Successful aging is a goal that becomes increasingly salient as one ages. Historically, old age was viewed as a process of decline and social disengagement, notions that gave rise to negative stereotypes of older adults. With more than 12% of the global population older than 60, estimates project that by 2050 this proportion of older adults will increase to 21% (United Nations, 2014). This surge in the aging population has prompted concerns about how the health care, social, and psychological needs of this diverse group will be met. Studies suggest that living to advanced old age may not be the chief goal for many older adults if these aging years are accompanied by chronic disease, recurrent acute illness, and disability (Gramm & Nieboer, 2016). More than 80% of individuals older than 65 have at least one chronic health condition, and the average 75-year-old individual has at least three (Ward & Schiller, 2013). For many, quality of life takes precedent over quantity of years lived, especially if those years are excessively burdened by multimorbidity and disability.

Unfortunately, successful aging will elude many older adults because of health disparities or accelerated aging due to hardships arising from adverse circumstances across the life course. Features of successful aging as originally proposed by Rowe and Kahn (1987) that include high levels of physical and mental function, absence of disease and disabilities, and active engagement with life, counteract stereotypes about “usual aging” (i.e., age-related and inevitable accumulation of chronic conditions and functional impairments) and underscore resilience in successful aging (McCann Mortimer, Ward, & Winefeld, 2008). However, recent opinions caution against framing successful aging as the absence of disease, disability, and risk factors and point to significant omissions in this model, including consultation with older adults themselves about these issues (McCann Mortimer et al., 2008; van Abbema et al., 2015). Life course principles inform human development as a dynamic lifelong process, embedded in historical time and place, and influenced by the web of social relationships, cultural contexts, and structural forces that influence later life well-being and functioning (Stowe & Cooney, 2015). Hence, it is necessary to consider successful aging as a holistic process, and not as the sole result of micro-level factors, such as individual behaviors, but also influenced by macro-level factors that contribute to health-promoting (or health-threatening) environments, including the physical space that is conducive to mobility and safety, employment, education, social interaction, and access to resources.

The current special issue of the *Journal of Psychosocial Nursing and Mental Health Services* presents four articles that elaborate on the themes of aging, frailty, and resilience, and offers insights and evidence for factors that contribute to successful aging. Frailty is a topic that has achieved a robust body of scientific evidence and may be considered the antithesis of successful aging. Frailty has been defined as a biological syndrome represented by multisystem physiological dysregulation and impaired physiological homeostasis that creates excess vulnerability to adverse health consequences beyond what might be expected in normal aging (Rodríguez-Mañás & Sinclair, 2014). Frailty has also been widely used as a term to describe someone who is very old, disabled, and afflicted with multiple chronic and disabling conditions; or ascribed to individuals living in a nursing home. More recent studies on the concept of frailty have considered the flipside of frailty, or resilience. Instead of focusing on the negative aspects of human functioning, there is interest in understanding what fortifies older adults in the face of stressors, as internal and external resources for resilience would be empowering for older adults and serve as important targets for intervention (van Abbema et al., 2015; Whitson et al., 2016).

Two articles in this special issue address frailty and highlight its psychosocial and spiritual aspects. Lekan, Hoover, and Abrams (2018) explored perceptions of frailty in focus groups of African American older adults residing in senior public housing. The majority of frailty assessment tools in the literature have been derived from biomedically frameworks (Rodríguez-Mañás & Sinclair, 2014) and developed without input about biopsychosocial aspects from frail individuals themselves. Lekan, Hoover, et al. (2018) found that participants characterized frailty by objective physical features, such as disability, weakness, and imbalance. However, subjective psychosocial aspects, including positive attitudes, social support, and spirituality, motivate healthy self-care behaviors that foster...
resilience to not only prevent frailty but also mitigate or reverse its negative effects. Although most participants in the study were classified as frail based on the single screening marker of gait speed, none self-identified as frail; they were able to describe their ideas about what it meant to be frail and how to prevent or postpone frailty (Lekan, Hoover, et al., 2018).

The second article by Lan, Xiao, Chen, and Zhang (2018) explored meaning in life and life satisfaction in frail Chinese older adults residing in a nursing home. In this study, frailty was determined by the frailty phenotype (e.g., measurement of grip strength, gait speed, fatigue, weight loss, and physical inactivity) (Fried et al., 2001; H. Xiao, personal communication, April 27, 2018). A life review intervention was delivered in weekly one-on-one nurse-led sessions that resulted in significant improvement in participants’ life satisfaction. Life review is an empowering tool that can be used to strengthen self-affirmations and reconcile and learn from past challenges to achieve feelings of competence as well as greater psychospiritual well-being, and has been advocated as a criterion for successful aging (McCann Mortimer et al., 2008). Life review holds potential as a tool to explore individual resilience and resilience-promoting strategies.

In the third article in this special issue, which addresses the relationships between forced retirement and mental health, Sheppard and Wallace (2018) found that involuntary, forced retirement has a detrimental effect on mental health and poses a considerable threat to women’s psychological well-being. Retirement is an important benchmark that delineates middle age and older adulthood and marks the transition to the “golden years,” a time that is anticipated to be punctuated by less stress and more opportunities to pursue leisure and personal interests. In this study, forced retirement was related to minority status and age (Sheppard & Wallace, 2018). Notably, a diagnosis of cognitive impairment was reported in a significantly greater proportion of forced retirees compared to women who retired voluntarily. Preparing for successful aging through planned retirement and resilience enhancement is essential for all women to promote mental health outcomes (MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016), but may be particularly important for minority women and women who have been challenged by socioeconomic disadvantages and subjected to the damaging effects of chronic stress (Geronimus, Hicken, Keen, & Bound, 2006).

Stress is central to the aging process and human development, and most individuals can think of examples of good stress that has resulted in growth. However, resilience has become increasingly recognized as an important life skill that helps cultivate the ability to withstand higher stress loads and promote mental health and well-being (MacLeod et al., 2016; Windle, 2011). Nevertheless, even the most robust system will be subjected to a force that it cannot endure. One of Aesop’s fables provides a good analogy for resilience and weathering adversity (Simondi, 2017). It describes the mighty oak that is uprooted in a strong wind, while the resilient reed is able to bend without breaking, returning upright after the storm. Too little stress limits opportunities to adapt, too much stress can be compromising, but just the right amount of stress facilitates adaptation and growth.

Nurse educators have begun to recognize the attribute of resilience in nursing students as a crucial element for academic success and a smooth transition into clinical practice (Reyes, Andrusyszyn, Iwasiw, Forchuk, & Babenko-Mould, 2015). In the final article, Lekan, Ward, and Elliott (2018) explore resilience in senior level baccalaureate nursing students, many of whom are older, second-degree students. Nursing students experience unique stressors related to not only the rigor of the nursing curricula but also exposure to intense patient care situations in their clinical practicum. Faculty might anticipate that these older, more mature students would be advantaged by more opportunities to develop a fuller repertoire of resilience strategies to cope with life’s adversities; however, only one third of students were resilient according to the Connor-Davidson Resilience Scale (Connor & Davidson, 2003). Helping nursing students develop resilience fosters the development of habits of practice that buoy academic success. This early resilience enhancement also provides a foundation for weathering a multitude of challenges in complex clinical contexts as new graduate nurses and sets the stage for successful aging throughout a long nursing career. The study by Lekan, Ward, et al. (2018) adds to the emerging evidence of the imperative for nurse educators to address resilience enhancement for students in the nursing curriculum, although pedagogically driven, evidence-based teaching innovations are still in early stages of development (Sanderson & Brewer, 2017).
The articles in this special issue call attention to important issues across the life span and add to the growing literature on aging, frailty, and resilience in relation to successful navigation of significant transitions, such as academic matriculation for professional development, retirement, and congregating living in older years in community-based and long-term care settings. Research that demonstrates strong linkages among cumulative stress, impaired resilience, and accelerated aging cautions one to harness protective resources that can be deployed during turbulent times (Geronimus et al., 2006; McEwen, 2003). There is a need to expand our understanding of how individuals of various ages and social circumstances view successful aging and the presumed failure of successful aging, frailty (McCann Mortimer et al., 2008). Attributes of successful aging such as life satisfaction, growth, engagement with life, and negotiating independence/interdependence portray a more productive or active aging with implications that later life can be a time of sustained health and vitality despite biological limitations (Martin et al., 2015; van Abbema et al., 2015). The role of resilience needs to be further explored to learn how individuals “bounce back” and apply adaptive attitudes and behaviors that allow one to remain physically and psychologically sound, or even to thrive, after exposure to stressful events (Whitson et al., 2016; Windle, 2011). Moving forward in our understanding of these concepts requires further research using different study designs and methods of data collection in larger scale studies in diverse groups. Developments that are conceptually grounded and methodologically rigorous will lead to strategies that will improve outcomes for target populations.

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