JQRHS

Journal of
Qualitative Research in Health Sciences

https://jqr1.kmu.ac.ir
10.34172/jqr.1454
JQRHS. 2025;14:1454

Original Article

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The Key Life Lessons for Healthy Aging: A Qualitative Study

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Abstract

Background: Using the experiences of older adults as social capital can help middle-aged and younger individuals achieve healthy aging. The present study aimed to provide younger generations with recommendations derived from the experiences of older adults on promoting healthy aging.

Methods: This qualitative study was conducted using conventional content analysis via semi-structured interviews in Tehran, Iran. A total of 26 older adults aged 62 to 78 years were selected through purposive sampling with maximum variation until data saturation was reached. Data were analyzed using the method proposed by Graneheim and Lundman via MAXQDA software (version 10.0).

Results: Analysis of the participants' experiences and recommendations led to the emergence of four main themes, including ensuring financial security, adopting a healthy lifestyle, expanding communications and emotional relationships, and lifelong learning.

Conclusion: The findings from the present study underscore the importance of planning and foresight before entering old age. Participants placed the greatest emphasis on financial security as crucial for healthy aging and identified socioeconomic poverty as a significant barrier. This highlights the need for appropriate measures from managers and policymakers, as neglecting these issues could create challenges for healthy aging and impose additional costs on Iran's healthcare system.

Keywords: Older adults, Healthy aging, Qualitative study

Citation: Pirouzeh R, Solhi M, Zanjari N, Pirzadeh N. The key life lessons for healthy aging: a qualitative study. *J Qual Res Health Sci.* 2025;14:1454. doi:10.34172/jqr.1454

Received: July 10, 2024, **Accepted**: September 23, 2024, **ePublished**: June 7, 2025

Introduction

Socioeconomic development, declining fertility rates, and increasing life expectancy have significantly altered the global population structure over the past 50 years. Consequently, the number of older adults has risen dramatically (1), particularly in developing countries. According to the Statistical Center of Iran (2016), older adults, numbering approximately 7414091, accounted for 9.27% of the total population (2). Healthy aging, as defined by the World Health Organization (WHO), involves the promotion and maintenance of functional ability throughout life (3). The scenario for healthy aging is closely linked to socioeconomic capital, timely diagnosis and management of chronic diseases, proper nutrition, regular physical activity, and access to education and dietary supplements (such as vitamins and minerals) (4). Physical function, social support, and avoidance of harmful behaviors, including smoking and alcohol consumption can contribute to achieving healthy aging (5).

An individual's quality of life and well-being in old age depend to a large extent on their access to and use of health services, educational and employment opportunities, income, and social support during the years leading up to old age. Therefore, the effectiveness of elderly health promotion programs is contingent upon managing the aging process during adolescence and middle age. These programs should also address the broader needs of older adults, including food, shelter, disease prevention, safety from poverty, respectful communication with family and friends, and the right to choose their living arrangements and leisure activities through a comprehensive and integrated approach (6,7).

Each stage of human development and growth is affected by the preceding stages, meaning that the quality of life in old age is shaped by an individual's lifestyle during adulthood. Thus, adults must prepare for the transition into old age (6). Preparation for aging is essentially an investment in resources to address anticipated challenges, thereby enhancing the quality of life and well-being in later years (8). Developing countries face numerous development-

related problems, and their older populations are significantly ignored. Without a future-oriented plan, these countries will encounter significant problems related to aging, leading to serious socioeconomic challenges for older adults (9). In countries like Iran, economic stability is a critical factor in understanding healthy aging among older adults. Many express that their monthly pensions do not meet their basic needs due to rising living costs and inflation. This situation makes it difficult for them to seek new employment opportunities suited to their abilities. Moreover, widespread unemployment may force older individuals to financially support their unemployed adult children. Medical expenses and health insurance complications further exacerbate the financial strain on the elderly. These economic challenges also adversely affect other dimensions of elderly health (10).

According to the theory of profit-benefit, the needs of older adults, who represent valuable social capital with God-given capacities, must be taken into account. Older adults constitute a rich repository of valuable human resources and experience. With proper planning, this potential can be transformed into opportunities for young generations to enhance their behaviors and socioeconomic and cultural norms (11). Therefore, the present study aimed to provide recommendations based on the experiences of older adults to support younger individuals in achieving healthy aging.

Methods

This qualitative study, as part of a larger project, was conducted from December 2019 to April 2020 in Tehran, the capital of Iran, using a conventional content analysis approach. Participants were selected through a multi-stage sampling process, wherein Tehran was divided into four regions (north, south, east, and west). From each region, two parks and one cultural center were randomly selected, and older adults were purposively recruited from these locations.

The inclusion criteria were residing in Tehran, being over 60 years old, and speaking Persian (12). Attempts were made to achieve maximum variation in terms of age, sex, education, and socioeconomic status during the sampling process. Purposive sampling was carried out gradually from June 2019 to November 2020 until data saturation was reached. A total of 50 male and 11 female seniors were interviewed, with ages ranging from 62 to 78 years. Four participants were widowed and the rest were married.

Data were collected through face-to-face semi-structured in-depth interviews. The interviews began with a primary question developed based on the opinions of the research team and the interview guide: "What advice do you have for middle-aged people to promote healthy aging?" Probing questions were then asked to elicit more detailed responses. Interviews were conducted individually in locations selected by participants, including their homes, parks, and health centers. The duration of each interview was mutually agreed upon, with an average length of 50 minutes. All interviews were recorded with the participants' informed consent.

Simultaneously with data collection, data were analyzed using conventional content analysis. After transcribing the interviews, all texts and notes were entered into MAXQDA software (version 10.0) for efficient data organization. Each interview transcript was read and reviewed multiple times. Data analysis followed the method proposed by Zhang and Wildemuth, which includes eight steps: data preparation, defining the unit of analysis, designing categories and coding schemas, testing coding schemas on a sample of the data, coding all data, checking coding stability, drawing conclusions from coded data, and reporting methodology and results. After preparing the interview texts, meaning units were identified according to the research question, and appropriate codes were assigned to each meaning unit. Following six interviews, initial codes were categorized and named based on conceptual similarities (subcategories), which were reviewed, revised, and approved by the research team before continuing with data collection and analysis. Afterward, the subcategories were compared and organized into more abstract main categories, which were further categorized and assigned more abstract concepts (themes). Finally, the methodology and findings were reported (13). All extracted codes and categories were reviewed and approved by researchers.

To ensure the trustworthiness of the data, four criteria including credibility, confirmability, transferability, and dependability, were employed. Credibility was established through close interaction with participants, prolonged involvement in the field, and detailed notes. Participant and expert feedback were also used to enhance the credibility of the analysis. To ensure confirmability, researcher biases and assumptions were controlled to minimize their impact on data analysis and interpretation. Besides, transferability was addressed by providing a detailed description of the participants, research procedure, measures taken, and research limitations. Dependability was enhanced through consistent findings between the researcher and the two experts involved in the data analysis process.

Ethical approval was granted by the Iran University of Medical Sciences (Ethics codes: IR.IUMS.REC.1397.1043). All participants provided informed consent before their inclusion in the study and were assured that their identities would remain confidential. Participants were also informed of their right to withdraw from the study at any time without consequences.

Results

A total of 26 older adults, including 15 men and 11 women with a mean age of 68.9 ± 3.24 years, participated in this

study. Using the content analysis method and based on the themes and subthemes extracted from the interviews, healthy aging recommendations were provided to middle-aged individuals (Table 1).

Recommendations for healthy aging

Older adults can serve as valuable guides for younger generations due to their extensive life experiences. The participants in this study advised younger individuals to ensure financial security, adopt a healthy lifestyle, expand their communication and emotional relationships, and engage in lifelong learning to enhance their health in old age.

Ensuring financial security

Establishing financial security is crucial for well-being in old age, which requires careful planning and foresight. The participants emphasized the importance of having a good job, saving for the future, promoting women's financial independence, and homeownership.

Having a good job

Participants highlighted the inadequacy of pensions and high living costs, underscoring the importance of securing stable employment to achieve financial independence and mental security. A 70-year-old man stated:

"Strictly avoid idleness and find a suitable job for yourself. Try to prepare for your future before entering old age. You must have this plan from a young age".

Saving for the future

Financial savings for old age, especially during times of disability or inability to work, were strongly recommended. A 60-year-old-man advised:

"Now try to save every penny you earn because nobody will give you money, that is, when you are in trouble no one will help you".

Table 1. Themes and subthemes extracted from interviews with older adults on healthy aging

Main themes	Subthemes
Ensuring financial security	Having a good job
	Saving for the future
	Promoting women's financial independence
	Homeownership before old age
Adopting a healthy lifestyle	Healthy nutrition
	Physical activity
	Happiness
	Avoiding stress and anxiety
	Spirituality
Expanding communications and emotional relationships	Improving family relationships
	Maintaining relationships with close friends
	Loving the spouse
Lifelong learning	Learning new topics
	Learning new skills

Promoting women's financial independence

Today, women's employment and income are critical issues receiving significant attention. Financial independence is achieved through stable income and employment. In old age, many women face financial difficulties due to insufficient income, disability, or the death of their husbands. Thus, considerable emphasis is placed on women's financial independence.

"Each housewife should think of her future; She should have a salary and savings, or her husband must set aside some money for her. There are now peddlers on street corners, and some are resorting to prostitution… They have no money… Women have to work while they are still young" (A 64-year-old woman).

Homeownership before old age

The quality of life in old age is significantly influenced by housing circumstances. The elderly participants emphasized the importance of owning a house rather than renting. For example, a 73-year-old man said:

"Do something for your future while you are still young. I see older people who didn't plan to have a house; now they are moving from one house to another. Being a tenant in old age is very hard and renting costs an arm and a leg. It's very hard to make ends meet".

Adopting a healthy lifestyle

A healthy lifestyle increases lifespan and contributes to healthy aging. While aging is inevitable, maintaining good health in later years depends on habits established throughout life. The older adults in the study highlighted the significance of healthy nutrition, physical activity, happiness, avoiding stress and anxiety, and having faith in God in promoting health.

Healthy nutrition

Proper nutrition significantly enhances health and allows individuals to enjoy life with more comfort and vitality. Older adults who adhere to sound nutritional practices are at a lower risk for diseases, which in turn improves their quality of life.

"Nutrition is very important. Don't eat out. People go out to buy sandwiches and sodas and spend lots of money on unhealthy food. Eat healthy food. Prepare simple meals at home; it's much better than eating out" (A 67-year-old woman).

Physical activity

Regular exercise is vital for increasing lifespan and improving health. It is never too late to start exercising. The older adults in the study emphasized that physical activity plays a crucial role in healthy aging.

"Exercise is also a great thing; it should be a habit formed

in childhood, taught by family. If you don't exercise, you will face different problems" (A 73-year-old man).

Happiness

Happiness is a fundamental component of life closely related to mental health. It is essential for preventing mental health problems, including depression in old age. A 62-year-old man remarked:

"A person should be happy and enjoy life despite its many problems. It's better to be happy, enjoy life, travel, and attend parties. Don't stay home grieving over trivial matters".

Avoiding stress and anxiety

Stress and anxiety are unpleasant feelings arising from life-threatening events and situations. A 65-year-old woman stressed the importance of reducing tensions and worries:

"Foresight is good but not to the extent that you destroy your present moment. Enjoy your present moment. Being so greedy about material aspects of life is useless and can lead to anger and mental health issues".

Spirituality

Belief in God provides purpose and peace in life, promoting healthy behavior. According to the older adults in this study, spirituality and faith in God can bring about comfort during difficult times and lead to better adaptation to old age.

"If there is no spirituality, material aspects of life lose their significance. They say God won't grant your wishes until you ask Him. When you have faith in God, loneliness becomes more bearable. God will be with you in the toughest times if you believe in Him. Thus, it'll be easier to endure life hardships" (a 63-year-old woman).

Expanding communications and emotional relationships

Effective communication is a key predictor of mental health. The participants emphasized the importance of nurturing relationships to combat loneliness in old age. They recommended strengthening family ties, maintaining relationships with close friends, loving the spouse, and helping others.

Improving family relationships

Ineffective communication can have detrimental effects on individuals and their health. The participants highlighted the importance of family as a cornerstone of well-being, asserting that family can be the greatest asset in old age. To ensure a fulfilling life in old age, it is crucial to cultivate a warm environment based on love and compassion.

"Foster love, compassion, and humanity within the family. Be kind; do not mistreat others, as this makes people hate you and they will come to you only when they want to ask you for help. If you are kind, all your relatives will stand by you even in your final days" (a 65-year-old woman).

Maintaining relationships with close friends

Friends serve as a vital source of support throughout life. The elderly participants advised younger individuals to maintain close and intimate friendships, emphasizing the importance of communication with friends to improve health.

"A person needs friends at every stage of life, both for material and emotional support. Good friends bring excitement to life. Do not forget your friends due to busy work schedules; maintaining these relationships will help alleviate loneliness in old age" (A 68-year-old man).

Loving the spouse

Mutual support between couples becomes increasingly important in old age, particularly after children get married.

"In old age, your spouse is your best companion. As children move away, it is your spouse who remains by your side during problems and illnesses. You need love in old age ... you need to talk with a partner... Respect each other and have close ties from a young age. Keep love and affection alive" (a 65-year-old man).

Lifelong learning

In old age and retirement, individuals often find themselves with more free time. However, not working and a monotonous life can negatively impact health. The elderly participants underscored the importance of seizing opportunities to acquire knowledge and skills, which can provide both entertainment and potential income if needed.

Learning new topics

Increasing knowledge and awareness at any age can help improve mental health. The participants noted that learning and specializing in a specific field can lead to valuable skills and effective use of time in old age.

"Young people should certainly increase their knowledge and skills in a specific area and spend time reading useful books. It is necessary to continue studying and acquiring information throughout life" (A 75-year-old man).

Learning new skills

Developing practical skills can be beneficial both for employment and entertainment in old age. A 68-year-old man advised:

"As long as you are young and strong, learn a skill besides your job so that you have entertainment in old age. Many of us now find ourselves sitting in the park without a source of income or a clear purpose. Don't let that be your fate".

Discussion

This study elucidated recommendations and experiences of older adults for younger generations regarding promoting healthy aging. The recommendations were organized into four main categories including *ensuring financial security*, *adopting a healthy lifestyle*, *expanding communications and emotional relationships*, and *lifelong learning*.

One of the most important recommendations was ensuring financial security. Participants believed that financial security addresses many needs in old age. Saving was identified as a primary strategy for achieving financial security, with older adults emphasizing the necessity of suitable employment to secure a higher income. Unemployment and lack of income were cited as major challenges faced during retirement. Numerous studies have highlighted the importance of planning for post-retirement employment to ensure a source of income and prepare for the challenges of old age (14,15).

Older adults with sufficient savings are significantly less prone to financial problems and are better able to care for their health. A review of the dimensions of healthy aging shows that individuals from higher socioeconomic backgrounds are less likely to experience health issues and diseases in old age (16).

To promote healthy aging, older women stressed the importance of financial independence from a young age, as they often face financial challenges in old age. Pothisiri and Quashie found that Thai men are generally more financially prepared for aging than women (17). Similarly, Apouey reported that women are financially less prepared for retirement (18). Women, whether as wives, mothers, or both, play a crucial role in daily caregiving, upbringing of children, and family health. It is important to recognize that older women may be at a higher risk for financial insecurity compared to older men. Financial insecurity and dependence can be significant risk factors for poverty among women in old age.

Homeownership was another financial recommendation made by older adults for middle-aged individuals to facilitate healthy aging. Renting can be challenging in old age due to limited income, making homeownership a vital consideration. Many studies have emphasized the necessity of homeownership in retirement planning (18,19).

The participants also advised younger individuals to adopt a healthy lifestyle early on, which includes maintaining a balanced diet, engaging in regular exercise, fostering happiness, avoiding stress and depression, and nurturing spirituality or faith in God. Research has shown that individuals who exercise regularly and maintain healthy diets are more likely to experience healthy aging (16), underscoring the importance of physical health from the perspective of older adults in the present study. Besides, mental health is a critical dimension of healthy aging. A qualitative study by Saki et al found that relaxation, a fundamental component of mental health, encompasses concepts such as high morale, life satisfaction, vitality, and freedom from stress (10).

The participants recommended spirituality as a means to ensure spiritual health and peace of mind in old age. Various studies have pointed out the importance of spirituality in providing support during life challenges and problems (20). Research conducted in Iran also identifies spiritual health as a key dimension of well-being in old age, closely tied to religious beliefs. Iranian older adults view spirituality as integral to their lives, believing that prayer and faith enhance their peace of mind and help solve their problems (21,22).

Furthermore, the participants emphasized the need to establish and maintain long-lasting relationships by strengthening family ties and friendly relationships based on kindness and compassion to improve aging experiences and mitigate loneliness. Iranian seniors highlighted the significance of family and spousal relationships as vital sources of companionship in old age. Numerous studies have identified loneliness as a prevalent problem and a negative experience for older adults (23), with evidence suggesting that those who do not feel lonely tend to exhibit better physical and mental health (24). Moreover, the study by Foroughan and Mohammadi Shahbolaghi indicated that strong relationships with relatives are essential for health, as interpersonal connections enhance mental health and vitality (25). Consistent with the findings of the study by Saki et al, social participation among the elderly may include volunteer work, employment, cultural and social activities, and intergenerational interactions (10). Furthermore, interventions by healthcare providers, including healthcare workers, nurses, and doctors, are necessary for both healthy and ill older adults to help them adapt to new health challenges as they age (26).

The participants also recommended acquiring specialized knowledge and skills, as many older individuals find themselves with free time, often spent idly in front of the TV or in parks. Engaging in work or creative activities can provide meaningful ways to utilize leisure time and serve as a source of income. Studies have emphasized the importance of acquiring new skills, fostering entertainment, discovering talents, and setting specific goals for leisure activities during retirement (27-29).

The present study was conducted only in Tehran, which may limit the generalizability of the results. Moreover, older adults residing in nursing homes or admitted to hospitals, as well as those suffering from diseases were not included, potentially omitting valuable insights. Older adults over the age of 80 were also excluded from the study. Future research that encompasses a broader range of older adults, considering all age groups and varying health statuses, could yield more comprehensive findings.

Conclusion

The results of the present study indicated that older adults place significant emphasis on financial security. Overall, socioeconomic poverty has been highlighted as a barrier to key aspects of healthy aging within the study population. This finding underscores the need for a supportive environment created by policymakers and managers, as neglecting this issue could lead to challenges in achieving healthy aging and impose subsequent costs on Iran's healthcare system. The older participants also strongly advocated for the adoption of a healthy lifestyle, suggesting that educational and promotional interventions could benefit from the involvement of older adults themselves. The transfer of intergenerational experiences may serve as an effective solution in this regard. Moreover, the need to expand social relationships to combat loneliness was a recurring theme in recommendations. In addition, a crucial point raised by the participants was the importance of acquiring knowledge and skills for old age. If these recommendations are taken into account and appropriate conditions are established, we can anticipate healthier and more active aging in the future. Overall, to enjoy a fulfilling experience in old age, individuals must possess the necessary knowledge and awareness of their characteristics and plan for this stage of life in advance.

Acknowledgments

This article reports the results of a Ph.D. dissertation conducted at Iran University of Medical Sciences in Education and Health Promotion. The authors would like to express their appreciation to all participants in this study for their cooperation.

Authors' Contribution

Conceptualization: Razieh Pirouzeh, Mahaz Solhi, and Nasibeh Zajari.
Data curation: Razieh Pirouzeh and Nasim Pirzadeh.
Formal analysis: Razieh Pirouzeh, Mahaz Solhi and Nasibeh Zajari.
Investigation: Razieh Pirouzeh and Nasim Pirzadeh.
Methodology: Razieh Pirouzeh, Mahaz Solhi and Nasibeh Zajari.
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Visualization: Razieh Pirouzeh, Mahaz Solhi and Nasibeh Zajari.
Writing–original draft: Razieh Pirouzeh and Nasim Pirzadeh.

Competing Interests

The authors declare no conflict of interest.

Ethical Approval

This study is part of the second author's doctoral dissertation approved by the Research Ethics Committee of Iran University of Medical Sciences (code: "IR. IUMS. 1397.1043). Before enrollment in the study, participants were provided with comprehensive explanations about the objective and methodology of the study, and written informed consent was obtained. Participants were assured of data confidentiality and informed that they could withdraw from the study whenever they wished.

This study was performed in accordance with the Declaration of Helsinki. All persons who participated in the research gave their informed consent prior to their inclusion in the study.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sector.

References

1. Ismail Z, Wan Ahmad WI, Hanin Hamjah S, Komang Astina I. The impact of population ageing: a review. Iran J Public Health. 2021;50(12):2451-60. doi: 10.18502/ijph.v50i12.7927.
2. Lotfalinezhad E, Abolfathi Momtaz Y, Nazaripanah NS, Honarvar MR, Arab Ameri F, Azimi MS. Effectiveness of integrated and comprehensive geriatric care program of Ministry of Health on physical and mental health of older adults in Golestan province. Iran J Aging. 2021;16(3):438-51. doi: 10.32598/sija.2020.16.3.2190.2. [Persian].
3. Teater B, Chonody JM. How do older adults define successful aging? A scoping review. Int J Aging Hum Dev. 2020;91(4):599-625. doi: 10.1177/0091415019871207.
4. Cucinotta D. Preparing for the Decade of Healthy Aging (2020-2030): prevention plus therapy? Acta Biomed. 2018;89(2):145-7. doi: 10.23750/abm.v89i2.7402.
5. Park JH, Park YJ. A systematic review on factors influencing the healthy aging: a Korean perspective. J Aging Res Clin Pract. 2018;7:3-8. doi: 10.14283/jarcp.2018.2.
6. McLeod S. Erik Erikson's stages of psychosocial development. Sim Psychol. 2018;3(2):1-3.
7. Ghenţa M, Matei A, Mladen-Macovei L, Stănescu S. Quality of life of older persons: the role and challenges of social services providers. Int J Environ Res Public Health. 2022;19(14):8573. doi: 10.3390/ijerph19148573.
8. Solhi M, Pirouzeh R, Zanjari N, Janani L. Dimensions of preparation for aging: a systematic review. Med J Islam Repub Iran. 2022;36:81. doi: 10.47176/mjiri.36.81.
9. Khodabandeh Shahraki S, Dehghan Nayeri N, Abazari F, Pouraboli B. Challenges in caring for the elderly in Iran: a systematic review. Ethiop Med J. 2018;56(2):189-96.
10. Saki T, Rashidi F, Mamene M, Azadi H, Azadi A. Healthy aging from the perspective of older adults: a descriptive qualitative study. Shiraz E Med J. 2024;25(2):e141332. doi: 10.5812/semj-141332.
11. Moosavipour S, Alhoseyni MS, Mir Mahdi SR. The impact of old women transition experiences on depression, feel aging and physical changes in rehabilitation institute of charity in Arak. J Arak Univ Med Sci. 2015;17(10):74-82. [Persian].
12. Tayeri S, Jafari M, Mohammadzadeh KA, Hosseini SM, Shahanaghi K. Prioritization of the criteria affecting the health of elderly women in Iran by analytical hierarchy process (AHP). Iran J Aging. 2022;17(1):76-95. doi: 10.32598/sija.2021.3090.2. [Persian].
13. Humble N, Mozelius P. Content analysis or thematic analysis: similarities, differences and applications in qualitative research. European Conference on Research Methodology for Business and Management Studies. 2022;21(1):76-81. doi: 10.34190/ecrm.21.1.316.
14. Principi A, Santini S, Socci M, Smeaton D, Cahill KE, Vegeris S, et al. Retirement plans and active ageing: perspectives in three countries. Ageing Soc. 2018;38(1):56-82. doi: 10.1017/s0144686x16000866.
15. Kim HJ, Lapierre TA, Chapin R. Grandparents providing care for grandchildren: implications for economic preparation for later life in South Korea. Ageing Soc. 2018;38(4):676-99. doi: 10.1017/s0144686x16001215.
16. Lu W, Pikhart H, Sacker A. Domains and measurements of healthy aging in epidemiological studies: a review. Gerontologist. 2019;59(4):e294-310. doi: 10.1093/geront/

gny029.
17. Pothisiri W, Quashie NT. Preparations for old age and well-being in later life in Thailand: gender matters? J Appl Gerontol. 2018;37(6):783-810. doi: 10.1177/0733464816649281.
18. Apouey BH. Preparation for old age in France: the roles of preferences and expectations. J Econ Ageing. 2018;12:15-23. doi: 10.1016/j.jeoa.2017.11.003.
19. Palací F, Jiménez I, Topa G. Too soon to worry? Longitudinal examination of financial planning for retirement among Spanish aged workers. PLoS One. 2018;13(12):e0209434. doi: 10.1371/journal.pone.0209434.
20. Tavares RE, de Jesus MC, Machado DR, Braga VA, Tocantins FR, Merighi MA. Healthy aging from the perspective of the elderly: an integrative review. Rev Bras Geriatr Gerontol. 2017;20(6):878-89. doi: 10.1590/981-22562017020.170091.
21. Zanjari N, Sharifian Sani M, Hosseini Chavoshi M, Rafiey H, Mohammadi Shahboulaghi F. Perceptions of successful ageing among Iranian elders: insights from a qualitative study. Int J Aging Hum Dev. 2016;83(4):381-401. doi: 10.1177/0091415016657559.
22. Khoshbakht Pishkhani M, Mohammadi Shahboulaghi F, Khankeh H, Dalvandi A. Spiritual health in Iranian elderly: a concept analysis by walker and Avant's approach. Iran J Aging. 2019;14(1):96-113. doi: 10.32598/sija.13.10.380. [Persian].
23. Huang PH, Chi MJ, Kuo CL, Wu SV, Chuang YH. Prevalence of loneliness and related factors among older adults in Taiwan: evidence from a nationally representative survey. Inquiry. 2021;58:469580211035745. doi: 10.1177/00469580211035745.
24. Imanzadeh A, Alipoor S. Examining the elderly women's experiences of loneliness: a phenomenological study. Aging Psychol. 2017;3(1):31-43. [Persian].
25. Foroughan M, Mohammadi Shahbolaghi F. Perception of healthy lifestyle among Iranian elders: a qualitative research. Iran J Aging. 2016;10(4):132-9. [Persian].
26. Tkatch R, Musich S, MacLeod S, Kraemer S, Hawkins K, Wicker ER, et al. A qualitative study to examine older adults' perceptions of health: keys to aging successfully. Geriatr Nurs. 2017;38(6):485-90. doi: 10.1016/j.gerinurse.2017.02.009.
27. Kerry MJ. Psychological antecedents of retirement planning: a systematic review. Front Psychol. 2018;9:1870. doi: 10.3389/fpsyg.2018.01870.
28. Chan MC, Chung EK, Yeung DY. Attitudes toward retirement drive the effects of retirement preparation on psychological and physical well-being of Hong Kong Chinese retirees over time. Int J Aging Hum Dev. 2021;93(1):584-600. doi: 10.1177/0091415020926843.
29. Vieira KM, Rosenblum TO, Matheis TK. And tomorrow, how will it be? Developing a Financial Preparation for Retirement Scale (FPRS). J Behav Exp Finance. 2022;35:100709. doi: 10.1016/j.jbef.2022.100709.