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## ORIGINAL ARTICLE

# Are physicians aging well? Subjective successful aging, happiness, optimism, and resilience in a sample of Brazilian aging doctors



Rodrigo C.M. Silva<sup>a</sup>, Carla F. Zambaldi<sup>a,\*</sup>, Sílvia Poliana G.A. Costa<sup>b</sup>, Philip A.C. Urquiza<sup>a</sup>, Leonardo Machado<sup>a</sup>, Amaury Cantilino<sup>a</sup>

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## **KEYWORDS**

Successful aging; Subjective successful aging; Physician health; Psychological resilience; Happiness; Optimism

#### **Abstract**

*Background and objectives*: The elderly physician population is increasing worldwide. Data on how doctors have aged are scarce. The purpose of this study is to evaluate subjective successful aging (SSA) and its correlations with resilience, happiness, and optimism in a sample of older physicians.

Methods: A cross-sectional study was carried out with physicians over 65, through face-to-face interviews. All the volunteers answered the following: Self-rate successful aging; CD-RISC 10; Subjective Happiness Scale; LOT-R; SF-36; and a socio-demographic questionnaire.

Results: The mean of self-rate successful aging in SSA was 8.65 (92.3% over or equal to 7), and significant and positive correlations were found between resilience (r = 0.33) and happiness (r = 0.68). No correlation was found between age subset (young-old x old) or physical limitations and evaluation of SSA.

Conclusion: Physicians evaluated aging as successful regardless of health and limitations. SSA had a positive correlation with resilience and happiness.

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## Introduction

Living longer with less morbidity and high quality of life is a goal of both individuals and societies as a whole. Despite this, studies have demonstrated that the relation between living with chronic conditions or functional disability and the

perception of aging well is not linear. Aging can be a time for happiness and preserving one's well-being in spite of illness or age-related decline. 1

Successful aging is a concept without universal standards and forms.<sup>2</sup> Subjective successful aging (SSA) is a model that emphasizes the self-perception of successful aging.<sup>3</sup> The aging process can be characterized as "successful" regardless of health, functional and cognitive capacity, and productive engagement. In contrast with traditional definitions

E-mail address: carla.zambaldi@ufpe.br (C.F. Zambaldi).

<sup>&</sup>lt;sup>a</sup> Neuropsychiatry Department, Federal University of Pernambuco, Moraes Rego, Recife 1235, Brazil

<sup>&</sup>lt;sup>b</sup> University of São Paulo, Brazil

<sup>\*</sup> Corresponding author.

of objective successful aging, predictors of SSA entail variables like subjective well-being and positive emotions, which can be influenced by aspects such as level of adaptation, expectations, and personality traits.<sup>4,5</sup>

The elderly physician population is increasing world-wide. Data is scarce about how doctors are aging. There is not ample information on the health of aging physicians; whether they have physical limitations, maintain healthy life habits, are socially engaged, or if they have emotional health and are satisfied with life, despite aging. There is a growing body of research that has examined SSA with correlations in community-dwelling older adults, but to our knowledge, none has been conducted in aging physicians.

To elucidate how doctors have aged, this study investigates SSA, lifestyle, resilience, optimism, happiness, and quality of life in a sample of aging physicians in the city of Recife, Brazil.

# Methodology

# **Participants**

The older physicians registered in the Regional Council of Medicine received an email or phone call inviting them to participate in the study. Data were collected from July 2018 to December 2019. Inclusion criteria were: (1) aged 65 years or older; (2) physical and cognitive ability to participate in a face-to-face interview; (3) informed consent for study participation. Exclusion criteria were: diagnosis of dementia or undergoing dementia therapy.

## Measure

Face-to-face interviews were conducted individually with older physicians who volunteered to participate in the study. (1) The socio-demographic, health, and lifestyle variables were assessed using a questionnaire designed for this study. (2) Self-rated Successful Aging (SRSA): Participants were asked to rate their degree of successful aging from 1 to 10. Additionally, they were asked to indicate their agreement with the statement "I am aging well" (4 definitely true, 3 mostly true, 2 mostly false, 1 definitely false). The cut-point of >7 is considered to be a high level of SSA.

(3) Health-related Quality of Life measure SF-36 (36-item short-form health survey): It assesses eight health concepts; physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health. The concept of "freedom from disability" is observed in question 3 of SF-36, with "no limitation" in the ability to lift or carry groceries, climb one flight of stairs, bend/kneel/stoop, and walk one block, or bathe/dress oneself.<sup>8,9</sup> (4) 10-item Connor-Davidson Resilience Scale (CD-RISC 10): This was used to assess the level of individual resilience. Greater scores reflect higher levels of resilience; scores from 0 to 26 are considered low, while scores from 37 to 40 are considered high. 10,11 (5) Subjective Happiness Scale (SHS): The median scores for the SHS ranged from 1 to 7 points, with a higher score indicating a greater level of subjective happiness. Scores above the median of 5.5 were classified as a good level of happiness. 12,13 (6) Revised Life Orientation Test (LOT-R): Scores on the LOT-R range from 0 to 24, with higher scores indicating more optimism. <sup>14,15</sup>

#### **Ethical considerations**

A signed consent form was obtained from each participant before data collection began. This study was approved by the institutional ethical committee.

## Data analysis procedure

SPSS version 23 was used for data analysis. Descriptive statistics (i.e. means and proportions) were used to examine the distributional properties of the data and to examine the characteristics of the sample.

The results of the categorical variables were presented in the form of absolute and percentage frequencies and the numerical variables (not categorized) were presented using these statistics: mean, standard deviation (mean (SD)), median, and 25th and 75th percentiles (median (P25; P75)). To assess the association between two numerical variables, Pearson's or Spearman's correlation coefficient and a specific t-Student test for the null correlation hypothesis was obtained. Either the t-Student or Mann-Whitney test was used to compare between categories of variables in numerical terms in the case of two categories. Pearson's chi-square test or Fisher's exact test was used to verifying the association between two numerical variables. The statistical significance level was set to 5%.

# **Results**

The study included 65 participants that responded to the invitation and were allowed to participate in the research. No participant in this sample was excluded from the study.

The mean age of the sample was 71.32 years. The majority of participants still carried out medical activities (90.8%). The sample demonstrated good rates of SSA. The mean self-rate of successful aging in SRSA was 8.65. A total of 92.3% scored over or equal to 7. A total of 63.1% answered true to the question "Am I aging well?".

Table 1 shows comparative data between the group of young-old (age 65–74) and the group of old (age 75–84) physicians. There is a significant association between the age groups with each of the variables: gender, medical activity, satisfaction with sexual life, and without limitation, and significant difference in the variable physical functioning (SF36).

Regarding the SF-36 domains, the highest average corresponded to the mental health domain (95.26), and the lowest occurred in the general health status domain (69.98). The others ranged from 73.31 (vitality) to 85.13 (limitation of emotional aspects). A total of 38 physicians (58.5%) indicated some physical limitation (question 3 SF-36). Table 2 shows the variable comparison in the group of elderly physicians who had some form of physical limitation (question 3 SF-36, the ability to lift or carry groceries, climb one flight of stairs, bend/kneel/stoop, walk one block, or bathe/dress oneself) and those who had no physical limitation. Physical functioning and vitality (SF36) were the only variables with

**Table 1** Socio-demographic variables, health, lifestyle, SF-36, resilience, optimism, happiness, subjective successful aging (SSA) in young-old (age 65–74) and old (age 75–84) physician.

	Total sample (N = 65)	Young-old (age 65–74) (N = 49)	Old (age 75—84) (N = 16)	p value
Demographic characteristics				
Gender, N (%)				
Female	22 (33.8)	20 (40.8)	2 (12.5)	0.038*, (1)
Male	43 (66.2)	29 (59.2)	14 (87.5)	
Education				
Speciality	46 (70.8)	33 (67.3)	13 (81.2)	0.357 <sup>(2)</sup>
Md/PhD/postdoc	19 (29.2)	16 (32.7)	3 (19.8)	
Marital status				
Married/Had a partner	46 (70.8)	33 (67.3)	13 (81.2)	0.357 <sup>(2)</sup>
Single/Divorced/Widowed	19 (29.2)	16 (32.7)	3 (19.8)	
_iving status				
Alone	12 (18.5)	11 (22.4)	1 (6.3)	0.266 <sup>(2)</sup>
Not alone	53 (81.5)	38 (77.8)	15 (93.7)	
Medicine activity				
Yes	59 (90.8)	47 (95.9)	12 (75.0)	0.029* (2)
No	6 (9.2)	2 (4.1)	4 (25.0)	
Health and lifestyle				
Physical activity				
Yes	49 (75.4)	37 (75.5)	12 (25.0)	1.000 <sup>(2)</sup>
No	16 (24.6)	12 (24.5)	4 (25.0)	
_eisure activities				
Daily	25 (38.5)	17 (34.7)	8 (50.0)	0.404 <sup>(1)</sup>
Once a week or less	37 (56.9)	30 (61.2)	7 (43.7)	
No	3 (4.6)	2 (4.1)	1 (6.3)	
Alcohol consumption				
Low comsumption	28 (43.1)	22 (44.9)	6 (37.5)	0.604 <sup>(1)</sup>
Medium/High comsumption	37 (56.9)	27 (55.1)	10 (62.5)	
Religious practice	, ,	, ,	` '	
Yes	45 (69.2)	35 (71.4)	10 (62.5)	0.059 (2)
No	9 (13.8)	4 (8.2)	5 (31.3)	
Some spirituality	11 (16.9)	10 (20.4)	1 (6.3)	
Sleep	( *** )	,	( )	
Very good/good	42 (80)	37 (75.5)	15 (93.7)	0.159 <sup>(2)</sup>
Bad/very bad	13 (20)	12 (24.5)	1 (6.3)	
satisfied with sexual life		,	( )	
Yes	42 (64.6)	37 (75.5)	5 (31.3)	0.001*, (1)
No	23 (35.4)	12 (24.5)	11 (68.7)	
Physical and mental health SF-36	( )	( '-')	()	
Physical functioning				
Mean (SD)	80.8 (15.5)	83.9 (13.4)	71.6 (18.3)	0.011* (3)
Median (P25;P75)	85.0 (70.0; 92.5)	90.0 (75.0; 95.0)	70.0 (65.0; 80.0)	
Role-Physical	, ,			
Mean (SD)	81.9 (31.1)	83.7 (29.1)	76.6 (37.0)	0.540 <sup>(3)</sup>
Median (P25;P75)	100.0 (75.0; 100.0)	100.0 (75.0; 100.0)	100.0 (56.3; 100.0)	
Pain	, , , , , , ,	, , , , , , ,	, , , , , , ,	
Mean (SD)	74.1 (19.6)	72.2 (19.9)	79.9 (17.8)	0.172 <sup>(3)</sup>
Median (P25;P75)	72.0 (61.0; 92.0)	72.0 (56.5; 84.0)	79.0 (72.0; 100.0)	
General health perception	( , , , , , , , , , , , , , , , , , , ,	( , )	(,,	
Mean (SD)	70.0 (17.2)	71.9 (17.5)	64.2 (15.4)	0.063 (3)
Median (P25;P75)	72.0 (61.0; 82.0)	72.0 (62.0; 86.0)	67.0 (48.3; 77.0)	
	(0 , 32 )	(32.0, 03.0)	, ., ., .,	
/itality				
/itality Mean (SD)	73.3 (14.7)	73.4 (15.0)	73.1 (14.4)	0.852 <sup>(3)</sup>

	Total sample ( <i>N</i> = 65)	Young-old (age 65–74) (N = 49)	Old (age 75—84) (N = 16)	p value
Social functioning				
Mean (SD)	84.2 (20.2)	83.4 (21.7)	86.7 (14.8)	0.909 (3)
Median (P25;P75)	87.5 (75.0; 100.0)	87.5 (75.0; 100.0)	87.5 (75.0; 100.0)	
Role-emotional				
Mean (SD)	85.1 (28.9)	85.7 (28.9)	83.3 (29.8)	0.959 <sup>(3)</sup>
Median (P25;P75)	100.0 (83.3; 100.0)	100.0 (100.0; 100.0)	100.0 (66.7; 100.0)	
Mental Health				
Mean (SD)	83.3 (12.3)	82.8 (13.6)	84.8 (7.5)	0.758 <sup>(3)</sup>
Median (P25;P75)	84.0 (80.0; 92.0)	84.0 (80.0; 92.0)	86.0 (77.0; 88.0)	
Mental Health				
≥ 73	56 (86.2)	40 (81.6)	16 (100.0)	0.069 (2)
<73	9 (13.8)	9 (18.4)	_ ` ′	
Limitation	,	,		
Yes	38 (58.5)	25 (51.0)	13 (81,2)	0.033* (1
No	27 (41.5)	24 (49.0)	3 (18.8)	
Positive Psychology	,	` '	` ,	
Optimism				
Low (0-13)	13 (20)	10 (20.4)	3 (18.8)	0.621 (1)
Moderate (14-18)	26 (40)	18 (36.7)	8 (50)	
High (19–24)	26 (40)	21 (42.9)	5 (31.3)	
Resilience	(,	_ ( ,_,,	- ( )	
Low (0–26)	14 (21.5)	12 (24.5)	2 (12.5)	0.363 (2)
Moderate (27–36)	44 (67.7)	33 (67.3)	11 (68.8)	
High (37–40)	7 (10.8)	4 (8.2)	3 (18.8)	
Happinness	. ()	. (=-=)	- ()	
≥ 5.6	47 (72.3)	35 (71.4)	12 (75)	1.000 (2)
< 5.6	18 (27.7)	14 (28.6)	4 (25)	
Successful aging	(= )	(====,	(==)	
Self-rated successful aging				
≥7	60 (92.3)	45 (91.8)	15 (93.8)	1.000 (2)
< 7	5 (7.7)	4 (8.2)	1 (6.3)	
"Am I aging well?"	. ( ,	()	()	
Definitely true	41 (63.1)	30 (61.2)	11 (68.8)	0.588 (1)
Mostly true/ Mostly false/	24 (36.9)	19 (38.8)	5 (31.3)	

Definitely false.

a significant difference in the group of physicians with some physical limitations.

In correlations between positive mental health scales, significant and positive correlations were found between resilience (CD-RISC10) with happiness (SHS), as well as between happiness (SHS) with optimism (LOT-R). The highest correlation (0.68) occurred between the evaluation of SSA and happiness (Table 3).

## Discussion

This sample, composed of a group of Brazilian aging physicians, demonstrated a high rate of SSA. Despite this, the sample showed a significant rate of clinical disease or some physical limitation. Often, the proportion

of people who rate themselves as aging successfully is higher compared with stringent criteria of successful aging, such as the absence of disease and disability, and maintaining physical and mental functioning. <sup>16–20</sup> It indicates that the absence of disease and disability might not be the most important element in the concept of successful aging, and people with some age-related decline can also age successfully.

The favorable factors found in the sample may have contributed to the good levels of SSA. This group of physicians revealed as characteristics good levels of social bonds and engaging in healthy life habits. Most of them do not live alone, approximately two-thirds are married or live with a partner, the majority engage in physical activities, have religious activities, say they sleep well, and a little over half state they are satisfied with their sexual life.

<sup>(\*)</sup> Significant difference at the level of 5.0%.

<sup>(1)</sup> Pearson.

<sup>(2)</sup> Fisher.

<sup>(3)</sup> Mann-Whitney.

**Table 2** Socio-demographic variables, health, lifestyle, SF-36, resilience, optimism, happiness, subjective successful aging (SSA) in the group of physicians with and without physical limitation.

	Total sample (N = 65)	With limitation $(N = 38)$	Without limitation $(N = 27)$	p value
Socio-demographic variables				
Gender				
Female	22 (33.8)	12 (31.6)	10(37)	0.647 <sup>(1)</sup>
Male	43(66.2)	26(68.4)	17(63)	
Education				
Medical specialty	46(70.8)	28(73.7)	18(66.7)	
Md/PhD/postdoc	19(29.2)	10(26.3)	9(33.3)	
Marital status				
Married/had a partner	46(70.8)	26(28.4)	20(74.1)	0.621 <sup>(1)</sup>
Single/divorced/widowed	19(29.2)	12(31.6)	7(25.9)	
Living status				(2)
Alone	12(18.5)	8(21.1)	4(14.8)	0.747 <sup>(2)</sup>
Not alone	53(81.5)	30(78.9)	23(85.2)	
Medicine activity				
Yes	59(90.8)	36(94.7)	23(85.2)	0.224 <sup>(2)</sup>
No	6(9.2)	2(5.3)	4(14.8)	
Health and lifestyle				
Physical activity				
Yes	49(75.4)	26(68.4)	23(85.2)	0.122 <sup>(1)</sup>
No	16(24.6)	12(31.6)	4(14.8)	
Leisure activities				
Daily	25(38.5)	12(31.6)	13(48.1)	0.440 <sup>(2)</sup>
Once a week or less	37(56.9	24(63.2)	13(48.1)	
No	3(4.6)	2(5.3)	1(3.7)	
Alcohol consumption				
Low consumption	28(43.1)	16(42.1)	12(44.4)	0.851 <sup>(1)</sup>
Medium/high consumption	37(56.9)	22(57.9)	15(55.6)	
Religious practice				
Yes	45(69.2)	28(73.7)	17(63)	0.594 <sup>(2)</sup>
No	9(13.8)	5(73.7)	4(14.8)	
Some spirituality	11(16.9)	5(13.2)	6(22.2)	
Sleep				
Very good/good	52(80)	32(84.2)	20(74.1)	0.314 <sup>(1)</sup>
Bad/very bad	13(20)	6(15.8)	7(25.9)	
Satisfied with sexual life				
Yes	42(64.6)	21(55.3)	21(77.8)	0.061 (1)
No	23(35.4)	17(44.7)	6(22.2)	
Physical and mental health SF-36				
Physical functioning	00.0445.5	70 ( ) ( )	00.4: = .	2.55.4.6
Mean (SD)	80.8(15.5)	$72.6 \pm 14.6$	92.4 ± 7.4	< 0.001* (3
Median (P25;P75)	85.0 (70.0; 92.5)	75.0 (65.0; 85.0)	95.0 (90.0; 95.0)	
Role Physical	04.0 (04.4)	77.0 : 24.4	00.0 : 07.0	0 (2)
Mean (SD)	81.9 (31.1)	$77.0 \pm 34.1$	$88.9 \pm 25.3$	0.128 (3)
Median (P25;P75)	100.0 (75.0; 100,0)	72.0 (51.8; 84.0)	84.0 (72.0; 100.0)	
Pain		<b></b>	<b></b>	0 0 (2)
Mean (SD)	74.1 (19.6)	$70.7 \pm 19.8$	$78.8 \pm 18.5$	0.075 <sup>(3)</sup>
Median (P25;P75)	72.0 (61.0; 92.0)	72,0 (51.8; 84.0)	84.0 (72.0; 100.0)	
General health perception	<b></b> • · · - • ·			(2)
Mean (SD)	70.0 (17.2)	$67.2 \pm 17.3$	73.9 ± 16.7	0.085 (3)
Median (P25;P75)	72.0 (61.0; 82.0)	67.0 (55.8; 82.0)	77.0 (67.0; 87.0)	
/itality				(2)
Mean (SD)	73.3 (14.7)	$69.2 \pm 14.7$	$79.1 \pm 12.9$	0.008* (3)
			22 2 (== 2 2= 2)	
Median (P25;P75)	75.0 (67.5; 85.0)	75.0 (60.0; 80.0)	80.0 (75.0; 85.0)	
	75.0 (67.5; 85.0) 84.2 (20.2)	75.0 (60.0; 80.0) 81.4 ± 21.3	80.0 (/5.0; 85.0) 88.4 ± 18.0	0.077 (3)

	Total sample (N = 65)	With limitation $(N = 38)$	Without limitation (N = 27)	<i>p</i> value
Median (P25;P75)	87.5 (75.0; 100.0)	87.5 (71.9; 100.0)	100.0 (75.0; 100.0)	
Role emotional				
Mean (SD)	85.1 (28.9)	$\textbf{79.0} \pm \textbf{34.2}$	$\textbf{93.8} \pm \textbf{16.1}$	0.080 (3)
Median (P25;P75)	100.0 (83.3; 100.0)	100.0 (58.3; 100.0)	100.0 (100.0; 100.0)	
Mental health				
ε73	56 (86.2)	31 (81.6)	25 (92.6)	0.285 <sup>(2)</sup>
<73	9 (13.8)	7 (18.4)	2 (7.4)	
Positive Psychology				
Optimism				
Low (0-13)	13 (20)	8 (21.1)	5 (18.5)	0.827 (1)
Moderate (14-18)	26 (40)	14(36.8)	12(44.4)	
High (19-24)	26(40)	16(42.1)	10(37)	
Resilience				
Low (0-26)	14(21.5)	10(26.3)	4(14.8)	0.537 <sup>(2)</sup>
Moderate (27-36)	44(67.7)	24(63.2)	20(74.1)	
High (37-40)	7(10.8)	4(10.5)	3(11.1)	
Happinness				
ε5.6	47(72.3)	28(73.7)	19(70.4)	0.769 (1)
<5.6	18(27.7)	10(26.3)	8(29.6)	
Successful aging				
Self-rated successful aging				
≥ 7	60 (92.3)	55 (92.1)	25 (92.6)	1.000 (2)
<7	5 (7.7)	3 (7.9)	2 (7.4)	
"Am I aging well?"				
Definitely true	41 (63.1)	22 (57.9)	19 (70.4)	0.304 (1)
Mostly true/ Mostly false/	24 (36.9)	16 (42.1)	8 (29.6)	

Definitely false.

(\*) Significant difference at the level of 5.0%.

Most of the sample still carried out medical activities. Physicians are usually socially engaged, have a social reputation, and practice medicine with engagement and a sense of purpose, all of which may contribute to the well-being and mental health. <sup>21,22</sup>

Being in the older age bracket does not seem to influence experiencing SSA. When comparing the variables between the younger elderly (65–74 years) and the older age group (75–84 years), we did not find a significant difference in the scores for SSA, resilience, optimism, and happiness. The presence of more males in the older age group was found to be a significant difference, as well as a higher rate of retired physicians, dissatisfaction with their sexual life, worse physical functioning, and more limitations.

When comparing the group of elderly physicians who showed physical limitations with those who had no physical limitations, no differences were seen in the socio-demographic variables, lifestyle, positive psychology, and physical functioning. These findings strengthen the idea that the perception of aging well and well-being does not depend on one's physical condition or decline that may be related to aging.

The sample showed moderate levels of resilience. The level of resilience of the elderly physicians in our sample did

not show significant differences in the group of older physicians or in those who showed physical limitations. Being resilient can have a great impact on how one copes with limitations and declines related to aging, which may favor better adaptation and better SSA. A mean of 29.66 points in CD-RISC 10 was found. Compared with other publications on the elderly, an article on war veterans, the average age of 71 years, found mean resilience similar to ours of 30.3 points in CD-RISC 10.<sup>23</sup> In another study using CD-RISC 10 on the elderly in a community-dwelling, aged between 50 and 99 years, the mean resilience scores varied between 30.8 and 32.1, depending on the age bracket, with means slightly higher than those found in our group of elderly physicians.<sup>24</sup>

When confronted by the diverse stressful situations of medical practice, resilience is vastly important in the physician's life in preventing mental illness. Some observational studies have been conducted to evaluate resilience among physicians, especially when related to burnout, as well as to other constructs of positive psychology such as well-being, quality of life, empathy, positive mental health, and personality traits of the medical population. <sup>25–27</sup>

The majority of our sample showed good levels of happiness. Some authors differentiate between two types of happiness: psychological well-being or eudaemonia (referring to

<sup>(1)</sup> Pearson.

<sup>(2)</sup> Fisher.

<sup>(3)</sup> Mann-Whitney.

Table 3         Correlations between positive mental health scales (CD-RISC 10, LOT-R, SHS).					
CD-RISC10	LOT-R	SHS	Aging		
CD-RISC10					
LOT-R	0.19 (1.121) <sup>(1)</sup>				
SHR	0.33 (0.007)* (1)	0.28 (0.023)* (1)			
Aging	0.33 (0.008)* (1)	0.25 (0.101) (1)	0.68 (< 0.001)* (1)		
(*) Significant differen					
(1) Spearman's correl	ation				
CD-RISC 10 - 10-item Co	onnor-Davidson Resilience Scale;				
LOT-R - Revised Life Or	ientation Test;				

personal fulfillment and realizing individual potential as a character development process) and hedonic well-being (linked to what brings pleasure and experiencing satisfaction). <sup>28,29</sup> Even though one might think the elderly, due to a series of stressors, would have lower levels of happiness, evidence shows that there is only a small, or no, variation of happiness as one age. <sup>30</sup>

SHS - Global subjective happiness; Aging - Self-rated Successful Aging (SRSA).

Another favorable factor found in this sample was the rate of optimism. 80% of the sample showed high or moderate rates of optimism. Optimism can be considered as an individual variable that reflects how many favorable expectations each person has regarding the future and a tendency to expect good things to happen in their lives. This simple difference between expecting good things versus expecting bad things has a fundamental influence on the individual's behavior, their outlook on life, and even on the way they face adversity and aging.

In the correlation assessment among the rates of correlation between resilience, happiness, optimism, and SSA, the highest correlation was between happiness with higher scores of SSA, which might suggest that happier physicians tend to better assess their aging. This result agrees with the current trend that any measure to assess aging must reflect a feeling of individual well-being way beyond the simple absence of illness or disability.

Positive correlations were also found between resilience and happiness and resilience and the aging assessment scale, suggesting the possibility that more resilient physicians tend to be happier and score higher on their aging assessment; however, by being a transversal study, the relations may be inverted: happier physicians become more resilient and physicians who score higher on their aging assessment become more able to cope with stressors, many times due to aging itself. In this regard, some studies have also shown the correlation between resilience and a more positive assessment of their aging, 7,24,33 as well as a positive correlation between resilience and a higher degree of agreement on successful aging.

Regarding optimism, there was a positive correlation between higher scores of optimism and higher degrees of happiness, but there was no correlation between higher levels of optimism and greater resilience; contrary to what some studies that assess a strong correlation between these two variables suggest (whoever has a more positive outlook on life can better cope with adversities). <sup>33</sup> It appears that in

our population, resilience, along with higher levels of well-being, was more important in the assessment of successful aging, and occurred regardless of the level of optimism. In this respect, due to being transversal, our study does not allow a more precise assessment of the cause and effect relation, as in longitudinal studies, but we may presume that a physician's greater resilience does play a role, regardless of optimism.

This study has strong points. It was a pioneer in obtaining information on aging from the medical population in Brazil. Having face-to-face interviews was a favorable factor of the study, as this model promotes a more engaged sample in providing information, especially in an older public that might have limitations in answering questionnaires, which would then make the administration of the same more difficult. Besides, due to cultural aspects, answering a questionnaire by phone or email does not render good adherence from the public in our location.

This study has some limitations. Despite the great body of literature on successful aging, we have little data on subjective and multidimensional measurements. Thus, it is important to point out that the Self-rated successful aging proposed by Monstross et al. (2006)<sup>34</sup> is not a validated instrument. In contrast, it is largely used to measure subjective successful aging. The reduced number of participants and local characteristics may limit the universal scope of these findings. Few elderly physicians who are registered in the Regional Medical Board were found and allocated, partly because of the Board's database not being updated, but also due to the physicians' disinterest in participating in the study. Our sample was mainly composed of physicians who were still working, and because of this, they might have been more available to participate in the study, possibly resulting in a selection bias. Thus, we should be cautious in extrapolating the SSA indices found in our study to the physicians who are no longer active in medical practice, or who have more pronounced physical or emotional limitations that would prevent them from being active.

In summary, we believe this is an area of study that can bring relevant information about which factors are related to successful aging in the medical population so that future studies will evaluate this issue more broadly and with larger sample sizes. Thus, such knowledge may be the base for paradigm changes, and possibly, interventions to be carried out in this group of aging physicians.

## Ethical considerations

This study was approved by the institutional ethical committee of the Federal University of Pernambuco. A signed consent form was obtained from each participant before data collection began.

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## **Declaration of Competing Interest**

The authors have no conflict of interest to declare.

# References

- Strawbridge WJ, Wallhagen MI, Cohen RD. Successful aging and well-being: self-rated compared with Rowe and Kahn. Gerontologist. 2002;42(6):727–33. [Internet] Dec 1 [cited 2020 Oct 5]. Available from: https://academic.oup.com/gerontologist/article/42/6/727/671748.
- Estebsari F, Dastoorpoor M, Khalifehkandi ZR, et al. The concept of successful aging: a review article. Curr Aging Sci. 2019;13 (1):4–10. [Internet]Oct 28 [cited 2021 May 20]. Available from: /pmc/articles/PMC7403646/.
- Martin P, Kelly N, Kahana B, et al. Defining successful aging: a tangible or elusive concept? Gerontologist. 2015;55(1):14–25. [Internet] Feb 1 [cited 2021 May 20]. Available from: /pmc/ articles/PMC4542894/.
- Ferri C, James I, Pruchno R. Successful aging: definitions and subjective assessment according to older adults. Clin Gerontol. 2009;32(4):379–88. [Internet] Oct [cited 2020 Jun 24]. Available from: https://www.tandfonline.com/doi/abs/ 10.1080/07317110802677302.
- Blanco-Molina M, Pinazo-Hernandis S, Tomás JM. Subjective well-being key elements of successful aging: a study with lifelong learners older adults from Costa Rica and Spain. Arch Gerontol Geriatr. 2019;85. [Internet] Nov 1 [cited 2020 Jun 24]. Available from: https://pubmed.ncbi.nlm.nih.gov/31398680/.
- Patchen DE, Pellegrini CA, Gallagher TH. The aging physician and the medical profession a review. JAMA Surg. 2017;152 (10):967–71. [Internet] Oct 1 [cited 2020 Sep 21]. Available from: https://pubmed.ncbi.nlm.nih.gov/28724142/.
- Montross LP, Depp C, Daly J, et al. Correlates of self-rated successful aging among community-dwelling older adults. Am J Geriatr Psychiatry. 2006;14(1):43–51.
- Patel AA, Donegan D, Albert T. The 36-Ltem short form. J Am Acad Orthop Surg. 2007:126–34. [Internet]. Lippincott Williams and Wilkins; [cited 2020 May 6]. Available from: http://www. ncbi.nlm.nih.gov/pubmed/17277259.
- Ware JE, Sherbourne CD. The MOS 36-item short-form health survey (Sf-36): I. conceptual framework and item selection. Med Care. 1992;30(6):473–83.
- Campbell-Sills L, Stein MB. Psychometric analysis and refinement of the Connor-Davidson Resilience Scale (CD-RISC): validation of a 10-item measure of resilience. J Trauma Stress. 2007;20(6):1019–28.
- Connor KM, Davidson JRT. Development of a new resilience scale: the Connor-Davidson Resilience scale (CD-RISC). Depress Anxiety. 2003;18(2):76–82.

- 12. Lyubomirsky S, Lepper HS. A measure of subjective happiness: preliminary reliability and construct validation. Soc Indic Res. 1999;46(2):137–55.
- 13. Damásio BF, Zanon C, Koller SH. Validation and psychometric properties of the Brazilian version of the subjective happiness scale. Univ Psychol. 2014;13(1):17–24.
- 14. Scheier MF, Carver CS. Optimism, coping, and health: assessment and implications of generalized outcome expectancies. Health psychology: official journal of the Division of Health Psychology. Am Psychol Assoc. 1985;4(3):219–47.
- Bandeira M, Bekou V, Lott KS, Teixeira MA, Rocha SS. Validação transcultural do teste de orientação da vida (TOV-R). Estud Psicol (Natal). 2002;7(2):251–8.
- 16. Estebsari F, Dastoorpoor M, Khalifehkandi ZR, et al. The concept of successful aging: a review article. Curr Aging Sci. 2019;13 (1):4–10. [Internet] Oct 28 [cited 2020 Oct 5]. Available from: /pmc/articles/PMC7403646/?report=abstract.
- 17. Bowling A, Dieppe P. What is successful ageing and who should define it? Br Med J. 2005;331(7531):1548-51. [Internet]Dec 24 [cited 2020 Oct 5]. Available from: /pmc/articles/PMC1322264/?report=abstract.
- 18. Urtamo A, Jyväkorpi SK, Strandberg TE. Definitions of successful ageing: a brief review of a multidimensional concept [Internet] Acta Biomed. 2019;90:359–63. Mattioli 1885[cited 2020 Oct 5]. Available from: /pmc/articles/PMC6776218/? report=abstract.
- **19.** Strawbridge WJ, Cohen RD, Shema SJ, Kaplan GA. Successful aging: predictors and associated activities. Am J Epidemiol. 1996;144(2):135–41.
- Gana K, Bailly N, Saada Y, Joulain M, Alaphilippe D. Does life satisfaction change in old age: results from an 8-year longitudinal study. J Gerontol Ser B Psychol Sci Soc Sci. 2013;68(4):540

  –52. [Internet][cited 2020 Oct 13]. Available from: https://pubmed.ncbi.nlm.nih.gov/23103381/.
- Chaudhury H, Oswald F. Advancing understanding of personenvironment interaction in later life: one step further. J Aging Stud. 2019;51:100821.
- Thomas LR, Ripp JA, West CP. Charter on physician well-being [Internet] JAMA J Am Med Assoc. 2018;319:1541—2. American Medical Association [cited 2020 Sep 21]. Available from: https://jamanetwork.com/journals/jama/fullarticle/2677478.
- 23. Pietrzak RH, Tsai J, Kirwin PD, Southwick SM. Successful aging among older veterans in the United States. Am J Geriatr Psychiatry. 2014;22(6):551–63.
- 24. Jeste DV, Nguyen TT. Successful aging of physicians [Internet] Am J Geriatr Psychiatry. 2018;26:209–11. Elsevier B.V.[cited 2020 Jun 24]. Available from: https://pubmed.ncbi.nlm.nih.gov/28935514/.
- Laurence CO, Eley DS, Walters L, Elliott T, Cloninger CR. Personality characteristics and attributes of international medical graduates in general practice training: implications for supporting this valued Australian workforce. Aust J Rural Health. 2016;24(5):333–9. [Internet] Oct 1 [cited 2021 May 19]. Available from: https://pubmed.ncbi.nlm.nih.gov/26799140/.
- Lee N, Appelbaum N, Amendola M, Dodson K, Kaplan B. Improving resident well-being and clinical learning environment through academic initiatives. J Surg Res. 2017;215:6–11. [Internet]Jul 1 [cited 2021 May 19]. Available from: https://pubmed.ncbi.nlm.nih.gov/28688662/.
- 27. Murray MA, Cardwell C, Donnelly M. GPS' mental wellbeing and psychological resources: a cross-sectional s. Br J Gen Pract. 2017;67(661):e547–54. [Internet] Aug 1 [cited 2021 May 19]. Available from: https://doi.org/10.3399/bjgp17X691709.
- 28. Lee P, Loh J, Sng G, Tung J, Yeo K. Empathy and burnout: a study on residents from a Singapore institution. Singapore Med J. 2017. [Internet] Oct 12 [cited 2017 Nov 29].

- Available from: http://www.ncbi.nlm.nih.gov/pubmed/29022041.
- 29. Machado L, Tavares H, Petribú K, Zilberman M, Torres RF, Cantilino A. Happiness and health in psychiatry: what are their implications? Rev Psiquiatr Clin. 2015;42(4):100–10.
- 30. Ferraz R, Tavares H, Zilberman ML. Happiness: a review. Rev Psiquiatr Clín. 2007;34(5):234–42.
- 31. Carver CS, Scheier MF. Dispositional optimism Vol. 18. Trends in Cognitive Sciences. Elsevier Ltd; 2014. p. 293–9.
- **32.** Jeste DV, Palmer BW, Rettew DC, Boardman S. Positive psychiatry: its time has come. J Clin Psychiatry. 2015;76(6):675–83.
- 33. Lamond AJ, Depp CA, Allison M, et al. Measurement and predictors of resilience among community-dwelling older women. J Psychiatr Res. 2008;43(2):148–54.
- 34. Montross LP, Depp C, Reichstadt J, Golshan S, Moore D, Sitzer D, Jeste D V. Correlates of self-rated successful aging among community-dwelling older adults. Am J Geriatr Psychiatry. 2016;14(1): 43–51. https://doi.org/10.1097/01.JGP.0000192489.43179.31.