



# Factors Influencing Healthy Aging in the Community Dwelling Elderly

Hee-Kyung Kim<sup>1</sup>, Jeong-Hyo Seo<sup>2</sup>

Dept. of Nursing, Kongju National University, Gongju, Korea

<sup>1</sup>hkkim@kongju.ac.kr, <sup>2</sup> kongju2018@naver.com



## Purpose

- The aging population is rapidly increasing in the whole world and, especially in Korea, the aged population has remarkably increased, so the country has entered an aged society much more quickly than predicted by the government.
- To prepare for this aging, the international society, including the WHO, selected the plan for life-course approach to healthy aging through the World Health Assembly in 2016, and each country is fulfilling various health promotion activities for healthy aging of older adults.
- The purpose of this study is to provide data for the development of intervention programs for improving the quality of life and healthy old age by analyzing the effects of health status, depression, gerotranscendence, self-efficacy, and social support on healthy aging of older adults with chronic diseases.**

## Methods

- Participants:** The subjects were 116 elderly aged 65 years or up with one or more chronic diseases and residing in four cities.
- Procedures:** The data of this study were collected from April to May 2022. They agreed to fill out the questionnaire, they were told to fill it out for themselves.
- In the case of the older adults who found it difficult to fill the questionnaire out for themselves, the researchers read the questionnaire to them and helped them respond to it. It took about 20 min to complete the questionnaire.
- Data Analysis:** The collected data were analyzed by using the descriptive statistics, t-test, ANOVA, Pearson's correlational coefficients, and stepwise multiple regression.

## Results

- Degree of Healthy Aging and Variables of Participants**
- The health status of older adults with chronic diseases was 3.27±0.79 of 5 points; the depression was 0.16±0.16 of 0~1 point; the gerotranscendence was 3.30±0.48 of 5 points; the self-efficacy was 3.61±0.69 of 5 points; the social support was 3.71±0.55; and the healthy aging was 3.41±0.52 of 5 points.
- Comparison of Differences in Healthy Aging According to the General Characteristics of Participants**
- There were differences in the degree of healthy aging of subjects according to relationship with spouse (t = 2.02, p =.046), level of education (F = 7.79, p =.001), religion (t = 2.67, p =.009), the number of diseases (t = 3.44, p =.001), the number of diseases for which they were taking medicine (t = 2.21, p =.031), exercise (t = 4.65, p < .001), and economic level (t = 4.20, p < .001).

- Factors Affecting the Healthy Aging of Older Adults with Chronic Disease**
- In the results of verifying the relative influences of factors affecting the healthy aging of older adults with chronic diseases, the regression model was statistically significant (F = 42.08, p < .001).
- The factors affecting the healthy aging were health status ( $\beta = .24$ , p =.004), self-efficacy ( $\beta = .28$ , p < .001), education ( $\beta = -.11$ , p =.057), exercise ( $\beta = .17$ , p =.003), gerotranscendence ( $\beta = .22$ , p =.004), and depression ( $\beta = -.19$ , p =.009).
- The explanatory power of those six variables was 68.2%, and the variable with the biggest influence among them was self-efficacy.

Variables	B	SE	$\beta$	t	p
Constant	1.41	0.24		5.88	<.001
Health status	0.16	0.05	.24	3.00	.004
Self-efficacy	0.21	0.05	.28	4.03	<.001
Education (above graduate high school) *	-0.12	0.06	-.11	-1.93	.057
Exercise (doing regularly) *	0.19	0.06	.17	3.02	.003
Gerotranscendence	0.24	0.05	.22	2.92	.004
Depression	-0.64	0.24	-.19	-2.66	.009

SE, standard error; \* dummy variable: education (0 = Graduation from middle school or lower, 1 = Graduation from high school and university or higher); exercise (0 = Irregular or no exercise, 1 = Regular exercise).

## Conclusions

- The older adults with chronic diseases would need to habituate exercise and health-related learning, have confidence in their ability, and manage their own health based on the factors affecting healthy aging verified in this study. They should try to live a transcendental life by psychologically relieving their depressed mood.**
- The state and local governments should actively provide vitalization measures and administrative/financial support, such as healthcare programs focusing on primary healthcare institutions, the practical application of various programs using senior centers and shelters installed in community, and the formation of self-help groups for the healthy aging of local residents.

## Reference

- Jun, J.A.; Park, E.J.; Okamoto, E.; Yang, P.; Park, S.S.; Song, E.S.; Bae, J.E.; Kim, M.J.; Han, S.H. The Review of Health Care Policies for Promoting Healthy Ageing in Asian Countries; Korea Institute for Health and Social Affairs: Sejong, Korea, 2017. Available online: <https://www.kihasa.re.kr/publish/report/View?type=research&seq=27869> (accessed on 5 January 2022).
- Statistics Korea. 2020 Statistics for the Elderly. Statistics Korea: Daejeon, Korea, 2020. Available online: [http://kostat.go.kr/portal/korea/kor\\_nw/1/1/index.board?bmode=read&aSeq=385322](http://kostat.go.kr/portal/korea/kor_nw/1/1/index.board?bmode=read&aSeq=385322) (accessed on 6 January 2021)

**Keywords:** Healthy aging; Elderly; Health status; Depression; Gerotranscendence; Self-efficacy