

## Chapter 6 - Summary, Conclusion, and Implications

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**Overview:** This Chapter summarizes major findings of the research in Phase I & II and the conclusions drawn. It also presents the limitations of the research with suggestions for future research in the field. The implications of the research highlights its contribution to the field of successful ageing.

The findings of the research in Phase I and Phase II are given below:

### 6.1 Major findings

#### 6.1.1 Phase I- (*Quantitative design*)

- Pearson product moment correlation suggests significant positive relationship between generativity, mindfulness, resilience, and subjective wellbeing of young elderly.
- Sensory/systemic parameters of physical health are significantly related with mindfulness, resilience, subjective wellbeing but not with generativity.
- Lifestyle habits are neither related to any psychological variables, nor sensory/systemic parameters of physical health of young elderly.
- Chronic medical condition makes significant difference in resilience, mindfulness, and subjective wellbeing, but not in generativity. Young elderly without any chronic medical condition are more resilient, mindful and experience more subjective wellbeing.
- Elderly with biomarkers WNR significantly differ in subjective wellbeing from their counterparts and not in other psychological or physical health parameters. These elderly perceive significantly higher wellbeing than the rest of the group.
- Physical fitness is a significant factor in health and wellbeing among the elderly. Physically fit elderly are significantly more generative, resilient, mindful and perceive wellbeing.
- Generativity, resilience, and mindfulness together are significant predictors of both physical health parameters i.e., sensory/systemic parameters and lifestyle habits and subjective wellbeing among elderly. However, resilience is independently predicting both parameters of health and subjective wellbeing; mindfulness is predicting lifestyle habits

and subjective wellbeing. Generativity, resilience, and mindfulness independently cause significant variance in health and wellbeing of young elderly.

- Generativity, resilience, and mindfulness show independent effect on subjective wellbeing.
- Significant mediating effect of nutrition is found on subjective wellbeing of the elderly; however not on any physical health parameters studied in the research.
- Exercise does not show any mediating effect on the relationship between generativity, resilience, and mindfulness and systemic/ sensory parameters and lifestyle habits. However, significant mediating effect is observed on subjective wellbeing of the elderly.
- Engagement in spiritual practices does not cause any additional variance in the physical health ie. sensory/systemic parameters of physical health and lifestyle habits. However, spiritual practices do have a mediating effect on the subjective wellbeing of the elderly.
- Pursuing hobbies makes significant difference in generativity, mindfulness, resilience, subjective wellbeing, and biomarkers of physical health among the elderly. However, physical fitness, sensory/systemic parameters, lifestyle habits and chronic medical condition do not get affected.

Elderly pursuing hobbies are more generative, mindful, and resilient and tend to feel happy and satisfied than their counterparts. Their WNR biomarkers, indicate better physical health.

- Engagement in social activities makes significant difference in all the psychological parameters of the study among the young elderly. Physical health parameters are not affected by the social engagement in the present research.

Elderly engaged into any formal / informal social activity such as attending meetings of some NGO or community, participating in kitty party / *bhishi* make the more generative, mindful, resilient and find happiness and satisfaction in life.

- The non-institutionalised elderly are more generative, mindful, resilient and perceive significantly higher wellbeing in life. However, institutionalised elderly have significantly better physical health as they have WNR biomarkers. They do not have such lifestyle habits, which would affect their health and wellbeing.
- There are gender differences in resilience, subjective wellbeing, and physical health parameters such as lifestyle habits and biomarkers. However, male, and female elderly do

not significantly differ in generativity, mindfulness, and physical health parameters such as systemic / sensory parameters, chronic medical condition, and physical fitness.

Elderly men have WNR biomarkers are more mindful, resilient and tend to perceive wellbeing greater than elderly women. On the other hand, elderly women are found to be more generative, although the difference is not significant. They also show better health parameters such as lifestyle habits.

- The type of family affects only subjective wellbeing and no other psychological or physical health parameter. Elderly living in the nuclear family tend to perceive more wellbeing than elderly living in joint family.
- Psychological variables vary as per the educational status; but the elderly do not differ in any physical health parameter based on educational status. Highly educated elderly are more generative, mindful, resilient and tend to perceive wellbeing in life. Although the difference is not significant, their physical health parameters are better than the rest of the groups.
- The elderly from higher socioeconomic background are more generative, mindful and perceive greater wellbeing than the elderly from the rest of the socioeconomic status. However, they have such lifestyle habits and CMC which would affect their health and wellbeing. Elderly from income between 10,000 and 20,000 are much more resilient.
- Working status of the elderly as self-professionals or those working post-retirement with or without financial gains have greater generativity, resilience, mindfulness, subjective wellbeing and biomarkers among the young elderly. They benefit in systemic / sensory parameters of physical health, as well as have lifestyle habits promoting good physical health.

#### **6.1.2 Phase II- (Qualitative design)**

- **Physical health** was perceived by young elderly as a state of absence of illness, being physically active and independent, tranquil mind and ability to enjoy good variety of diet and sleep
- **Happiness** was perceived to be a subjective phenomenon, unconditional acceptance of a situation, confelicity, ie. Elderly feel happy to see others happy

- ***Life satisfying moments*** in the elderly's' life were personal achievements, success of family members, self-reliance, creative pursuits, altruistic pleasure and having spiritual support.
- ***Generativity*** in other people was perceived as a selfish motive, symbolic social influence, situational demand and contingent to recognition by others
- Empathic joy, emotional accuracy, emotional empathy, and selfish motive could trigger generativity among the elderly
- Elderly in the present study prefer to provide customized help, help on demand to the younger generation. At times, it could be out of social concern
- Being generative towards younger generation, the elderly feel satisfied, socially connected, socially responsible and find happiness in others' satisfaction
- Elderly prefer to involve in the family by sharing household responsibility or helping in outdoor work
- ***Resilience*** is experienced by facing the challenges / difficulties in life, elderly take support from family and friends, show complete faith in the God, and trust their intrinsic strengths
- Ability to find support in the Supreme, self-efficacy, intrinsic strengths like strong determination, flexibility, positive perception, internal locus of control, fitness at physical, mental, and financial level, taking social support and developing skill-based resilience are various qualities, which the elderly find in oneself while facing the challenges /difficulties in life.
- ***Present preparedness*** is reflected by the elderly, as majority of the elderly choose to remain in the Present, so that can take decisions, improve one's mistakes, hope to make better future, feel 'control over life', and can live every moment of life

## 6.2 Conclusion

The present study highlights the role of psychological factors in physical health of elderly. It implies generativity, resilience and mindfulness together and independently act as the precursors of physical health and subjective wellbeing among the young elderly.

***Physical health:*** Sensory/ systemic parameters and lifestyle habits are significantly affected by resilience and resilience and mindfulness, respectively. Chronic medical condition is important in resilience, mindfulness. Biomarkers are important in the subjective wellbeing and not in generativity, resilience, mindfulness.

Physical fitness through physiological benefits significantly protects elderly from stress and promotes generativity, resilience, mindfulness and perceived wellbeing in the elderly.

***Subjective wellbeing:*** It is enhanced by generativity, resilience and mindfulness independently as well as with mediating effect of nutrition, exercise and engagement in spiritual practices among young elderly.

***Mediating effect:*** All the mediating variables such as nutrition, exercise and engagement in spiritual practices do not show mediating effect on any physical health parameters. However, all of these variables show significant mediating effect on the subjective wellbeing of the young elderly.

***Sociodemographic variables:*** Pursuance of hobbies is beneficial as it enhances generativity, resilience and mindfulness and subjective wellbeing. It helps the elderly to maintain his biomarkers adequately, which could contribute to his physical health.

Engagement in social activities is effective in promoting generativity, resilience, and mindfulness and thus, enhance subjective wellbeing. Somehow, it does not affect physical health of young elderly.

Place of stay / living arrangement makes difference in all psychological variables. The non-institutionalised elderly are more generative, resilient, and mindful and perceive greater wellbeing in life. However, in few parameters of physical health such as systemic / sensory parameters, chronic medical condition and physical fitness, non-institutionalised elderly do not differ from the elderly living in the institution.

Although, significant gender differences are found in resilience, subjective wellbeing, and physical health parameters such as biomarkers and lifestyle habits; the mean scores of male elderly are higher than the counterparts in the remaining psychological and physical health parameters.

The type of family that the elderly live does not make any difference in any psychological and physical health parameters, except subjective wellbeing. Amongst the non-institutionalised elderly, who live in a nuclear family show significantly higher subjective wellbeing.

Educational status shows significant effect on all psychological variables, but not on physical health. Overall, highly educated elderly are more generative, resilient, mindful and tend to perceive more wellbeing in life.

Socioeconomic status also shows significant difference in all psychological variables and lifestyle habits of the elderly. Higher the SES, higher is the CMC and lifestyle habits.

Working status is found to be a significant determinant of high generativity, resilience, mindfulness, subjective wellbeing, and physical health parameters such as systemic / sensory parameters and lifestyle habits.

To conclude, it requires a sincere attention of the policymakers to take a step forward and create opportunities for the senior citizens to utilise their potentials to the fullest and allow the society to benefit from this social capital.

### **6.3 Limitations**

- The sample in the present research were only urban elderly. An inclusion of elderly from rural background would probably get a different perspective to psychological and physical variables, mentioned above.
- Both the groups, non-institutionalised and institutionalized elderly sample was selected from a wide range of MMR and PMR. However, covering every ward was found to be practically difficult, particularly in the context of Pandemic. Hence, the present sample may not be a true representation of young elderly from Mumbai and Pune city.
- During Pandemic, in Phase II of the research, seventy percent of the interviews were held telephonically. The interaction with the institutionalised elderly was done online. In-person interviews and interactions would have probably added nuances in the description.
- The mediating variables such as nutrition, exercise, and engagement in spiritual practices as well as few dimensions of physical health were measured by the self-prepared checklists and not the standardized measurements. Thus, the researcher's effect/ bias could not be completely avoided.
- The sample for qualitative design in Phase II in the research was restricted to thirty. Probably, greater number would give better insights into the perception of physical health, happiness, life satisfaction, generativity, resilience, and present preparedness of the elderly.
- Along with the elderly, caretakers and staff of the institution could have been interviewed to get different perspective in the research.

## 6.4 Implications

The present research has relevance in the contemporary times as it takes a proactive approach of examining the dynamics of wellbeing among old people in Indian context. The role of generativity, resilience, and mindfulness in perceived wellbeing of the elderly is highlighted.

**Elderly:** The elderly can be made aware of the benefits of generativity as it gives meaning to their lives, develop social connect and also contribute to younger generation. As resilience helps to develop effective coping skills, the elderly will be in a better position to face challenges of advancing age. Hence communicating the same is essential. The findings could be used for designing low-cost psychological interventions to promote mindfulness which will help the elderly to avoid / minimize age-related health complications, maintain physical health and perceive wellbeing in life.

**Care givers and family:** The findings of the study would sensitize the care givers/family towards needs and concerns of the elderly. Motivating independence through participation in household activities, acknowledging their contributions to the life of family members and helping them to maintain their identity which will promote self-esteem and self-efficacy.

**Elderly- care institutions:** Founders of the Institutions for elderly should be made aware of the psychological variables leading to health and wellbeing in this stage of life. Accordingly, the need to take care of the infrastructure, ambience and create an elderly friendly eco-system, facilitating inter-generational interaction, inclusive approach to ensure health and happiness of elderly residents.

**Society:** Through psycho-educative awareness programmes, the Society at large can be made aware of psychological factors leading to successful ageing. Thus, there is a need to perceive elderly as a valuable human resource and social capital which will benefit the society and make the elderly feel healthy and happy.

Awareness about importance of physical fitness, exercise in experiencing positive emotions and life satisfaction needs to be created across the age to promote healthy ageing. An engagement in spiritual practices which immensely contributes to wellbeing of the elderly needs to be elucidated through various programmes and activities at societal level.

There is a need to create awareness about importance of age-related diet, rich in serotonin and vitamins, calcium, which helps to promote and maintain good physical health in later years of life.

Through inter-generational interactions on a regular basis, younger generation can be sensitized about issues pertaining to the elderly and motivate them to help the elderly to move towards successful ageing.

**Policymakers:** An inclusive approach towards the elderly to be necessarily practiced at societal and national level, considering psychological concomitants of healthy ageing.

The findings of the present research can be effectively implemented for promoting healthy ageing by designing—1) Community based interventions through training modules, workshops, participative activities on regular basis. 2) The initiatives such as retirement clubs or day care centers can be taken for encouraging social engagement and promoting inter-generational interactions.

Working status has significant effect on all psychological and health parameters. Elderly who are working even after retirement, with or without financial gains are more generative, resilient, mindful and perceive greater wellbeing in life. It suggests the dearth of creating employability opportunities for the elderly. It requires designing such jobs which may not be laborious but which would be qualitatively better with the experienced hands; which may be a win-win situation for both, the elderly and the society. It requires to create awareness among the policymakers, the younger generation, apart from these elderly to think holistically and build a healthy and happy society.

Thus, the implications of the research are addressed to multiple stakeholders for the benefits of the elderly and the society at large.

### **6.5 Suggestions for future research**

- A further study of the dimensions of mindfulness will help to understand the areas to work upon to cultivate optimal mindfulness
- Detailed analysis of the CD-RISC profile of the elderly would indicate strengths of elderly to face the challenges, and he/she can be made aware of the same to use consciously for greater benefits



- Extensive research on age-appropriate nutrition and exercise will be helpful to prepare a generic health-plan for the elderly population.
  - The deterrents of consuming age-suitable intake and variety of diet, regular exercise and more importantly spiritual engagement should be known to reduce discrepancy between the elderly's opinion about their importance in one's health and wellbeing and practicing the same.
  - Research on the e-practices in spirituality particularly for the elderly with physical limitations may be useful to promote spirituality.
  - Nuances of the elderly-friendly institutions need to be understood considering diversity in various domains, which is a hallmark of our country.
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