of people over 60 by year 2030 will comprise 18.6% of the population, and by 2060 it should be reaching 33.7%. In other words, out of every 3 people, one will be 60 in the least, following the world’s trend. (IBGE 2015).

Increase in longevity represents an important social development, but it tags along new demands and new challenges in the pursuit of providing that aging is lived out with wellness and quality of life, besides keeping one’s autonomy, for an active insertion in society. (LIMA; SILVA; GALHARDONI, 2008).

Advancements in science and development have demonstrated that aging is marked by a balance between the advantages and limitations of this phase of life, and needs the contribution of several areas of knowledge. Due to its heterogeneous and unique character, aging suffers impact from biological, social, functional and emotional aspects of life, among others. (NERI; YASSUDA; CACHIONI, 2015; MACIEL, 2014).

Initial studies on this topic have focused on the attitudes towards old age, and also on the role of transitional events which promote the adjustment of adults and seniors. As for the recent years, scholars have started to do research on the characteristics and the determining aspects of successful aging (SA). (NERI; YASSUDA; CACHIONI, 2015).

Historically speaking, the term SA (successful aging) is attributed to Robert J. Havighurst from his article Successful Aging, published in 1961, in the magazine The Gerontologist, when the topic was, for the first time, discussed in professional grounds. This instance represented a change in ideology for the study of aging. From then on, research started to investigate positive aspects of old age and its potential for continuing development. (SILVA; LIMA; GALHARDONI, 2010; ALMEIDA, 2013).

Among proposed SA models, there are those who take into consideration the biomedical and psychosocial perspectives. For Rowe and Kahn, SA would be related to low probability of diseases and of disability, associated with the practice of healthy habits for the reduction of risks; also, to the maintenance of high levels of functional and cognitive abilities, in order to achieve full engagement with life, including interpersonal relationships. (MACIEL, 2014).

For Baltes, aging is a psychosocial construct, and therefore people who achieve SA, would have used, throughout their lives, environmental and regulating mechanisms for losses associated with aging – a sequence of selection, optimization and compensation (SOC) of resources – and studies could indicate how individuals use internal and external resources to maximize gains and minimize losses in their course of life (SILVA et al, 2010; ALMEIDA, 2013).

According to Teixeira and Neri (2008) based on a literature review of specialized material in this area, there is no consensus regarding SA. Many researchers have added new dimensions and new model proposals, proving, by this, that aging is multidetermined by individual, social, cultural and economic factors, among others, surpassing the objectivity of physical health, and falling into a personal perception of innumerable possibilities of adjusting oneself to the changes that come with growing old, coupled with new ways of doing things:

(...) there are infinite ways to feel and evaluate one’s own life, so that the literal interpretation of the term “successful” suggests a simplistic notion of either success or failure. In order to widen the knowledge of health professionals in the issue of senior people competencies, surveys done on the topic should be conducted under this perspective: using both objective data analysis and also analysis of personal perceptions. (TEIXEIRA; NERI, 2008, p. 91).

Therefore, the issue is a fertile ground for the production of scientific knowledge, and as Neri, Yassuda and Cachioni suggest (2015, p.3), surveys can offer subsidies that may have a positive impact in the quality of services offered to seniors and also in government policies.

In this context, considering the aging indexes of the Brazilian population, this is certainly a recent and very relevant topic, and the objective of this present study was to identify how SA has been conceptualized in Brazil, and which components and/or factors are associated with its definition.

Methodology

The methodology used in this theoretical study was literature review, seeking to identify and evaluate abstracts from online database systems (BIREME, SciELO e LILACS) and also from CAPES’ thesis eletronic database.

The adopted procedure was a search through the key term “successful aging” by which it was possible to select articles, dissertations, and thesis that contained the said expression whether in the key words, in the title or in the abstract itself.

140 publications were selected at first. They were then submitted to the following criteria: publishing year (2010-1016), written in Portuguese and available in full; interdisciplinary in scope (medicine, psychology, psychiatry, collective health, social service, social sciences and humanities). After this screening, 40 papers were left. The final criteria for the selection of the bibliography consisted in making sure that the theoretical reference framework for SA used was that of Rowe & Kahn or of Baltes (SOC), that the survey was done among individuals over 60, and works which were not simply literature reviews. 8 publications fell, then, into the established requirements, and were selected (namely, 2 articles, 4 dissertations and 2 thesis).

Results

In order present the gist of the selected publications in an organized way, Chart 1 was devised to expound the data. Aspects contemplated in the chart are the following: authors and publishing year; type of study and methodology; results.
Chart 1 – Basic content of publications dealing with successful aging, produced within 2010 and 2016, in Portuguese.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Type of study and methodology</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santos, M.</td>
<td>Exploratory and descriptive research of qualitative approach to successful aging (SA)</td>
<td>The senior ladies in the study had low educational level, but they seemed to have contributed to the development of a psychological perspective.</td>
</tr>
<tr>
<td>Gonçalves, L. M., &amp; Santos, M.</td>
<td>Exploratory and descriptive research of semi-structured interviews</td>
<td>From the verbal report of the participants, they were observed to have a positive attitude towards health, physical activity, and a better quality of life.</td>
</tr>
<tr>
<td>Ling, P. &amp; Coope, V.</td>
<td>Case study comprising of 8 seniors with qualitative analysis of semi-structured interviews</td>
<td>Case analysis revealed factors such as social involvement, religiosity, generosity, and the availability of educational and health services as protective factors for successful aging.</td>
</tr>
</tbody>
</table>

Discussion

The first finding from the search in the data banks was that “successful aging” is used as a synonym of “healthy”, “active”, “positive” and “productive” aging, and that there is no consensus definition for the term, nor are there the theoretical reference frameworks in the models of Rowe & Kahn and of Baltes commonly used. (TEIXEIRA; NERI, 2008).

On account of being a topic that started to earn attention in Brazil only in the 80’s, the decision was to cut out a timeframe ranging from year 2010 to 2016. The findings were that 50% of the publications were from 2011, 37.5% from 2014 and 12.5% from 2015. Half of the surveys were quantitative and another half of the surveys were qualitative – data collected from the survey and observational, self-reports or cross-sectional studies with the following aims: to assess the characteristics and factors of successful aging; to identify protective and risk factors; and to contribute to the development of a psychological perspective.

All results showed that the concept under study is multidimensional and includes physical, social and psychological components. The physical component was present in 87.5% of the surveys and was evaluated as: cognitive function, diseases, health awareness, cognition, manual ability and physical activities. (OLIVEIRA, 2015; CRISPIM, 2014; BARBOZA, 2011; GONZALEZ; SEIDL, 2011; LIMA, 2011).

The social component considered the following: retirement, family and social support, autonomy for daily activities, participation in educational activities, spiritual and religious practices, social involvement and stagnation. It represented 62.5% of the publications. (OLIVEIRA, 2015; CRISPIM, 2014; BARBOZA, 2011; GONZALEZ; SEIDL, 2011; LIMA, 2011).

It was remarkable the wide variety in the number of instruments used, in the dimension of the components of SA investigated, and in the size of the samples. A research done in 2014 should be highlighted for having dared to submit two instruments to cross-cultural adjustment and to psychometric analysis in order that they could be used to identify SA, namely, Successful Aging Scale (SAS) and Brief Resilience Scale (BRS). (CRISPIM, 2014).

Despite of the great amplitude of SA dimensions found in the surveys, for the most part, one cannot tell from the survey what indexes of SA were found. Only Santos's survey (2011) records that information, stating that, from the analyzed sample, “16.4% were classified as SA.”

Possibly, due to the fact that aging is still a quite new topic of research, the dimension that has more of a biomedic perspective is better systematized because it is linked to the presence or absence of diseases. Despite of that, Knappe, Espírito Santo, Leal and Marques (2015) affirm that “SA can co-exist with diseases and functional limitations when psychological and social compensatory mechanisms are used.” This is well exemplified by the way the seniors perceive their own health in the studies of Crispim (2014), Maciel (2014) e Santos (2011).

The social dimension imparts to different circles the responsibility to care for an aging society: whether warning about the need to provide room for seniors to have fellowship; whether calling on families to offer care and support to their own; whether evaluating the capacity of being productive before and after retirement; or mentioning the duty of the government to act on it.

As for the psychological dimension, it seems to be a fundamental aspect. However, its factors have to be better
characterized. For instance, concepts like: psychological welfare, satisfaction with life, quality of life are difficult to be measured or compared, for they are not measured by the same instruments neither by the same measures. (BARBOZA, 2011; MOURA, 2014). So, taking on the subjective component, the challenge is to develop validated and precise instruments in order that further research might advance in quantity and provide indexes that may prompt the production of resources that will contribute to the last phase of human development, specially because, when it comes to topics on subjective and affective domains, many professionals do not feel prepared to approach such issues. (CRISPIM, 2014)

Based on the obtained data, it was confirmed that SA is a diffuse concept with various dimensions. Teixeira e Neri (2008) are the ones who condense what would better describe SA: maintainance of one’s physical and mental capacity, satisfaction in life, social insertion, added to the role of society in acting along with public policies in order to avail together the necessary conditions for aging individuals.

Finally, as pointed out by Farinatti (2008, p.6), “individuals are happier when they continue to be integrated into society; such joy of living depends on their self-perception and self-esteem, that, in turn, come from enjoying good health and maintaining a level of physical condition that would provide autonomy and independence.”

Conclusion

Many aspects both objective and subjective were pointed out as responsible for SA, predominantly the biomedic – health or sickness. Nevertheless, due to the fact that aging is a complex phenomenon, social and psychological dimensions were also considered in the great majority of the studies.

So, in view of an integrated approach, surveys that will take the contribution of psychology – on emotional and affective aspects of aging – can be coupled with other fields of knowledge – physical education, nursing, physiotherapy, nutrition, medicine, social science, among other – and provide further evidence, in order to foster policies, change in the culture that stigmatizes the elderly and, most of all, make room for old age to become a life privilege for all—whether one is productive or not, healthy or with many limitations, psychologically well or not. In Brazil it is a priority to create structures that will enable people to live old age with dignity, surrounded with love and care – just as in any other phase of their lives.

Key words: aging; senior; successful aging.

Bibliographic References


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SUCCESSFUL AGING: PLURALITY IN VIEWS

INTRODUCTION: By year 2060, following the world's present trend, Brazil will be a country made up of seniors, and the expectation is that this increase in the senior population should be matched with quality of life. A research on the topic of aging found a variability in the used terminology: successful aging (SA), healthy aging, active aging and positive aging. Based on that, it is obvious enough that there is need for further discussion of SA in national publications. OBJECTIVE: The research aimed at sorting out the components of SA and search in the literature reviews, methods and validated instruments. A search in the data bases BIREME, Scielo, LILACS, and CAPES (using the keyword successful aging), to find the criteria for its definition. RESULT: 2 articles and 6 theses were selected (written between 2010/2016 in Portuguese). These draw on the SA criteria (by Rowe & Kahn and by Baltes), surveying on individuals over 60. Observation was as follows: (1) used methodology – traverse with quantitative and qualitative approach; publications start from 2011 (showing that the topic is quite new); (2) there is multidimensionality in the definitions of SA; (3) prevailing components were the physical aspect (covered by 87.5% of the publications: cognition, diseases, physical activity), the Social aspect (62.5%, retirement, family and social support), and the Psychological aspect (62.5%: satisfaction in life, welness, quality of life). Validated instruments for the identification of SA were Successful Aging Scale (SAS) and Brief Resilience Scale (BRS). CONCLUSION: in the study of SA, the prevailing model is the biometric. There is an urgent need to foment research focusing on the social and psychological aspects of aging. There is no consensus in the present literature regarding the definition of SA and its components.

Key words: aging; senior; successful aging.

ENVEJECIMIENTO BIEN-SUCEDIDO: PLURALIDAD DE MIRADAS

INTRODUCCIÓN: En 2060, siguiendo la tendencia mundial seremos un país de ancianos y se espera que ese aumento sea acompañado de calidad de vida. Investigando sobre envejecimiento encontramos una variedad de términos: envejecimiento exitoso (EBS), sano, activo y positivo, por lo que se nota la necesidad de discutir EBS en publicaciones nacionales. OBJETIVO: Examinar la literatura de los componentes del EBS. MÉTODOS: Levantar en las bases de datos BIREME, Scielo, LILACS y CAPES (el lema exitoso del envejecimiento), los criterios de definición son relevados. RESULTADOS: Nosotros seleccionamos 2 artículos y 6 tesis (en portugués, en el periodo 2010/2016) que siguen los criterios del EBS (Rowe y Kahn y de Baltes) con sujetos mayores de 60 años. Se observó: (1) la metodología - transversal con enfoque cuantitativo y cualitativo (apareció por primera vez en 2011), (2) existen diferentes criterios del EBS, (3) componente de mayor prevalencia, física (87.5 y el 62.5%, el psicológico: satisfacción con la vida, el bien-estar y la calidad de vida. Instrumentos validados para la identificación de EBS: SAS y BRS. CONCLUSIÓN: En el estudio del EBS el modelo biométrico; es necesario fomentar investigaciones enfocando los aspectos psicológico y social. No hay consenso en la literatura sobre la definición de EBS y sus componentes.

Palabras clave: envejecimiento; edad avanzada; envejecimiento exitoso.

ENVELHECIMENTO BEM-SUCEDIDO: PLURALIDADE DE OLHARES

INTRODUÇÃO: Em 2060, seguindo a tendência mundial seremos um país de idosos e espera-se que esse aumento seja acompanhado de qualidade de vida. Pesquisando sobre envelhecimento encontramos uma variedade de termos: envelhecimento bem-sucedido (EBS), saudável, ativo e positivo, portanto nota-se a necessidade de discutir EBS em publicações nacionais. OBJETIVO: Revisar literatura discriminando componentes do EBS. MÉTODOS: Levantar nas bases de dados BIREME, Scielo, LILACS e da CAPES, (palavra chave envelhecimento bem-sucedido) os critérios de sua definição. RESULTADOS: selecionaramos 2 artigos e 6 teses (em português, no periodo 2010/2016) que seguiram critérios do EBS (Rowe e Kahn e de Baltes) com sujeitos acima de 60 anos. Observou-se: (1) metodologia empregada - transversal com abordagem quantitativa e qualitativa publicados após 2011 (é um tema emergente), (2) há multidimensionalidade de definição de EBS, (3) componente de maior prevalência, o físico (87.5%: cognição, doenças, atividades físicas), 62.5%, o social: aposentadoria, suporte social e familiar, e 62.5%, o psicológico: satisfação com a vida, bem-estar e qualidade de vida. Instrumentos validados para identificação do EBS: SAS e BRS. CONCLUSÃO: No estudo do EBS predomina o modelo biomédico; urge fomentar pesquisas enfocando os aspectos psicológico e social. Não há consenso na literatura sobre a definição de EBS e seus componentes.

Palavras-chave: envelhecimento; idoso; envelhecimento bem-sucedido.