

RESILIENT AGEING: A CONCEPT ANALYSIS USING THE WALKER AND AVANT METHOD

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ABSTRACT

Populations are ageing rapidly, and older people encounter accumulating adversity, including illness, bereavement and functional decline. Resilient ageing is increasingly proposed as a dynamic alternative to static models of healthy or successful ageing, but it is used inconsistently across disciplines and overlaps with related concepts, which limits its usefulness for nursing practice and research. This concept analysis aimed to refine the concept of resilient ageing, distinguish it from other ageing concepts and provide a definition that can guide research, practice and evaluation. The method of Walker and Avant was followed. Literature published between 2014 and 2024 was retrieved from PubMed, Google Scholar and CINAHL, together with dictionary definitions of ageing and resilience, and model, borderline and contrary cases were constructed to illustrate the concept. Three defining attributes were identified: adaptive capacity, sense of purpose and self-efficacy. Antecedents were adversity, positive attitude and protective factors such as proactive coping and accumulated life experience, while consequences were improved mental health and better quality of life. Resilient ageing was distinguished from healthy, successful, active and positive ageing by its dependence on adversity, and it was found to be attainable by older people living with illness or disability. It is defined as a dynamic process through which an older person, facing adversity, draws on adaptive capacity, purpose and self-efficacy to maintain or regain function and wellbeing. Resilient ageing can be strengthened over time, which makes it a modifiable target for nursing rather than a fixed personal characteristic. The analysis provides a basis for developing and validating measures, testing nursing interventions and building middle-range theory, ideally guided by a nursing framework such as the Roy Adaptation Model.

I. INTRODUCTION

Living a long and healthy life should be possible for everyone, yet the environments in which people live can either protect or harm their health. Behaviors, exposure to health hazards, and access to services and opportunities in later life are all strongly shaped by those environments (World Health Organization [WHO], 2022). At the same time, populations are ageing faster than at any point in the past. The number of people aged 60 years or over was 1 billion in 2020 and is projected to reach 1.4 billion by 2030 and 2.1 billion by 2050; by 2030, one in six people worldwide will be aged 60 or over (WHO, 2022). Ageing is a complex and heterogeneous process. Genetic factors and life exposures mean that some people age well in terms of health and wellbeing while others do not, and a longer life does not necessarily bring a better quality of life (Cosco et al., 2017; Stern et al., 2023). Meeting the needs of an ageing population requires multidisciplinary and multilevel approaches, and within these, resilience may be a distinctive resource (Kim et al., 2021; Merchant et al., 2022). This paper analyses the concept of resilient

ageing. The analysis begins with the abstract concept of resilience, broadly the capacity to adjust to or recover from adversity, and narrows it to resilience in the context of later life. Resilient ageing, in turn, is examined in relation to older people who face adversity, including ill health, bereavement and functional decline.

The concept is of direct relevance to nursing. Nurses are central to identifying the needs of older people, supporting them in daily activities and encouraging them to maintain their health and to contribute to their families and communities. Resilience may improve the care of older people: resilient people recover more readily from disruptions to physical health (Angevaere et al., 2020), and higher resilience is associated with good mental health, active ageing and healthy behaviours (Wang, Y. et al., 2022). Nursing scholars have analysed resilience in specific groups, such as people who have had a stroke (Yan & Lin, 2022) and older people (Lima et al., 2023), have analysed resilient ageing itself (Hicks & Conner, 2014) and have begun to develop theory on ageing-related resiliency (Feliciano et al., 2022). The concept also has international relevance. Population ageing is a global phenomenon, and evidence on resilience in older people has accumulated from diverse settings, including studies of Chinese older adults (Wang, Y. et al., 2022) and a Scottish birth cohort (Taylor et al., 2020), as well as research conducted during the coronavirus disease 2019 (COVID-19) pandemic (Pearman et al., 2020; Weitzel et al., 2021; Wister et al., 2022). Because older people in every health system face adversity, resilience has been proposed as a public health resource that could be promoted at population level (Cosco et al., 2017).

II. METHOD OF CONCEPT ANALYSIS

The analysis used the method of Walker and Avant (2019). The method aims to clarify the meaning of a concept and to give writers and readers a common language. It is among the most frequently used methods in nursing and supports the refinement of concepts, the identification of empirical referents for measurement and the building of nursing knowledge (Liu et al., 2018). The method comprises the following eight steps (Walker & Avant, 2019):

1. Select a concept.
2. Determine the aims of the analysis.
3. Identify all uses of the concept.
4. Determine the defining attributes.
5. Identify a model case.
6. Identify borderline, related, contrary, invented and illegitimate cases.
7. Identify antecedents and consequences.
8. Define empirical referents.

The first two steps are reported below under Selection of Concept and Purposes of Analysis.

Selection of Concept

The concept “Resilient Ageing” was selected for analysis. A concept analysis is warranted here for three reasons. First, resilient ageing is used alongside, and is often confused with, healthy, successful, active, positive, productive and optimal ageing, which themselves overlap substantially (Bar-Tur, 2021; Lin et al., 2020; Marzo et al., 2023). Without a clear boundary, it is difficult for nurses to know what resilient ageing adds to these concepts or how to assess and support it. Second, resilient ageing has been analysed before (Hicks & Conner, 2014), as has resilience in older people (Lima et al., 2023), but the literature has since expanded considerably. It now includes evidence generated during the COVID-19 pandemic (Pearman et al., 2020; Weitzel et al., 2021), neurobiological frameworks of reserve and resilience (Stern et al., 2023), a unified model of resilience and ageing (Wister et al., 2022) and nursing theory development (Feliciano et al., 2022). Third, global policy attention to healthy ageing makes a precise, nursing-relevant definition timely. This analysis therefore updates and extends earlier work by integrating this newer literature, distinguishing resilient ageing from related concepts, and identifying empirical referents that can support measurement.

Purposes of Analysis

The aim of the analysis was to refine the concept of resilient ageing by defining its attributes, antecedents and consequences, to distinguish it from other ageing concepts and to provide a definition that can guide research, practice and evaluation.

Data Sources

Databases searched: PubMed, Google Scholar and CINAHL, covering literature published between 2014 and 2024. Keywords used with Boolean operators “AND” and “OR”. Languages included: English only. Dictionary definitions of ageing and resilience were obtained from the APA Dictionary of Psychology, the Cambridge Dictionary, Dictionary.com and the Collins English Dictionary. Publications in which resilience or resilient ageing was defined, described or measured in people aged 60 years or over. Exclusion criteria: Publications on resilience in children or organizations.

III. RESULTS

Identification of All Uses of Concept

Resilient ageing combines two terms, ageing and resilience. The dictionary definitions of each term are presented first, followed by the uses of the concept in the literature.

Definition from Dictionaries

Ageing

- “Relating to getting older” (Cambridge University Press, 2024).
- “The process of becoming old or older” (Dictionary.com, 2020a).
- “The biological and psychological changes associated with chronological age,” with a distinction between normal biological processes and age-related pathology (American Psychological Association [APA], n.d.-a).

Resilience

- “The ability of a person to adjust to or recover readily from illness, adversity, major life changes” (Dictionary.com, 2020b).
- “Ability to recover readily from illness, depression, and adversity” (Collins Dictionaries, 2024).
- “The process and outcome of successfully adapting to difficult or challenging life experiences,” especially through mental, emotional and behavioural flexibility (APA, n.d.-b).

Across these definitions, ageing is a process of change over time, whereas resilience is an ability to adjust and recover that psychology treats as both a process and an outcome.

Uses of Concept

To avoid bias, the uses of a concept should not be limited to a single discipline (Walker & Avant, 2019). The conceptual or theoretical context of each use identified is summarised in Table 1. Resilient ageing is understood as a dynamic process rather than a static state (Hicks & Conner, 2014). In an epidemiological and public health account, an older person who functions at a high level without experiencing adversity is ageing healthily, whereas one who maintains the same level of function after adversity is resilient (Cosco et al., 2017). Because older people encounter greater levels of adversity, the concept is argued to be particularly applicable to them and to be a public health tool for increasing resilience at population level (Cosco et al., 2017). Other disciplines contribute further uses. In neuroscience, resilience is part of a framework of reserve and resilience in which it helps the brain to maintain cognition and function despite disease and ageing (Stern et al., 2023). In psychology, psychological and social wellbeing are proposed as targets for promoting healthy ageing through resilience (Kim et al., 2021), purpose and competence are described as promoters of successful ageing (Zábó et al., 2023), and resilience and risk are examined as determinants of social cognitive ageing (Henry et al., 2023). A unified model of resilience and ageing draws on gerontological, sociological, social-psychological and socio-environmental concepts to address adaptation to ageing and stressors (Wister et al., 2022). Nursing has contributed concept analyses (Hicks & Conner, 2014; Lima et al., 2023) and theory development on ageing-related resiliency (Feliciano et al., 2022). Finally, clinical studies link resilience in older people to less anxiety and depression in cancer (Seiler & Jenewein, 2019), adaptation after stroke (Yan & Lin, 2022), frailty (Wang, Y. et al., 2022) and active ageing among people with mobility limitations (Siltanen et al., 2020).

Related Concepts

Several related ageing concepts share a concern with the wellbeing of older people. Healthy ageing is defined by the WHO as developing and maintaining the functional ability that enables wellbeing, where functional ability reflects intrinsic capacity, the environment and the interaction between them (WHO, 2022). Successful ageing,

used mainly in gerontology, emphasises longevity, life satisfaction, independence, active engagement, mastery and growth, and freedom from disability, and is sometimes called positive, vital or productive ageing (Martin et al., 2014). It is multidimensional and aims to preserve quality of life and reduce the health burden of ageing (Lin et al., 2020). Active ageing is a strategy for achieving quality of life that is influenced by physical and social environments, health and social services, and behavioural, economic and personal determinants (Marzo et al., 2023). Positive ageing combines characteristics of optimal, successful, healthy and productive ageing and comprises physical fitness, activity, health, cognition and affect, assessed through subjective and objective indicators (Bar-Tur, 2021). These related concepts overlap with one another, but they are largely framed around the presence of function, health or engagement.

Defining Attributes

Defining attributes are the characteristics most frequently associated with a concept, and they give the reader broad insight into its nature (Walker & Avant, 2019). Three attributes of resilient ageing were identified; they are summarised in Table 2.

Adaptive Capacity

Adaptive capacity is the ability to adjust to ageing and to the stressors that accompany it across the life span, which allows older people to adjust well in their later years. The attribute has roots in gerontological theory and in sociological, social-psychological and socio-environmental concepts (Wister et al., 2022). At the level of the brain, resilience helps to maintain cognition and function in the presence of disease and ageing (Stern et al., 2023).

Sense of Purpose

A well-defined sense of purpose contributes to competence and psychological resilience, and can protect against stress and biological ageing. It produces motivation, determination and a positive outlook, reduces stress and anxiety, and strengthens the sense of connectedness (Zábó et al., 2023). Older adults tend to direct their limited resources towards events that carry personal and social consequences (Henry et al., 2023).

Self-Efficacy

Self-efficacy is an individual's belief in, and ability to maintain, a high level of activity regardless of adversity. Resilience enables older adults to respond to life hazards differently and thereby promotes active ageing. Self-efficacy in particular tasks and situations contributes to wellbeing and quality of life when adversity is faced, which makes it a key element of ageing well (Siltanen et al., 2020).

Model Case

A model case demonstrates all the defining attributes (Walker & Avant, 2019). The cases below were constructed by the author, and all names are fictitious: Mr Hamid is 73 years old and has hypertension. He is a retired soldier who now volunteers in his community. After 49 years of a happy marriage, he lost his wife. He coped well with the loss and adjusted to life without her. He stayed engaged with family matters, went out with friends and kept himself busy in order to maintain his mental capacity. He remained motivated: he followed a healthy diet, exercised and attended appointments for his hypertension. He believed in his ability to stay healthy and protect himself from illness even though his wife was no longer there to encourage him. He decided to give his time to community volunteering and made it his purpose in life; every day he joins the volunteer team and works for the welfare of the community. All three attributes are present. Mr Hamid shows adaptive capacity in adjusting to bereavement while managing a long-term condition, a sense of purpose in his volunteer work, and self-efficacy in his belief that he can protect his health. Adversity (bereavement) and protective factors (family and friends) are also present.

Borderline Case

A borderline case demonstrates some but not all of the defining attributes (Walker & Avant, 2019): Mrs. Sania is a 60-year-old banker and widow with five children. She has recently been diagnosed with blood cancer. Her doctor advised routine appointments so that her medication could be adjusted and her health problems managed, but she refuses because she is responsible for her children. She says she is living only to see them succeed. She has made this her purpose, motivating herself solely to care for her children, and she ignores her own health. Only one

attribute, sense of purpose, is present, and it is narrowly directed at her children. She is not adapting to her illness and does not believe in her ability to manage her health, so her resilience is limited.

Contrary Case

A contrary case demonstrates none of the defining attributes (Walker & Avant, 2019): Mr Rashid is a 75-year-old retired businessman with a wife and two children. He has several long-term health conditions. He has withdrawn to his room and is not interested in anything. No one encourages him to exercise or eat well, and his family and friends are not involved in his care. He has not adjusted to his situation; does not believe he can overcome it and has no sense of purpose. His health is deteriorating quickly. None of the attributes is present: he shows no adaptive capacity, no sense of purpose and no self-efficacy.

Related, Invented and Illegitimate Cases

Related concepts (healthy, successful, active and positive ageing) are described under Related Concepts above. Invented and illegitimate cases are optional in the method and were not constructed because they were not needed to clarify the concept.

Antecedents

Antecedents are events or conditions that must be present before the concept can occur (Walker & Avant, 2013). Three antecedents were identified.

Adversity

Adversity is the antecedent that makes resilience distinctive, because resilience enables older people to thrive in the face of adversity. Resilience allows people to bounce back, improves mental health and reduces the impact of adverse events when disease or long-term treatment is faced, and many patients adapt well to illness (Yan & Lin, 2022). Adversity in later life includes stressful life events and depressive symptoms (Wang, X. et al., 2022). Some older people withstand age-related change better than others, and resilience, defined as the ability to adapt positively to adversity or risk, may help to explain this variation (Taylor et al., 2020).

Positive Attitude

A positive attitude influences resilience in old age; resilience has been described as a positive attitude supported by available resources and by experience of previous adversity (Lima et al., 2023). Despite many adversities, resilient individuals are able to function healthily and to adapt to extremely stressful events (Callueng et al., 2020).

Protective Factors

Proactive coping, which means avoiding or modifying a stressful event before it occurs, is positively associated with age and protects older people. Life experience is a second protective factor, because lived experience helps older people to manage daily stressors effectively and equips them for future stress (Pearman et al., 2020).

Consequences

Consequences are the events or outcomes that occur as a result of the concept (Walker & Avant, 2013). Two consequences were identified.

Improved Mental Health

Higher resilience has been associated with better mental health. During the COVID-19 pandemic, older adults generally handled the threat well despite increased health risks, and high resilience is thought to have had positive effects on anxiety and concerns related to the virus (Weitzel et al., 2021). Among people with cancer, those who were more resilient had less anxiety and depression than those who were less resilient (Seiler & Jenewein, 2019).

Quality of Life

Quality of life is the second consequence. Psychological, social and emotional characteristics are closely connected with resilience, and these characteristics in turn enhance quality of life, wellbeing and longevity (Feliciano et al., 2022). Older people with low resilience may perceive their quality of life in later years as poor (Lima et al., 2019).

Empirical Referents

Empirical referents are observable phenomena that show the concept has occurred (Walker & Avant, 2019). Resilience in older people has been measured with the Brief Resilience Scale, which has been related to ageing-related domains in a birth cohort (Taylor et al., 2020). Relationships between resilience and its consequences have been examined using measures of quality of life and depressive symptoms in older people receiving outpatient care (Lima et al., 2019), and the relationship between resilience and frailty has been examined in older adults (Wang et al., 2022).

Definition

On the basis of the attributes, antecedents and consequences identified, resilient ageing is defined as a dynamic process in which an older person who faces adversity draws on adaptive capacity, a sense of purpose and self-efficacy, supported by a positive attitude and protective factors, to maintain or regain function and wellbeing, resulting in better mental health and quality of life.

IV. DISCUSSION

The analysis shows that resilient ageing can be described through three attributes and placed within a network of antecedents and consequences. The definition and attributes name and classify the phenomenon without explaining how it operates, which is characteristic of a middle-range descriptive theory. When antecedents and consequences are added, the analysis moves towards a middle-range explanatory theory, because it implies relationships: adversity, together with a positive attitude and protective factors, sets the conditions for resilient ageing, and resilient ageing, expressed through adaptive capacity, sense of purpose and self-efficacy, leads to better mental health and quality of life. These relationships are consistent with the unified model of resilience and ageing (Wister et al., 2022) and with ageing-related resiliency theory (Feliciano et al., 2022). They remain propositions rather than tested relationships, and the analysis does not yet specify how the attributes relate to one another, for example whether a sense of purpose strengthens self-efficacy. The analysis also clarifies how resilient ageing differs from related concepts. Healthy, successful, active and positive ageing are generally framed around the presence of function, health or engagement. Resilient ageing is framed around the response to adversity (Cosco et al., 2017; Hicks & Conner, 2014). This has an important implication. Some accounts of successful ageing emphasise freedom from disability (Martin et al., 2014), whereas resilient ageing has been described in older people with cancer, stroke, frailty and mobility limitations (Seiler & Jenewein, 2019; Siltanen et al., 2020; Wang, Y. et al., 2022; Yan & Lin, 2022). It is therefore attainable by older people who live with illness or disability and so complements, rather than competes with, other ageing concepts.

Two boundary issues deserve attention. First, the literature treats resilience variously as a process, a trait and an outcome; dictionary definitions in psychology treat it as both process and outcome (APA, n.d.-b). This analysis adopts a process view in line with Hicks and Conner (2014) and Cosco et al. (2017), but the elements that precede and follow the process were separated analytically, and in practice some overlap. A positive attitude, for example, could be regarded as an antecedent, an attribute or a protective factor. Second, adversity is an antecedent rather than an attribute, so resilient ageing cannot be assessed in the absence of adversity. This has consequences for measurement, because resilience is revealed only when it is tested. For nursing, the findings support a population-level as well as an individual-level view. Resilience has been proposed as a public health tool for older populations (Cosco et al., 2017) and fits the global emphasis on healthy ageing. Because the attributes can be strengthened through supportive relationships, purposeful activity and confidence-building, they are plausible targets for nursing assessment and intervention.

Limitations

This analysis has several limitations. It relies on the author's interpretation of a heterogeneous literature drawn from several disciplines, and the identification of attributes, antecedents and consequences is inherently subjective. Many of the sources were published during or soon after the COVID-19 pandemic, which may have influenced how adversity and resilience were conceptualized. The model, borderline and contrary cases were constructed rather than drawn from empirical data and have not been validated. Finally, the relationships between antecedents, attributes and consequences are inferred from the literature and have not been tested

empirically, and the cultural variation in how resilience is understood and expressed in later life requires further study.

V. CONCLUSION

This analysis leads to three conclusions. First, resilient ageing is conceptually distinct from other ageing concepts because it presupposes adversity and describes the response to it. Second, it is a dynamic process that may be strengthened across the life course, which makes it a modifiable target for nursing rather than a fixed personal characteristic. Third, because it does not depend on the absence of illness or disability, it offers a way to recognise and support the strengths of older people who live with long-term conditions. Given the limitations above, the following recommendations are made.

Practice

Nurses can use adaptive capacity, sense of purpose and self-efficacy as assessment domains, and can support older people by encouraging purposeful activity, social connection and confidence in managing their health. Because resilience is revealed in response to adversity, assessment is most informative around life events such as bereavement, diagnosis or hospitalization.

Education

Gerontological nursing curricula should use a shared definition of resilient ageing and should distinguish it from healthy, successful and active ageing.

Research

Studies should develop and validate measures that capture the three attributes in different cultural settings, test the proposed relationships between antecedents, attributes and consequences, and evaluate nursing interventions designed to strengthen resilience. Qualitative studies with older people would help to test and refine the constructed cases.

Management and Policy

Because resilience has been proposed as a public health resource, health services and policy-makers could consider population-level programmes that build protective factors in older people, aligned with the Decade of Healthy Ageing.

Future research should be guided by nursing conceptual or theoretical frameworks. The Roy Adaptation Model, which views the person as an adaptive system responding to stimuli, aligns closely with adaptive capacity and with adversity as a focal stimulus. The Neuman Systems Model, with its emphasis on stressors and on lines of defence and resistance, aligns with the antecedents of adversity and protective factors. Pender's Health Promotion Model, in which perceived self-efficacy is a central influence on health behaviour, aligns with self-efficacy and could guide intervention design. We recommend the Roy Adaptation Model as the primary framework, with the other two used to examine specific elements.

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