

REVIEW ARTICLE

The perspectives of successful ageing among older adults aged 75+: a systematic review with a narrative synthesis of mixed studies

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Abstract

Older adults 75 and above are a fast-growing segment of the population. However, few studies have investigated what it means to age successfully from their perspective. This group of older adults face challenges that might characteristically differ from younger older adults. Therefore, the aim of this study was to conduct a systematic review of the perspectives of older adults aged 75 and above regarding what it means to age successfully and to summarise the findings through a narrative synthesis. We also aimed to provide a snapshot of inhibitors and facilitators to achieve successful ageing. A systematic review of the 75+ older adults' perspectives was conducted across PubMed, CINAHL, Scopus, Web of Science and PsycINFO. Qualitative, quantitative and mixed-methods original peer-reviewed studies were included. After reviewing 4,661 articles, 15 articles met the inclusion criteria and 15 themes were identified. They ranged from biomedical components such as physical functioning to psychosocial components such as relationships, reflections on life and past experiences, preparations for death and environmental factors. The findings revealed that as people age, their definition of successful ageing changes, expanding the current conceptualisation of successful ageing by including additional factors that can act as facilitators and/or inhibitors, such as death and environmental factors. The findings also highlight the need for further research on theory development by considering age-related differences and the perspectives of under-studied populations.

Keywords: successful ageing; 75+ older adults; lay views

Introduction

The last century has witnessed a notable increase in life expectancy in high-income countries such as the United States of America, Canada, Australia, Japan and Western European countries. If this development persists throughout the present

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century, it is expected that most babies born in 2000 will live to 100 (Christensen *et al.*, 2009). Those life expectancy projections solicit theoretical and empirical attention to understanding of successful ageing and ways to achieve it.

Although the successful ageing model dates back to 1961, when Havighurst (1961) introduced the term, the model only gained popularity first when Rowe and Kahn (1987) distinguished between 'usual' and 'successful ageing'. The latter was eventually defined in terms of avoiding diseases and disability, maintaining cognitive and physical functioning, and being engaged with life (Rowe and Kahn, 1997), and became a primarily a prominent biomedical model of successful ageing. Psychosocial models of successful ageing emphasise independence, life satisfaction, social engagement, personal growth, adaptability, self-worth, autonomy and social participation (Bowling and Dieppe, 2005), two of which are well known as Selective, Optimisation and Compensation (SOC; Baltes and Baltes, 1990) and the Socio-emotional Selectivity Theory (SST; Carstensen, 1992).

Successful ageing has different interpretations and has been used interchangeably with terms such as ageing well, active ageing, positive ageing, optimal ageing, healthy ageing and robust ageing (Nusselder and Peeters, 2006; Hung *et al.*, 2010; Cosco *et al.*, 2013; Katz and Calasanti, 2015; Martin *et al.*, 2015), however, it remains unclear what successful ageing is, how it can be measured and how to best achieve it (Strawbridge *et al.*, 2002; Depp and Jeste, 2006). The theoretical successful ageing models have been criticised for paying insufficient attention to the voices of older people, for failing to capture the subjective views of successful ageing from diverse cultural perspectives, for being too narrow to be of use for public health purposes, for being too exclusive and for marginalising those who are not ageing successfully (Martinson and Berridge, 2015). A few studies have investigated lay views on successful ageing but to a lesser extent than theory-driven definitions (Phelan *et al.*, 2004; Bowling and Dieppe, 2005; Jopp *et al.*, 2015), which has created a gap between theoretical and lay definitions of successful ageing.

It has been suggested that a successful ageing model for all age groups, backgrounds and cultures is not feasible (Martinson and Berridge, 2015), especially since the perception and experience of older age has been shown to be influenced by cultures, individual experiences and societal expectations (Löckenhoff *et al.*, 2009; Martin *et al.*, 2015). Additionally, most literature reflects Western perceptions of ageing that define success in terms of individual accomplishments (Torres, 1999; Kendig, 2004). Nevertheless, Rowe and Kahn's (1997) definition of successful ageing remains the most widely used, even though it is unrealistic for most people to be disease-free in old age (Bowling and Dieppe, 2005), especially after the age of 75 (Jaul and Barron, 2017), thus making it harder to attain Rowe and Kahn's criteria for successful ageing (Katz and Calasanti, 2015). This specific age group has not been the target of previous reviews (Hung *et al.*, 2010; Cosco *et al.*, 2013; Teater and Chonody, 2019) on the meanings and definitions they attribute to successful ageing, as such reviews have not differentiated between age groups and methodologies, which contributes to the homogenisation of older adults. This is problematic since age-related physiological consequences such as frailty, falls, depression, diseases, sensory loss and disability are more often experienced by the older age groups (Lennartsson and Heimerson, 2012; Jaul and Barron, 2017). Moreover, older adults report more age-related discrimination and stereotyping which can affect their self-

perceptions of ageing and successful ageing (Giasson *et al.*, 2017). Considering current life expectancy developments in most countries, new definitions of older people could be re-examined and re-classified (Ouchi *et al.*, 2017). Thus, the present study aimed to review systematically the perspectives of successful ageing from the viewpoint of 75+ older adults, as reported in qualitative, quantitative and mixed-design research, and the factors that facilitate or hinder one's ability to age successfully.

Methods

Search strategy

The search strategy was developed, and the search was conducted in collaboration with an experienced medical librarian (*see* Table S1 in the online supplementary material). The search strategy was based on keywords and MeSH (Medical Subject Headings) terms adapted to suit each database, following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher *et al.*, 2009). The systematic review protocol was registered in PROSPERO (No. CRD42019140994).

PubMed, Web of Science, CINAHL, PsycINFO and Scopus online databases were searched between October and December 2018 and updated on 18 January 2020. All peer-reviewed articles published before January 2020 were eligible for inclusion. The following search terms were used: (a) successful ageing or synonyms of the concept such as optimal ageing, ageing well, positive ageing, healthy ageing and active ageing (used with both American and British English spellings); and (b) perception or view, definition, attitude, self-rated, opinion and interpretation, in both singular and plural forms. Subsequently, these terms were combined into (a) and (b). All fields, MeSH terms and wild card symbols were used to ensure all keyword variations. The process was repeated across all the databases.

Inclusion and exclusion criteria

After removing duplicates, two of the authors (ACB and EMT) independently screened the titles and abstracts to identify relevant articles for full-text extraction. Through the snowballing method, references of relevant articles were manually screened to ensure that all relevant articles were found. Any disagreements regarding the inclusion of studies were resolved by discussion. We included:

- (1) Original qualitative, quantitative and mixed-methods peer-reviewed journal articles focusing on the lay views of older people aged 75 and above. Articles were considered qualitative if participants were asked open-ended or semi-open-ended questions in an interview or focus group, quantitative if they included a survey or questionnaire, which generates measurable statistics that aimed to quantify the opinions and attitudes of the research participants of what it means to age successfully. Mixed-methods studies were characterised by the combination of at least one qualitative and one quantitative research component for the purpose of gaining a deeper understanding of the successful ageing concept.

- (2) Studies involving age groups 60 years and above, only if a separate analysis on the views of older people aged 75 and above was reported.

Additionally, we excluded:

- (1) Non-peer reviewed articles such as book chapters, dissertations, review articles, opinion papers, and clinical or intervention studies.
- (2) Studies without a distinct interpretation of the views of older adults aged 75 and above.

Data extraction

The authors extracted data on a standardised form developed for this review. Extracted data included author(s), title of article, date of publication, continent, country of study, population, study aim/research questions, sample characteristics (age, age range and mean age per gender), methodology, measures, analysis and results.

Data analysis and synthesis

As the articles identified were mostly qualitative and comparable, data were analysed through a narrative synthesis using thematic analysis (Popay *et al.*, 2006; Snilstveit *et al.*, 2012). Themes of successful ageing created by study authors and direct quotes from study participants from the reviewed studies were identified, extracted, coded and analysed, using Microsoft Word and NVivo 12 (QSR International, Melbourne). If the themes were clearly stated, they were extracted as they were; otherwise, two of the authors (ACB and HH) generated new themes inductively (Braun and Clarke, 2006) based on the explanations provided by the authors of the particular study. Two researchers (ACB and HH) worked on the data extraction and thematisation, which consisted of grouping sub-themes into overarching themes. Our synthesis involved integrating and aggregating findings from multiple studies into new broader themes. Disagreements were resolved through regular meetings and deliberations.

Assessment of methodological quality

A quality appraisal of included studies was conducted independently by two of the authors (ACB and HH) and checked by the last author (EMT). All the studies were quality-appraised using the Mixed Methods Appraisal Tool (MMAT) version 2018 (Hong *et al.*, 2018) which has been designed to assess multiple types of study designs, including mixed-methods, quantitative and qualitative studies. There are five scoring items with answers of 'yes', 'no' and 'cannot tell', and a comments section for reviewers' explanations. The current study aims to provide a comprehensive synthesis of the lay views of successful ageing among older adults aged 75 and above. Due to the limited number of articles conducted in the field the subject matter (the lay views of successful ageing) was considered more important than the quality of the study's methodology. Thus, no studies were excluded based on

methodological quality. However, if we had identified inadequately reported studies, we would have excluded them from the analysis. The details of the quality appraisal of the individual studies are provided in Table S2 in the online supplementary material.

Results

Study selection and characteristics

The literature search identified 11,356 articles published until January 2020, as presented in Figure 1. After duplicates had been removed, the titles and abstracts of 4,661 articles were assessed for eligibility, based on the inclusion and exclusion criteria. The title and abstract screening resulted in 309 articles for full-text reading. By applying the exclusion criteria, 294 articles were excluded after the full-text screening: 104 articles were excluded based on age, nine because they were reviews, 126 as they did not look at successful ageing from the lay views, 43 because they were non-peer-reviewed papers (reports, editorials, book chapters) and 12 as the full text was not found (Figure 1).

Thus, 15 articles published between 2001 and 2019 with sample sizes varying between six and 1,745 were included. Most of the participants in these studies were male, accounting for 56.5 per cent of the total population sample, as shown in Table 1. The included studies mostly covered high-income countries.

Findings

Upon completing the thematic analysis, we identified 15 themes of successful ageing across the 15 articles included in this review. Each theme comprises factors that can act as facilitators and/or as inhibitors to successful ageing. We found that facilitating factors were most reported in all the themes (see Tables 2 and 3).

Several facilitators were reported in each theme, ranging from six to 19 (in themes 1 and 3) and inhibitors between none (theme 7, 9, 11 and 13) to nine (theme 3). The identified 15 themes consisted of aggregates of factors extracted from the 15 articles.

Theme 1: Acceptance

This theme was found in eight articles. Acceptance is understood as ‘the mental recognition that personal circumstances change over time, and that one has accepted and come to terms with these changes’ (Tate *et al.*, 2013). The importance of accepting the realities of ageing was noted (Dionigi *et al.*, 2011; Collis and Waterfield, 2015; Chen *et al.*, 2019). This includes accepting the pain and physical limitations that come with age (Horder *et al.*, 2013; Tate *et al.*, 2013; Collis and Waterfield, 2015; Sato-Komata *et al.*, 2015; Carr and Weir, 2017), as well as cognitive declines (Sato-Komata *et al.*, 2015). It also extended to accepting current phases of life, situations and abilities (Horder *et al.*, 2013; Carr and Weir, 2017) and anticipating change (von Faber *et al.*, 2001). Acceptance was related to uncontrollable events such as death (Horder *et al.*, 2013; Sato-Komata *et al.*, 2015) and illness of friends and relatives (Horder *et al.*, 2013).

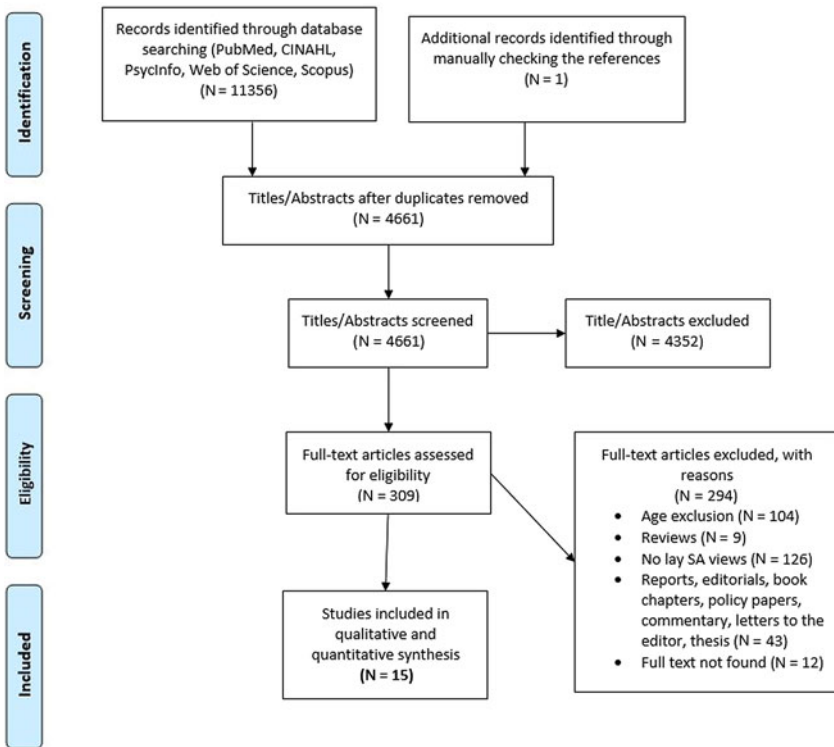


Figure 1. Literature search PRISMA flow chart.

Note: SA: successful ageing.

Theme 2: Adaptation and continuity

Adaptation and continuity were closely related and were reported in eight articles. Adaptation was defined in terms of adapting to the changes that occur in the process of ageing (von Faber *et al.*, 2001; Horder *et al.*, 2013). This includes the use of assistive devices (Tate *et al.*, 2013), living one day at a time, moderation, planning for future support (Tate *et al.*, 2013), keeping going (perseverance) (Dionigi *et al.*, 2011) and receiving support when needed (Tate *et al.*, 2013). In other studies, adaptation also meant people doing things despite being in pain, refraining from doing things they did before due to the risk of falling (Collis and Waterfield, 2015), and dealing with personal stressors and overwhelming emotions (von Faber *et al.*, 2001; Tate *et al.*, 2013). Moreover, strategies to deal with an increased vulnerability in relation to one's own body and one's immediate surroundings were also mentioned (Horder *et al.*, 2013). Continuity meant continuing to work towards a goal (Dionigi *et al.*, 2011), persevering despite pain (Collis and Waterfield, 2015), retaining good elements of ageing until death (Nosraty *et al.*, 2015) and simply remaining the same (Torres and Hammarstrom, 2009).

Finally, some authors reported conflicts over declining functions and denying difficulties (Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015). These included the

Table 1. Study characteristics

Author, year	Country	Population	Data collection	Conceptualisations of successful ageing	Sample size	Female	Male	Age range	Mean age
Bassett <i>et al.</i> , 2007	Canada	Community-dwelling	Open-ended survey question	While character traits including attitude, motivation and determination are seen as key aspects of living long and well, respondents point to the interrelationship of the individual and the social context such as income security; social support systems; active and busy lifestyles; and social relationships that provide nurturing, companionship and love	520 French; 2,263 English	French 65.8%, English 61.6%	French 34.2%, English 38.4%	75–104	82.2 (English), 81.5 (French)
Bowling, 2006	UK	Community-dwelling	Survey	Multi-dimension definition of successful ageing comprising health and functioning, psychological factors, social roles, and activities, financial and living circumstances, social relationships, neighbourhood/community, work, independence, and features of home and neighbourhood	156 (75+)	51%	49%	50–94	

(Continued)

Table 1. (Continued.)

Author, year	Country	Population	Data collection	Conceptualisations of successful ageing	Sample size	Female	Male	Age range	Mean age
Carr and Weir, 2017	Canada	Community-dwelling older adults	Structured semi-interviews and focus groups	<i>Staying healthy</i> as a primary theme with secondary components such as genetics and lifestyle; <i>maintain an active engagement in life</i> with secondary themes: social engagement, cognitive engagement, support network, successful marriage, financial security and <i>keeping a positive outlook on life</i> with secondary theme: adaptation and acceptance	42	23	19	65–97	79.6
Chen <i>et al.</i> , 2019	China	Community-dwelling	Semi-structured in-depth interviews	A self-reliant umbrella for successful ageing where the pole of the umbrella represents self-reliant successful ageing. The ribs of the umbrella – proactive behaviours – represent participating in physical activity, maintaining financial security, staying connected in the community and willingly accepting reality which support a proactive canopy for self-reliant successful ageing	97	55	42	80–99	85.2

Collis and Waterfield, 2015	UK		Semi-structured interviews	Perceptions of ageing and pain incorporates perceptions of others, attitudes of health professionals, disability, adaptation, diagnosis, terminology, health care	6	3	3	75–90	79
Dionigi <i>et al.</i> , 2011	Canada	Community-dwelling women	In-depth interviews	Definition of successful ageing based on physical activity levels. Low/inactive women: embodied sense of empowerment, less focus on body, acceptance of old age, old age is seen as inevitable and a matter of choice. Moderately active women: resistance to ageing and gender stereotypes, a focus on capabilities and contentment in later life, potential for empowerment, reflection of the multiple and shifting contradictory views of ageing in Western society. Highly active women: resisting and reproducing dominant positive and negative discourses of ageing, has the potential for empowerment, has the potential to perpetuate cultural fear of the health risks associated with ageing	21	21	0	75–92	83.3

(Continued)

Table 1. (Continued.)

Author, year	Country	Population	Data collection	Conceptualisations of successful ageing	Sample size	Female	Male	Age range	Mean age
Holder <i>et al.</i> , 2013	Sweden	Community-dwelling	Open-ended questions	Self-respect through ability to keep fear of frailty at a distance, having sufficient bodily resources for security and opportunities; structures that promote security and opportunities, satisfaction with one's financial situation, security and opportunities in the closest context, the health and wellbeing of close relatives and friends; feeling valuable in relation to the outside world, feeling noticed and appreciated in social relations, engagement in activities that provide pleasure or benefit; choosing gratitude instead of worries, choosing gratitude for not being as bad as others who are in a worse situation, denying difficulties, accepting things you cannot change	24	9	15	77–90	81
Knight and Ricciardelli, 2003	Australia	Community-dwelling	Semi-structured interviews	Health and activity, personal growth, happiness, close personal relationships, independence and an appreciation of life	60	42	18	70–101	80.5

Lee <i>et al.</i> , 2017	USA	Florida retirement study and community-dwelling older adults	Survey	Four factors encompassing health-related, psychological, behavioural and social domains deemed to be important. Additionally, age has differential association with positive spirit	550 total, 302 oldest-old	302	0	85–105	84.53, 86.69
McGrath <i>et al.</i> , 2016	Canada	75+ with age-related macular degeneration	Narrative interviews, participant observation sessions and semi-structured in-depth interviews	Older adults with ageing-related vision loss describe the markers of a 'good old age' to include: maintaining independence while negotiating help, responding positively to vision loss, remaining active while managing risk, managing expectations to be compliant, complicit and co-operative, and seeking to maintain efficiency	10	8	2	76–91	
Nosraty <i>et al.</i> , 2015	Finland	Community-dwelling	Life-story interviews	Successful ageing can be seen as a positive continuation of the ageing process, and that this success can be achieved throughout one's lifecourse. A painless, peaceful and sudden death at home was desired as a successful ending to the life process. Main themes: death, a balanced and harmonious life, independence, life circumstances, physical, cognitive and psychological, social	45	25	20	90+	

(Continued)

Table 1. (Continued.)

Author, year	Country	Population	Data collection	Conceptualisations of successful ageing	Sample size	Female	Male	Age range	Mean age
Sato-Komata <i>et al.</i> , 2015	Japan	Community-dwelling	Semi-structured interviews	The three characteristics of 'successful ageing' of the oldest old were: the process of accepting function decline, the daily thought process behind making resolutions and spirituality. The oldest old work to arrive at a conclusion with their lives, all the while coping with the drawbacks of ageing, such as the decline in their physical and cognitive functions. This resilient and flexible way of life makes their form of ageing an equally 'successful' one	15	8	7	81–98	
Tate <i>et al.</i> , 2013	Canada	Royal Canadian Air Force males	Mail-in survey with an open-ended question about successful ageing	Successful ageing is a diverse and dynamic process with seemingly many dimensions such as: leisure activity and interests, happiness, attitude, health-general, health – cognitive, health – system, health – physical, physical activity, relationships – family, relationships – companionship, coping, adjustment, acceptance, being productive, contributing, living and dying, life experience, independence, adaptation, lifestyle, relationships – society, spirituality, quality of life, relationships – intimate	1,745	0	1,745		76.6

Torres and Hammarstrom, 2009	Sweden	Older people, with and without home-help care	Semi-structured interviews	Three different kinds of themes were disclosed with regard to the way in which the construct of successful ageing was understood. These had to do with resources, attitude and continuity. The first two themes concerned the aspects informants believed to be needed for a person to age successfully, while the latter was more about the manner in which the units of meaning were formulated	16	9	7	77–86
von Faber <i>et al.</i> , 2001	The Netherlands	Community-dwelling	Cross-sectional and in-depth interviews	Having an optimal state of overall functioning and wellbeing with minor physical disabilities, regular social activities, good psychocognitive function and high feelings of wellbeing. Successful ageing – seen as a process – the successful adaptation to physical limitation; successful in the sense of satisfactory to the person concerned	599 (quantitative part), 27 (interviews)	397 and 18 (interviews)	202 and 9 (interviews)	85+

Notes: UK: United Kingdom. USA: United States of America.

Table 2. Factors, barriers and facilitators of successful ageing

Factors	Inhibitors	Facilitators	References
Theme 1: Acceptance:			
Accepting the realities of ageing		x	Chen <i>et al.</i> , 2019; Collis and Waterfield, 2015; Dionigi <i>et al.</i> , 2011
Accepting pain and physical limitations		x	Carr and Weir, 2017; Collis and Waterfield, 2015; Horder <i>et al.</i> , 2013; Sato-Komata <i>et al.</i> , 2015
Accepting cognitive decline		x	Sato-Komata <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013
Accepting current phase of life		x	Carr and Weir, 2017; Horder <i>et al.</i> , 2013
Accepting what you cannot influence		x	Horder <i>et al.</i> , 2013
Accepting death in a positive manner		x	Sato-Komata <i>et al.</i> , 2015
Anticipating change		x	von Faber <i>et al.</i> , 2001
Percentage	0	100	
Theme 2: Adaptation and continuity:			
Adapting to the use of assistive devices		x	Tate <i>et al.</i> , 2013
Living one day at a time		x	Tate <i>et al.</i> , 2013
Planning for future support		x	Tate <i>et al.</i> , 2013
Adapting to age-related changes		x	Horder <i>et al.</i> , 2013; von Faber <i>et al.</i> , 2001
Adapting to receiving support		x	Tate <i>et al.</i> , 2013
Keep going		x	Collis and Waterfield, 2015; Dionigi <i>et al.</i> , 2011
Doing things despite pain		x	Collis and Waterfield, 2015
Refraining from doing things they did before	x		Collis and Waterfield, 2015
Dealing with overwhelming emotions and stressors	x		Tate <i>et al.</i> , 2013; von Faber <i>et al.</i> , 2001
Use of strategies to deal with an increased vulnerability		x	Horder <i>et al.</i> , 2013

Keep working towards a goal		x	Dionigi <i>et al.</i> , 2011
Retaining good elements of ageing until death		x	Nosraty <i>et al.</i> , 2015
Remaining the same		x	Torres and Hammarstrom, 2009
Conflicts over declining functions	x		Sato-Komata <i>et al.</i> , 2015
Denying difficulties	x		Horder <i>et al.</i> , 2013; Sato-Komata <i>et al.</i> , 2015
Fear of one's inability to predict future declines	x		Sato-Komata <i>et al.</i> , 2015
Denial of health conditions	x		Sato-Komata <i>et al.</i> , 2015
Need to feel self-assured of health conditions	x		Sato-Komata <i>et al.</i> , 2015
Realisation of having aged		x	Sato-Komata <i>et al.</i> , 2015
Percentage	36.84	63.15	
Theme 3: Attitudes, positivity and happiness:			
Satisfaction with life		x	Bowling, 2006; Dionigi <i>et al.</i> , 2011; Nosraty <i>et al.</i> , 2015
Gratitude		x	Horder <i>et al.</i> , 2013; Sato-Komata <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013; von Faber <i>et al.</i> , 2001
Being curious to learn new things		x	Torres and Hammarstrom, 2009
Forgiveness		x	Torres and Hammarstrom, 2009
Positive approach to life		x	Bassett <i>et al.</i> , 2007; Tate <i>et al.</i> , 2013; Torres and Hammarstrom, 2009
Happiness to grow older		x	Collis and Waterfield, 2015
Happy outlook		x	Tate <i>et al.</i> , 2013
Good mind-set		x	Bassett <i>et al.</i> , 2007; Bowling, 2006; Lee <i>et al.</i> , 2017
Enjoyment of life		x	Bowling, 2006
Positive humour		x	McGrath <i>et al.</i> , 2016

(Continued)

Table 2. (Continued.)

Factors	Inhibitors	Facilitators	References
Avoid nagging		x	Torres and Hammarstrom, 2009
Negative attitudes and pessimism	x		Chen <i>et al.</i> , 2019; Collis and Waterfield, 2015; McGrath <i>et al.</i> , 2016
Negative attitudes in the presence of illness	x		Nosraty <i>et al.</i> , 2015
The loss of a loved one	x		Nosraty <i>et al.</i> , 2015
Hiding negative feelings	x		Collis and Waterfield, 2015
Dissimulate feelings of fear, anger and frustration	x		Collis and Waterfield, 2015
Percentage	31.25	68.75	
Theme 4: Environmental factors and system influences:			
The environmental context in the presence of disability	x	x	McGrath <i>et al.</i> , 2016
Living circumstances	x	x	Bowling, 2006; Nosraty <i>et al.</i> , 2015
Adequate housing		x	Bassett <i>et al.</i> , 2007
Good housing for seniors		x	Bassett <i>et al.</i> , 2007; Horder <i>et al.</i> , 2013; Nosraty <i>et al.</i> , 2015
Favourable outdoor environment		x	Bassett <i>et al.</i> , 2007; Horder <i>et al.</i> , 2013
Good weather, season, time of day and lighting		x	Horder <i>et al.</i> , 2013; McGrath <i>et al.</i> , 2016
Ice and winter	x		Horder <i>et al.</i> , 2013
Health-care systems	x	x	Bassett <i>et al.</i> , 2007; Collis and Waterfield, 2015; Horder <i>et al.</i> , 2013; Tate <i>et al.</i> , 2013
Social support systems	x	x	Bassett <i>et al.</i> , 2007
Health-care providers		x	Tate <i>et al.</i> , 2013
Medication		x	Bassett <i>et al.</i> , 2007; Collis and Waterfield, 2015; Tate <i>et al.</i> , 2013
Receiving medical treatment		x	Bassett <i>et al.</i> , 2007; Sato-Komata <i>et al.</i> , 2015

Regular medical check-ups		x	Chen <i>et al.</i> , 2019; Sato-Komata <i>et al.</i> , 2015
Receiving informal care		x	Bassett <i>et al.</i> , 2007
Health-care attends medical needs		x	Bassett <i>et al.</i> , 2007; Horder <i>et al.</i> , 2013; Nosraty <i>et al.</i> , 2015; Sato-Komata <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013
Well informed by the health-care systems		x	Horder <i>et al.</i> , 2013
Shortcomings about informal support systems	x		Bassett <i>et al.</i> , 2007
Advances in science and medical knowledge		x	Bassett <i>et al.</i> , 2007
Dissemination of medical research		x	Bassett <i>et al.</i> , 2007
Increased availability of health-care services		x	Bassett <i>et al.</i> , 2007
Improved diagnosis		x	Bassett <i>et al.</i> , 2007
Neglected by health-care systems	x		Collis and Waterfield, 2015
Pill prescription instead of advice	x		Collis and Waterfield, 2015
Lack of treatment options	x		Collis and Waterfield, 2015
Percentage	37.5	79.16	
Theme 5: Financial resources:			
To buy essentials		x	Bassett <i>et al.</i> , 2007; Bowling, 2006; Chen <i>et al.</i> , 2019; Horder <i>et al.</i> , 2013; Nosraty <i>et al.</i> , 2015; Sato-Komata <i>et al.</i> , 2015; Torres and Hammarstrom, 2009
Pay bills		x	Bowling, 2006; Horder <i>et al.</i> , 2013
Autonomy in financial decisions		x	Chen <i>et al.</i> , 2019; Nosraty <i>et al.</i> , 2015
Having a sufficient pension		x	Nosraty <i>et al.</i> , 2015
Financial planning		x	Bassett <i>et al.</i> , 2007; Carr and Weir, 2017; Chen <i>et al.</i> , 2019; Horder <i>et al.</i> , 2013
Budgeting, investing, being debt-free		x	Bassett <i>et al.</i> , 2007

(Continued)

Table 2. (Continued.)

Factors	Inhibitors	Facilitators	References
Good financial management		x	Bassett <i>et al.</i> , 2007
Savings to ensure financial security		x	Chen <i>et al.</i> , 2019
Concerns about savings	x		Sato-Komata <i>et al.</i> , 2015
Percentage	11.11	88.88	
Theme 6: Health and physical functioning:			
Maintaining good physical and mental health		x	Bowling, 2006; Carr and Weir, 2017; Chen <i>et al.</i> , 2019; Dionigi <i>et al.</i> , 2011; Knight and Ricciardelli, 2003; Lee <i>et al.</i> , 2017; Nosraty <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013; Torres and Hammarstrom, 2009; von Faber <i>et al.</i> , 2001
Pain-free		x	Horder <i>et al.</i> , 2013; Nosraty <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013; Torres and Hammarstrom, 2009
Free from disability		x	Bowling, 2006
Physical strength, fitness and capacity		x	Bassett <i>et al.</i> , 2007; Torres and Hammarstrom, 2009
Keeping fit		x	Knight and Ricciardelli, 2003
Longevity		x	Bassett <i>et al.</i> , 2007
Genetics		x	Bassett <i>et al.</i> , 2007; Carr and Weir, 2017
Being able to get out		x	Bowling, 2006
Absence of diseases and limitations		x	Bowling, 2006; Horder <i>et al.</i> , 2013; Tate <i>et al.</i> , 2013
Health of friends and family		x	Horder <i>et al.</i> , 2013
Partner's or relative's bad health	x		Horder <i>et al.</i> , 2013
Percentage	9.09	90.90	
Theme 7: Independence:			

The ability to take care of oneself	x	Chen <i>et al.</i> , 2019; Dionigi <i>et al.</i> , 2011
Take responsibility of your own health and welfare	x	Chen <i>et al.</i> , 2019; Dionigi <i>et al.</i> , 2011
Maintaining independence	x	Bassett <i>et al.</i> , 2007; Bowling, 2006; Chen <i>et al.</i> , 2019; Collis and Waterfield, 2015; Dionigi <i>et al.</i> , 2011; Horder <i>et al.</i> , 2013; Lee <i>et al.</i> , 2017; McGrath <i>et al.</i> , 2016; Tate <i>et al.</i> , 2013
Maintaining independence regardless of pain or visual loss	x	Collis and Waterfield, 2015; McGrath <i>et al.</i> , 2016
Function well without assistance	x	Lee <i>et al.</i> , 2017
Being in control of one's life	x	Bassett <i>et al.</i> , 2007; Nosraty <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013
Autonomy	x	Bassett <i>et al.</i> , 2007; Bowling, 2006; Nosraty <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013
Decision-making and self-mastery	x	Bassett <i>et al.</i> , 2007; Nosraty <i>et al.</i> , 2015
Not being patronised	x	Nosraty <i>et al.</i> , 2015
Letting people live as they want	x	Nosraty <i>et al.</i> , 2015
Self-sufficient physical functions and capacities	x	Bassett <i>et al.</i> , 2007; Chen <i>et al.</i> , 2019; Nosraty <i>et al.</i> , 2015
Independent travel	x	Bassett <i>et al.</i> , 2007; Dionigi <i>et al.</i> , 2011; Tate <i>et al.</i> , 2013
Independent living arrangements	x	Bassett <i>et al.</i> , 2007; Nosraty <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013
Losing autonomy	x	Horder <i>et al.</i> , 2013
Percentage	7.14	92.85
Theme 8: Engagement with life through social, leisure activities and interests:		
Interest-based leisured lifestyle	x	Bassett <i>et al.</i> , 2007; Carr and Weir, 2017; Dionigi <i>et al.</i> , 2011; Horder <i>et al.</i> , 2013; Torres and Hammarstrom, 2009
Keeping busy	x	Dionigi <i>et al.</i> , 2011; Knight and Ricciardelli, 2003
Shopping	x	Carr and Weir, 2017; Dionigi <i>et al.</i> , 2011

(Continued)

Table 2. (Continued.)

Factors	Inhibitors	Facilitators	References
Bingo, housework, gardening, church		x	Dionigi et al., 2011; Horder et al., 2013
Having something meaningful to do		x	Torres and Hammarstrom, 2009
Hobbies		x	Bassett et al., 2007; Nosraty et al., 2015; Tate et al., 2013
Listening to music		x	Dionigi et al., 2011; Nosraty et al., 2015; Torres and Hammarstrom, 2009
Attending reading clubs		x	Bassett et al., 2007; Carr and Weir, 2017; Chen et al., 2019; Dionigi et al., 2011
Maintain an interest in and curiosity about things		x	Nosraty et al., 2015
Interest in modern society and community		x	Bassett et al., 2007; Sato-Komata et al., 2015; Tate et al., 2013
Interests outside one's environment and life		x	Bassett et al., 2007; Bowling, 2006; Tate et al., 2013
Having dinner with friends and children		x	Dionigi et al., 2011; Horder et al., 2013
Maintaining membership in organisations		x	Bassett et al., 2007
Support network		x	Carr and Weir, 2017
Social relations		x	Bassett et al., 2007; Carr and Weir, 2017; Chen et al., 2019; Horder et al., 2013; Lee et al., 2017; Nosraty et al., 2015; Sato-Komata et al., 2015; von Faber et al., 2001
Cultural activities		x	Horder et al., 2013
Volunteering in the community		x	Carr and Weir, 2017; Chen et al., 2019; Dionigi et al., 2011; Tate et al., 2013
Percentage	0	100	
Theme 9: Reflections on life and past experiences:			
Reflection on life and preparation for death		x	Sato-Komata et al., 2015
Anticipating the future even in very old age		x	Nosraty et al., 2015

Living a joyful long life		x	Bowling, 2006
Longer life than others		x	Tate <i>et al.</i> , 2013
Education and career		x	Tate <i>et al.</i> , 2013
Being retired and having served in the war		x	Tate <i>et al.</i> , 2013
Past regrets focusing on losses	x		Holder <i>et al.</i> , 2013
Concerns about unforeseeable future	x		Chen <i>et al.</i> , 2019; Sato-Komata <i>et al.</i> , 2015
Percentage	25	75	
Theme 10: Preparations for death:			
Death as an inevitable consequence of ageing		x	Sato-Komata <i>et al.</i> , 2015
Quick death		x	Tate <i>et al.</i> , 2013
Easy and painless		x	Sato-Komata <i>et al.</i> , 2015
Not being afraid of death		x	Nosraty <i>et al.</i> , 2015; Sato-Komata <i>et al.</i> , 2015
Accept, acknowledge and prepare for death		x	Chen <i>et al.</i> , 2019; Sato-Komata <i>et al.</i> , 2015
Save for your funeral		x	Sato-Komata <i>et al.</i> , 2015
Denying death	x		Holder <i>et al.</i> , 2013
Death of loved ones	x		Holder <i>et al.</i> , 2013; Tate <i>et al.</i> , 2013
Anticipation of life after death		x	von Faber <i>et al.</i> , 2001
Percentage	22.22	77.77	
Theme 11: Physical activity and functioning:			
Physical activity and active mind		x	Dionigi <i>et al.</i> , 2011
Maintaining the activities of daily living		x	Carr and Weir, 2017; McGrath <i>et al.</i> , 2016
Having energy		x	Holder <i>et al.</i> , 2013; Tate <i>et al.</i> , 2013

(Continued)

Table 2. (Continued.)

Factors	Inhibitors	Facilitators	References
Maintaining physical activity		x	Carr and Weir, 2017; Collis and Waterfield, 2015; Horder et al., 2013; Knight and Ricciardelli, 2003
Physical exercise and sports		x	Bassett et al., 2007; Dionigi et al., 2011; Knight and Ricciardelli, 2003; Nosraty et al., 2015; Tate et al., 2013
Keeping fit		x	Knight and Ricciardelli, 2003; Tate et al., 2013
Percentage	0	100	
Theme 12: Mental health, cognitive functioning and wellbeing:			
Exercising the mind through intellectually stimulating activities		x	Bassett et al., 2007
Memory training		x	von Faber et al., 2001
Continued learning and professional engagement		x	Carr and Weir, 2017; Chen et al., 2019; Horder et al., 2013; Nosraty et al., 2015; Tate et al., 2013
Cognitive functioning		x	Bassett et al., 2007; Chen et al., 2019; Horder et al., 2013; Lee et al., 2017; Nosraty et al., 2015; Sato-Komata et al., 2015
Mental health		x	Nosraty et al., 2015; Tate et al., 2013
Absence of dementia/preserved personality		x	Horder et al., 2013; von Faber et al., 2001
Clear-headedness and good memory		x	Nosraty et al., 2015; Tate et al., 2013; Torres and Hammarstrom, 2009
Being alert		x	Torres and Hammarstrom, 2009
Healthy active mind		x	Bowling, 2006; Carr and Weir, 2017
The ability to communicate		x	Tate et al., 2013
Fear of cognitive decline	x		von Faber et al., 2001

Absence of depression	x	Nosraty <i>et al.</i> , 2015; von Faber <i>et al.</i> , 2001
Engagement in personally meaningful activities	x	Carr and Weir, 2017; Horder <i>et al.</i> , 2013
Wellbeing equated with successful ageing	x	von Faber <i>et al.</i> , 2001
Percentage	7.14	92.85
Theme 13: Quality of life, wellness resources and lifestyle:		
Good quality of life	x	Bassett <i>et al.</i> , 2007; Bowling, 2006; Tate <i>et al.</i> , 2013
Good lifestyle	x	Tate <i>et al.</i> , 2013
Healthy lifestyle choices and behaviours	x	Bassett <i>et al.</i> , 2007; Carr and Weir, 2017; Dionigi <i>et al.</i> , 2011; McGrath <i>et al.</i> , 2016; Tate <i>et al.</i> , 2013
Refrain from smoking, drinking and doing drugs	x	Bassett <i>et al.</i> , 2007; Tate <i>et al.</i> , 2013
Maintaining a good diet and nutrition	x	Bassett <i>et al.</i> , 2007; Dionigi <i>et al.</i> , 2011; Tate <i>et al.</i> , 2013
Active lifestyle and exercise	x	Bassett <i>et al.</i> , 2007; Carr and Weir, 2017; Dionigi <i>et al.</i> , 2011; Sato-Komata <i>et al.</i> , 2015
Uneventful lifestyle due to daily rituals	x	Sato-Komata <i>et al.</i> , 2015
Neither rich nor poor lifestyle	x	Sato-Komata <i>et al.</i> , 2015
Getting sufficient sleep and rest	x	Bassett <i>et al.</i> , 2007
Disposing of personal belongings and passing on work duties	x	Sato-Komata <i>et al.</i> , 2015
Percentage	0	100
Theme 14: Relationships:		
Good social relationships with friends and family	x	Bassett <i>et al.</i> , 2007; Bowling, 2006; Chen <i>et al.</i> , 2019; Dionigi <i>et al.</i> , 2011; Horder <i>et al.</i> , 2013; Lee <i>et al.</i> , 2017; Nosraty <i>et al.</i> , 2015; Sato-Komata <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013; von Faber <i>et al.</i> , 2001
Neighbours	x	Carr and Weir, 2017; Nosraty <i>et al.</i> , 2015; Sato-Komata <i>et al.</i> , 2015; Tate <i>et al.</i> , 2013

(Continued)

Table 2. (Continued.)

Factors	Inhibitors	Facilitators	References
Life partners		x	Torres and Hammarstrom, 2009
Spouses		x	Bassett et al., 2007; Carr and Weir, 2017; Horder et al., 2013; Lee et al., 2017; Nosraty et al., 2015
Keeping pets for companionship		x	Tate et al., 2013
Enjoying intimate relations		x	Bassett et al., 2007; Tate et al., 2013
Good communication with children and grandchildren		x	Bassett et al., 2007; Horder et al., 2013; Nosraty et al., 2015
Successful marriage		x	Bassett et al., 2007; Carr and Weir, 2017; Nosraty et al., 2015
Quality of relationships based on reciprocity		x	Bassett et al., 2007; von Faber et al., 2001
Difficulty socialising and making new friends	x		Bassett et al., 2007; Horder et al., 2013
Relationship with one's physician		x	Bassett et al., 2007
Percentage	9.09	90.90	
Theme 15: Spirituality and faith:			
Involvement in the church community		x	Bassett et al., 2007; Dionigi et al., 2011; Horder et al., 2013; Tate et al., 2013; Torres and Hammarstrom, 2009
Spiritual strength, fate, fortune		x	Bassett et al., 2007
Faith and religion		x	von Faber et al., 2001
God, regardless of religion		x	Bassett et al., 2007; Nosraty et al., 2015; Tate et al., 2013
Becoming a better person		x	Nosraty et al., 2015
Spiritual growth		x	Nosraty et al., 2015
Percentage	0	100	

sensation of loss of physical and cognitive functions, fear of one's inability to predict future declines, the acceptance or denial of health conditions, the need to feel self-assured of one's health condition and the realisation of having aged (Sato-Komata *et al.*, 2015).

Theme 3: Attitudes, positivity and happiness

Thirteen studies mentioned attitudes, both positive and negative, as a component of successful ageing. In terms of positive attitudes, studies reported satisfaction with life (Bowling, 2006; Dionigi *et al.*, 2011; Nosraty *et al.*, 2015), gratitude (von Faber *et al.*, 2001; Horder *et al.*, 2013; Tate *et al.*, 2013; Sato-Komata *et al.*, 2015), as well as being curious about learning new things and forgiveness (Torres and Hammarstrom, 2009). In the same vein of positivity and happiness, a positive approach to life (Bassett *et al.*, 2007; Torres and Hammarstrom, 2009; Tate *et al.*, 2013), happiness about growing older (Collis and Waterfield, 2015), a happy outlook (Tate *et al.*, 2013), a good mind-set (Bowling, 2006; Bassett *et al.*, 2007; Lee *et al.*, 2017) and enjoyment of life (Bowling, 2006) were reported. This positive approach is occasionally paralleled by a denial of difficulties and avoiding nagging (Torres and Hammarstrom, 2009; Collis and Waterfield, 2015). Other studies mentioned the importance of remaining positive despite disability, diseases, physical decline and negative life events (Collis and Waterfield, 2015; McGrath *et al.*, 2016; Carr and Weir, 2017). Combating these negative life events with positive humour was deemed a good strategy (McGrath *et al.*, 2016).

Negative attitudes were also reported. Some studies mentioned negative attitudes and pessimism (Collis and Waterfield, 2015; McGrath *et al.*, 2016; Chen *et al.*, 2019) in the presence of illness, pain, the loss of a loved one and due to past life experiences (Nosraty *et al.*, 2015). These life events mitigate against successful ageing (Collis and Waterfield, 2015). Others mentioned hiding negative feelings from others to avoid being perceived as complainers, an old-age stereotype. Moreover, one study mentioned the feelings of fear, anger and frustration to maintain a false sense of happiness to loved ones and care staff (Collis and Waterfield, 2015).

Theme 4: Environmental factors and system influences

This theme was reported in nine articles. The environmental context in the presence of disability (McGrath *et al.*, 2016) and the living circumstances (Bowling, 2006; Nosraty *et al.*, 2015) were mentioned as important determinants to successful ageing. These could enhance opportunities and safety but also could be hindering in nature (Horder *et al.*, 2013). In some studies, home-ownership, adequate accommodation and access to good housing for seniors were considered important (Bassett *et al.*, 2007; Horder *et al.*, 2013; Nosraty *et al.*, 2015). While some people wanted to stay in their own home as long as possible, others believed that moving to a seniors' residence provides security: 'Well, the first condition is to stay fit enough to be able to live on your own. And to live at home; I'd much rather live here at home than in some institution ... (5, male, living alone, receiving daily home help)' (Nosraty *et al.*, 2015, p. 54). Apart from living arrangements, a favourable outdoor environment was reported (Bassett *et al.*, 2007; Horder *et al.*, 2013), which included weather

Table 3. Frequency of themes

Author, year	Acceptance	Adaptation and continuity	Attitudes, positivity and happiness	Environmental factors and system influences	Financial resources	Health and physical functioning	Independence	Social engagement, leisure activities and interests	Reflections on life and past experiences	Preparations for death	Physical activity	Mental health, cognitive functioning and wellbeing	Quality of life, wellness resources and lifestyle	Relationships	Spiritualist and faith	Reported themes/article (%)
Bassett <i>et al.</i> , 2007			x	x	x		x	x			x	x	x	x	x	66.66
Bowling, 2006			x	x	x	x	x	x	x		x	x	x	x		73.33
Carr and Weir, 2017	x		x		x	x		x			x	x	x	x		60
Chen <i>et al.</i> , 2019	x		x	x	x	x	x	x	x	x	x	x		x		80
Collis and Waterfield, 2015	x	x	x	x			x				x					40
Dionigi <i>et al.</i> , 2011	x	x	x			x	x	x			x		x	x	x	66.66
Horder <i>et al.</i> , 2013	x	x		x	x	x	x	x	x	x	x	x		x	x	86.66
Knight and Ricciardelli, 2003						x		x			x					20
Lee <i>et al.</i> , 2017			x			x	x				x		x	x	x	46.66
McGrath <i>et al.</i> , 2016			x	x			x				x		x			33.33
Nosraty <i>et al.</i> , 2015		x	x	x	x	x	x	x	x	x	x	x		x		80
Sato-Komata <i>et al.</i> , 2015	x	x	x	x	x	x		x	x	x		x	x	x		80
Tate <i>et al.</i> , 2013	x	x	x	x		x	x	x	x	x	x	x	x	x	x	93.33
Torres and Hammarstrom, 2009		x	x		x	x		x				x		x	x	63.33
von Faber <i>et al.</i> , 2001	x	x	x			x			x	x	x	x		x	x	66.66
Percentage of reported theme	53.33	53.33	86.66	60	53.33	80	66.66	73.33	46.66	40	86.66	66.66	53.33	80	46.66	

(Horder *et al.*, 2013; McGrath *et al.*, 2016), season, time of day and lighting (McGrath *et al.*, 2016). However, ice and snow in winter can become a threat to successful ageing as they impede people from staying active (Horder *et al.*, 2013).

System influences included health care (Bassett *et al.*, 2007; Horder *et al.*, 2013; Tate *et al.*, 2013; Collis and Waterfield, 2015) and social support systems (Bassett *et al.*, 2007). These comprised health-care providers (Tate *et al.*, 2013), medication (Bassett *et al.*, 2007; Tate *et al.*, 2013; Collis and Waterfield, 2015), receiving medical treatment (Bassett *et al.*, 2007; Sato-Komata *et al.*, 2015), going for regular medical check-ups (Sato-Komata *et al.*, 2015; Chen *et al.*, 2019) and receiving informal care (Bassett *et al.*, 2007). Advances in science and medical knowledge, the dissemination of medical research and increased availability of health-care services (Bassett *et al.*, 2007) were also seen as determinants of successful ageing.

Older adults expected that health care would attend to their medical needs (Bassett *et al.*, 2007; Horder *et al.*, 2013; Tate *et al.*, 2013; Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015). Additionally, awareness and information by the health-care systems about older adults' medical conditions contributed to the feelings of security and health (Horder *et al.*, 2013). In cases of disability, participants reported valuing compliance with the requirements of the care staff. These included refraining from travelling alone and using the stove, and only using taxis for transportation (McGrath *et al.*, 2016).

While the importance of health care was noted, some participants felt neglected by the health-care systems through a lack of advice on the premise that their pain was a natural result of ageing (Collis and Waterfield, 2015). Some others felt frustrated that their condition did not improve, despite regular visits to the hospital (Sato-Komata *et al.*, 2015), and with lack of treatment options (Collis and Waterfield, 2015). Others reported that they were prescribed pills instead of receiving advice: 'I don't know if you are given a lot of advice now, apart from ... given tablets ... I think you used to get more advice' (Collis and Waterfield, 2015, p. 24). In general, the shortcomings of informal support systems were noted: 'A sense of caring for seniors is absent in our community today' (Bassett *et al.*, 2007, p. 123).

Theme 5: Financial resources

Eight studies included the theme of financial resources. Financial resources were needed to buy essentials (Bowling, 2006; Bassett *et al.*, 2007; Torres and Hammarstrom, 2009; Horder *et al.*, 2013; Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015; Chen *et al.*, 2019), pay bills (Bowling, 2006; Horder *et al.*, 2013) and retain autonomy in financial decisions (Nosraty *et al.*, 2015; Chen *et al.*, 2019) – 'Money doesn't buy happiness, but it helps to buy the support you need to live well' (Bassett *et al.*, 2007, p. 122). Financial resources were discussed in the context of having a sufficient pension, as stated by a Finnish female: 'Well, health of course and then sufficient income. I mean that your pension is enough to cover all medical costs and the like' (Nosraty *et al.*, 2015, p. 54). Besides making ends meet, financial planning (Bassett *et al.*, 2007; Horder *et al.*, 2013; Carr and Weir, 2017; Chen *et al.*, 2019), budgeting, investing, being debt-free and good financial management were also reported as determinants of successful ageing (Bassett *et al.*, 2007). Financial concerns about the future, and hence worries

about savings (Sato-Komata *et al.*, 2015), were also reported, as savings were seen as a way to ensure financial security in case of major illness (Chen *et al.*, 2019).

Theme 6: Health and physical functioning

Twelve out of 15 articles mentioned this theme. Health and physical functioning meant maintaining good physical and mental health (von Faber *et al.*, 2001; Knight and Ricciardelli, 2003; Bowling, 2006; Torres and Hammarstrom, 2009; Dionigi *et al.*, 2011; Tate *et al.*, 2013; Nosraty *et al.*, 2015; Carr and Weir, 2017; Lee *et al.*, 2017; Chen *et al.*, 2019). The latter is believed to facilitate one's ability to engage actively in life (Carr and Weir, 2017), pain-free (Torres and Hammarstrom, 2009; Horder *et al.*, 2013; Tate *et al.*, 2013; Nosraty *et al.*, 2015) and free from disability (Bowling, 2006). Additionally, some studies emphasised the importance of physical strength, fitness and capacity (Bassett *et al.*, 2007; Torres and Hammarstrom, 2009), keeping fit (Knight and Ricciardelli, 2003), longevity (Bassett *et al.*, 2007), genetics (Bassett *et al.*, 2007; Carr and Weir, 2017) and 'being able to get out' (Bowling, 2006) as important determinants of successful ageing.

For some, health meant the absence of diseases and limitations (Bowling, 2006; Horder *et al.*, 2013; Tate *et al.*, 2013). For others, health was seen as a resource for being active and participating on a personally desired level, despite the presence of disease and disabilities (Knight and Ricciardelli, 2003; Horder *et al.*, 2013). Not surprisingly, some participants valued their personal health almost as much as they valued the health of friends and family (Horder *et al.*, 2013). Partners' or relatives' ill-health was seen as a reason for sadness and worries. The dependency on immediate relatives' health, with partner care-giving, was seen as a barrier to engaging in activities and a threat to personal freedom, but a spouse's death was seen as an even bigger threat (Horder *et al.*, 2013). Additionally, some considered a degree of morbidity to be part of the natural ageing process (Horder *et al.*, 2013; Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015).

Theme 7: Independence

This theme was reported in ten articles. Independence referred to the ability to take care of oneself (Dionigi *et al.*, 2011; Chen *et al.*, 2019), to take responsibility for one's own health and welfare (Bassett *et al.*, 2007; Dionigi *et al.*, 2011) and maintain this independence (Bowling, 2006; Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Horder *et al.*, 2013; Tate *et al.*, 2013; Collis and Waterfield, 2015; McGrath *et al.*, 2016; Lee *et al.*, 2017; Chen *et al.*, 2019) despite pain (Collis and Waterfield, 2015), while requesting help if needed (McGrath *et al.*, 2016), but also the ability to function well without assistance (Lee *et al.*, 2017).

The importance of being in control of one's life was highlighted (Bassett *et al.*, 2007; Tate *et al.*, 2013; Nosraty *et al.*, 2015) in terms of financial capacities (Bassett *et al.*, 2007; Tate *et al.*, 2013; Nosraty *et al.*, 2015; Chen *et al.*, 2019), autonomy (Bowling, 2006; Bassett *et al.*, 2007; Tate *et al.*, 2013; Nosraty *et al.*, 2015), self-reliance (Chen *et al.*, 2019), decision-making and self-mastery (Bassett *et al.*, 2007; Nosraty *et al.*, 2015), 'not being patronised' and 'letting people live as they want' (Nosraty *et al.*, 2015).

Independence also meant being self-sufficient in terms of physical functions and capacities (Bassett *et al.*, 2007; Nosraty *et al.*, 2015; Chen *et al.*, 2019), routine activities (Tate *et al.*, 2013), living arrangements (Bassett *et al.*, 2007; Tate *et al.*, 2013; Nosraty *et al.*, 2015) and travel by driving a car or by flying (Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Tate *et al.*, 2013). When autonomy equated respect for some (Bassett *et al.*, 2007), losing one's autonomy when close to death triggered insecurities (Horder *et al.*, 2013). As such, with vision loss, preserved independence was seen as the most important aspect to ageing successfully (McGrath *et al.*, 2016).

Theme 8: Social engagement, leisure activities and interests

Eleven studies defined successful ageing in terms of an engaged interest-based and leisured lifestyle (Bassett *et al.*, 2007; Torres and Hammarstrom, 2009; Dionigi *et al.*, 2011; Horder *et al.*, 2013; Carr and Weir, 2017). Studies reported such factors as keeping busy (Knight and Ricciardelli, 2003; Dionigi *et al.*, 2011) through shopping (Dionigi *et al.*, 2011; Carr and Weir, 2017), bingo, housework, gardening and attending church (Dionigi *et al.*, 2011; Horder *et al.*, 2013). The importance of having something meaningful to do was noted (Torres and Hammarstrom, 2009) in terms of hobbies (Bassett *et al.*, 2007; Tate *et al.*, 2013; Nosraty *et al.*, 2015) such as listening to music (Torres and Hammarstrom, 2009; Dionigi *et al.*, 2011; Nosraty *et al.*, 2015), keeping up with advances in technology (Bassett *et al.*, 2007; Torres and Hammarstrom, 2009) and attending reading clubs (Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Carr and Weir, 2017; Chen *et al.*, 2019). It was evident that older people wanted to 'maintain an interest in and curiosity about things' (Nosraty *et al.*, 2015) in modern society and their community (Bassett *et al.*, 2007; Tate *et al.*, 2013; Sato-Komata *et al.*, 2015), as well as outside their own environment and life (Bowling, 2006; Bassett *et al.*, 2007; Tate *et al.*, 2013).

Theme 9: Reflections on life and past experiences

Seven studies mentioned this theme. This included reflections on life and past experiences (Sato-Komata *et al.*, 2015). In this theme, reflecting on life (Sato-Komata *et al.*, 2015) also included anticipating the future even in very old age (Nosraty *et al.*, 2015), which even extends beyond death (von Faber *et al.*, 2001). In some studies, living a joyful long life (Bowling, 2006), even longer than others (Tate *et al.*, 2013), also seemed to be important. Certain life experiences were associated with successful ageing, such as education and career, being retired and having served in the Second World War (Tate *et al.*, 2013). Looking back to past experiences generated some nostalgia among participants who thought 'things were better in the past' (Sato-Komata *et al.*, 2015).

Retrospection has its share of regrets and focus on losses (Horder *et al.*, 2013). While recalling past experiences, some participants prepare for the future by sharing thoughts with their family and friends (Sato-Komata *et al.*, 2015). This, in some cases, also brought up concerns and worries about the unforeseeable future (Sato-Komata *et al.*, 2015; Chen *et al.*, 2019), which were seen as a threat to successful ageing.

Theme 10: Preparations for death

This theme was mentioned in six articles. While life has its shares of hopes and concerns, death and dying were seen as an inevitable consequence of ageing and some studies stressed ideas about an easy, painless (Sato-Komata *et al.*, 2015) and quick death (Tate *et al.*, 2013). Ageing successfully meant not being afraid of death (Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015), but also accepting, acknowledging and preparing for death (Chen *et al.*, 2019), as illustrated in this quote: ‘When I was a younger, I didn’t like the idea of dying, but now, I’m not so afraid anymore’ (Sato-Komata *et al.*, 2015, p. 590).

Regardless of fear of death or its acceptance, some made preparations for the future and saved for their funeral (Sato-Komata *et al.*, 2015) and others anticipated life after death (von Faber *et al.*, 2001). Some displayed denial and laughed when death was mentioned (Horder *et al.*, 2013). The death of loved ones seemed to be a threat to their successful ageing (Horder *et al.*, 2013; Tate *et al.*, 2013).

Theme 11: Physical activity and functioning

Thirteen articles defined successful ageing as being mentally and physically active (von Faber *et al.*, 2001; Knight and Ricciardelli, 2003; Bowling, 2006; Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Horder *et al.*, 2013; Tate *et al.*, 2013; McGrath *et al.*, 2016; Carr and Weir, 2017; Lee *et al.*, 2017; Chen *et al.*, 2019). For highly active women, physical activity and an active mind are key components of successful ageing (Dionigi *et al.*, 2011). Not surprisingly, age differences were observed in relation to what ‘*being active*’ means. For 75+ older adults, it meant volunteering, while for the oldest-old (85+) being active referred to maintaining the activities of daily living (McGrath *et al.*, 2016; Carr and Weir, 2017).

Having energy (Horder *et al.*, 2013; Tate *et al.*, 2013), maintaining physical activity (Dionigi *et al.*, 2011; Horder *et al.*, 2013; Tate *et al.*, 2013; Chen *et al.*, 2019), remaining active (Knight and Ricciardelli, 2003; Horder *et al.*, 2013; Carr and Weir, 2017), despite pain (Collis and Waterfield, 2015), were important physical factors for having an active life. Personal growth (Knight and Ricciardelli, 2003) through physical exercise and sports (Knight and Ricciardelli, 2003; Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Tate *et al.*, 2013; Nosraty *et al.*, 2015) and keeping fit (Knight and Ricciardelli, 2003; Tate *et al.*, 2013) were also mentioned.

In the presence of visual loss, the use of several coping and adaptive strategies to facilitate engagement in the community, minimise risk and reduce the experience of disability was discussed. These strategies included asking for help, being careful, concentrating and completing tasks slowly (McGrath *et al.*, 2016).

Theme 12: Mental health, cognitive functioning and wellbeing

Ten articles mentioned mental health and cognitive resources as an important component of successful ageing. Prerequisites for successful ageing were identified as cognitive functioning (Bassett *et al.*, 2007; Horder *et al.*, 2013; Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015; Lee *et al.*, 2017; Chen *et al.*, 2019), mental health (Tate *et al.*, 2013; Nosraty *et al.*, 2015), absence of dementia, preserved personality (von Faber *et al.*, 2001; Horder *et al.*, 2013), clear-headedness, having a good memory

(Torres and Hammarstrom, 2009; Tate *et al.*, 2013; Nosraty *et al.*, 2015), being alert (Torres and Hammarstrom, 2009), being healthy and having an active mind (Bowling, 2006; Carr and Weir, 2017), and the ability to communicate (Tate *et al.*, 2013).

While some participants feared cognitive decline due to perceived loss of personality (von Faber *et al.*, 2001), others accepted their cognitive decline and accepted that they had aged (Sato-Komata *et al.*, 2015; Chen *et al.*, 2019). Participants also believed that mind exercises (Bassett *et al.*, 2007), such as intellectual stimulation and memory training (von Faber *et al.*, 2001), continued learning and professional engagement (Horder *et al.*, 2013; Tate *et al.*, 2013; Nosraty *et al.*, 2015; Carr and Weir, 2017; Chen *et al.*, 2019), inquiry and curiosity were thought to lead to improved cognitive abilities (Bassett *et al.*, 2007). Additionally, social engagement was related to cognitive engagement as social interaction was believed to keep one's mind stimulated (Carr and Weir, 2017). Finally, the absence of depression was also reported (von Faber *et al.*, 2001; Nosraty *et al.*, 2015), especially that wellbeing was equated with successful ageing (von Faber *et al.*, 2001). The equation is conditioned by personality and character traits since they contribute to achieving and maintaining the feelings of wellbeing (von Faber *et al.*, 2001).

A desired level of engagement in personally meaningful activities contributes positively to one's ability to age successfully (Horder *et al.*, 2013; Carr and Weir, 2017).

Theme 13: Quality of life, wellness resources and lifestyle

This theme was found in eight of the reviewed articles. Having a good quality of life was mentioned in three studies (Bowling, 2006; Bassett *et al.*, 2007; Tate *et al.*, 2013). This encompasses both a good lifestyle and the provision of basic needs; as an 82-year-old participant put it: 'Being well fed, well clothed, and well housed [QL2]' (Tate *et al.*, 2013, p. 310).

Six articles mentioned lifestyle factors and choices as being important for ageing well. These factors refer to healthy lifestyle choices and behaviours (Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Tate *et al.*, 2013; McGrath *et al.*, 2016; Carr and Weir, 2017). They included refraining from smoking, drinking and taking drugs (Bassett *et al.*, 2007; Tate *et al.*, 2013), maintaining a good diet and nutrition (Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Tate *et al.*, 2013), and having an active lifestyle and doing exercise (Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Sato-Komata *et al.*, 2015; Carr and Weir, 2017). Some participants described successful ageing as a lifestyle maintained with daily rituals (Sato-Komata *et al.*, 2015), being neither rich nor poor (Sato-Komata *et al.*, 2015), or getting sufficient sleep and rest (Bassett *et al.*, 2007). Additionally, some considered preparing for new lifestyles by disposing of personal belongings and passing on work duties (Sato-Komata *et al.*, 2015). Wellness resources were defined as having good physical and general health, intact cognitive functioning and independence, and being able to think clearly (Lee *et al.*, 2017).

Theme 14: Relationships

This theme was present in 12 out of 15 studies. Older adults defined relationships as being engaged in and maintaining good social relations with others, such as friends

and family (von Faber *et al.*, 2001; Bowling, 2006; Bassett *et al.*, 2007; Dionigi *et al.*, 2011; Horder *et al.*, 2013; Tate *et al.*, 2013; Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015; Lee *et al.*, 2017; Chen *et al.*, 2019), neighbours (Tate *et al.*, 2013; Nosraty *et al.*, 2015; Sato-Komata *et al.*, 2015; Carr and Weir, 2017), life partners (Torres and Hammarstrom, 2009), spouses (Bassett *et al.*, 2007; Horder *et al.*, 2013; Nosraty *et al.*, 2015; Carr and Weir, 2017; Lee *et al.*, 2017) and keeping pets for companionship (Tate *et al.*, 2013). This theme also meant having dinner with friends and children (Dionigi *et al.*, 2011; Horder *et al.*, 2013), maintaining memberships in organisations (Bassett *et al.*, 2007), support networks (Carr and Weir, 2017), participating in cultural activities (Horder *et al.*, 2013) and volunteering in the community (Dionigi *et al.*, 2011; Tate *et al.*, 2013; Carr and Weir, 2017; Chen *et al.*, 2019).

Social relationships are crucial for successful ageing in terms of keeping one's mind stimulated (Carr and Weir, 2017; Chen *et al.*, 2019), maintaining good social interactions and relations (Bowling, 2006; Bassett *et al.*, 2007; Torres and Hammarstrom, 2009; Tate *et al.*, 2013; Carr and Weir, 2017; Lee *et al.*, 2017), enjoying intimate relations (Bassett *et al.*, 2007; Tate *et al.*, 2013), and maintaining good relationships and communication with children and grandchildren (Bassett *et al.*, 2007; Horder *et al.*, 2013; Nosraty *et al.*, 2015). While support networks (Carr and Weir, 2017) and successful marriage (Bassett *et al.*, 2007; Nosraty *et al.*, 2015; Carr and Weir, 2017) are a result of good social engagement, the quality of relationships based on reciprocity (von Faber *et al.*, 2001; Bassett *et al.*, 2007), respect, kindness, love, trust, understanding and loyalty (Bassett *et al.*, 2007) were also valued.

While, it is not always easy to socialise and make new friends in old age (Bassett *et al.*, 2007; Horder *et al.*, 2013), keeping a continuous and sustained relationship with one's physician was also seen to contribute to a long and healthy life (Bassett *et al.*, 2007).

Theme 15: Spirituality and faith

This theme was found in eight studies. In some studies spirituality refers to involvement in the church community (Bassett *et al.*, 2007; Torres and Hammarstrom, 2009; Dionigi *et al.*, 2011; Horder *et al.*, 2013; Tate *et al.*, 2013), but spirituality also referred to spiritual strength (Lee *et al.*, 2017), spiritual health, fate, fortune (Bassett *et al.*, 2007), and faith or religion (von Faber *et al.*, 2001). Believing in god regardless of religion was seen as an important factor of successful ageing (Bassett *et al.*, 2007; Tate *et al.*, 2013; Nosraty *et al.*, 2015). Spiritual growth and becoming a better person by accepting others were reported as crucial components of successful ageing (Nosraty *et al.*, 2015).

Discussion

The present study reviewed the perceptions of successful ageing among older adults aged 75 and above, by providing a synthesis of the research on diverse older adults' meanings of successful ageing. Within the 15 thematic definitions identified, the components of successful ageing were categorised into contributing facilitators and inhibitors. Facilitators were more often reported than barriers, which can be explained by the fact that the term successful ageing is positively charged, and

therefore older adults associate positive attributes with this term. These findings are supported by the idea of constructing a positive narrative by pointing out the positives associated with ageing, since the term 'successful ageing' was first introduced to counter ageism and age stereotyping caused by the overall discourse of decline (Rowe and Kahn, 1997; Calasanti, 2015).

It is acknowledged that successful ageing may be achieved even in the presence of chronic diseases and disabilities (Phelan *et al.*, 2004; Young *et al.*, 2009). The components identified in the reviewed studies support this claim and highlight the multi-dimensionality of successful ageing. Specifically, regardless of the country and study design, the reported themes in the reviewed studies show that older adults' beliefs about successful ageing are captured in more than health-related statements and include beliefs about psychological health, social relations, positivity and optimism, adaptation and acceptance of age-related changes, finances, spirituality and environmental influences, which is in line with previous research (Phelan *et al.*, 2004; Iwamasa and Iwasaki, 2011; Cosco *et al.*, 2013). Additional themes and components, which may be more age-dependent, and specific for the older adults 75 and above, were also found to be important for successful ageing. In this review, three novel successful ageing-related themes such as *reflections on life and past experiences*, *preparations for death* and *environmental and system influences* emerged. The first two have rarely been mentioned in previous reviews on successful ageing but it was reported in more than half of the studies reviewed in the current work. Reflecting on life, past experiences and anticipating the future seemed to be important for older adults. While certain life experiences such as career and education were considered to contribute to successful ageing, also living a joyful long life was deemed important by older adults. Regarding death, 75+ older adults reported wishes for an easy and painless death. The association between time left in life and chronological age might suggest that younger and older adults' definition of successful ageing is not the same, potentially due to perceived closeness to death and age-related differences in social goals. According to the SST, when time is perceived as limited, emotional goals and positive emotions become more important, even when associated with death (Carstensen *et al.*, 1999; Lee *et al.*, 2017). That is why older adults favour present-oriented goals that maximise wellbeing, such as investing in positive relationships with loved ones. In fact, having good social support and close relationships, a frequently reported theme that was also found in most of the reviewed studies, could be associated with declines in death anxiety over time (Chopik, 2017).

The second emergent theme is the *environmental and system influences*. This includes social and health-care services as well as living circumstances. While having access to medical services and receiving medical care were seen as important factors, some studies reported that participants felt neglected by the health-care systems and did not receive appropriate advice on the premise that their health problems are a natural cause of ageing. Considering the age group and the increased risk and fear of falling (Jung, 2008), favourable weather, season and lighting become relevant contributors to successful ageing, while ice and snow become a threat to successful ageing as these factors would impede older adults staying active. Environmental factors become more important as older adults move from early old age to an older phase in their life. The two themes of life and death, and

environmental and system influences show that perceptions of successful ageing for older adults aged 75+ are not necessarily the same as those of younger counterparts. This study then highlights this difference in the perceptions of successful ageing, especially in relation to increased age-related vulnerability and closeness to death.

The theme of environmental and system influence alluded to some form of ageism experienced in health-care settings, in addition to some forms of system support. The remaining themes address successful ageing in terms of agential capacities (positive attitude, exercising and self-control), which translate into actions and behaviours on the part of older adults. Through the differing conceptions of successful ageing presented in these 15 articles, we reiterate the critical issues presented in Katz and Calasanti (2015). Successful ageing is still defined, even among the 75+ older adults, as a lifestyle choice that is associated with behaviours and volitions. These are occasionally constrained by material conditions and cumulative advantages and disadvantages. A wealth of critical literature in social gerontology has highlighted the struggle in applying a normative concept of successful ageing to a diverse older population (Martinson and Berridge, 2015), as age, gender, race and other life chances intersect to shape opportunities and inequalities in older age. However, it seems that even the oldest adults across cultures and backgrounds are accepting a larger share in their responsibility to age successfully, with diminishing state responsibilities.

This systematic review has some limitations. No grey literature was searched and therefore other relevant research might have been missed. Despite the methodological strategy to be more inclusive, due to the small samples and lack of studies conducted in the field, we were not able to highlight successful ageing views in relation to various socio-economic factors and could not capture the views of older adults from disadvantaged communities and settings. Another limitation of the field is that most studies are conducted in countries with high life expectancies, meaning that cultural variation may exist, suggesting that more research should be conducted. Furthermore, the sample size of many of the included studies was small and is therefore probably not generalisable to the whole population under study.

Research and policy directions

Our results highlight that the views of older adults aged 75+ are not to be condensed to those of their younger counterparts. More research should be conducted towards understanding the older age sub-groups' needs and their interpretations of successful ageing. Research should further explore additional components necessary for successful ageing considering the diversity/heterogeneity of the group of older adults by considering age groups, health, disability status and intersectionality aspects, such as gender, ethnicity, socio-economic status, sexual orientation, cultural indicators, education and values, as they contribute to the views of successful ageing. Furthermore, future research and policies related to successful ageing should acknowledge and reflect upon structural components such as the role of environments, access and opportunities for health care, nutrition and social policies that help or hinder the ability to age successfully. Within the context of feminisation of older age, it is well known that women have a higher life expectancy than men (Austad, 2006; Gleib and Horiuchi, 2007; Zarulli *et al.*, 2018). However, most of

the participants in the reviewed studies were male, which could provide a somewhat unbalanced gender view of successful ageing by underrepresenting, an otherwise dominant cohort in older age. Therefore, we recommend that future research should reflect the perspectives of successful ageing of a feminised older adulthood. The relatively small number of studies on the perspectives of successful ageing among those 75 and older is an indication that more research is needed in this direction.

Understanding the processes by which older adults adapt, cope and maintain well-being in the presence of limitations could inform public health and clinical interventions. Policy makers should cater for the diverse needs of different generations of older populations, young-old (age 65–74), middle-old (75–85) and old-old (85+), and gender differences in order to promote, facilitate and implement suitable policies such as adequate housing, health and social care, and community services that foster individual capacities and willingness to participate in specific tailored programmes.

Due to rapid societal changes propelled by technology, migration and globalisation, pandemics and life expectancy developments, the future of successful ageing might look different for coming generations of older adults, who could benefit from emerging technological and medical advances that aim to facilitate and prolong life (Martin *et al.*, 2015; Martinson and Berridge, 2015). Moreover, the lessons learned from the current COVID-19 pandemic could shape our understanding of successful ageing and, more importantly, raise the question whether in times of rapid changes a normative model of successful ageing is still a valid option, especially when such a model could be exclusionary by default.

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