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Engaging the Aging Process: Unlock the Fountain of Youth

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Chapter 1
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ABSTRACT

Employment for aging is a significant aspect shaping the aging processes during formative years. Therefore, work opportunities combined and consequential impacts later in life merit special consideration. Given that population aging has become a global pattern with ensuing changes in labor markets far and wide, there is increased concern about the impacts of retirement around the globe and the macroeconomic advantages frequently connected with delaying retirement. It is fundamental for nations with aging populations to maintain profitability, given an aging workforce. Governments must make it simpler for individuals to maintain a significant presence in the workforce. This contribution focuses on improving the quality of life for aging individuals instead of only focusing on adding years to their lives.

INTRODUCTION

Several myths about aging exist, and society often conjures negative images of older adults (Robnett & Chop, 2013). This conceptual research analysis discusses two blanket assumptions often made about older adults, which are refutable. For instance, psychologically, older adults are set in their ways. Consequently, older adults can learn if they choose and often learn new hobbies, take community college courses, and volunteer to share their insights (Deller & Walwei, 2022). Second, older adults do not have the physical capability or desire for physical fitness to coincide with

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an active lifestyle or enhanced careers (Hekmat-Panah, 2019). Many older adults participate in fitness classes, walk, golf, play tennis, and other physical modalities to stay healthy. Likewise, employment is an aspect of life that must be fundamentally reconsidered regarding expanding global health care (El-Amin, 2022a). Despite the challenges of aging, the opportunity to live a long, productive, and fully engaged life is greater now than ever before (Fried, 2000).

Older people have many more opportunities to live long and productive lives (Fried, 2000). Some reasons for this are improvements in medical and application technologies. These improvements allow people to live longer, have more security, and be independent. Notwithstanding, the aging process is universal, but institutions and laws around health, working, and welfare differ. The economic, social, and political context of the aging link to the economic and social challenges of the aging workforce.

BACKGROUND

Gerontology Vs. Geriatrics

Gerontology and geriatrics differ in their core functions. There are critical differences between gerontology and geriatrics, yet they work in concert to mitigate issues involving older adults (Robnett & Chop, 2013). Gerontology is the scientific analysis of aging that assesses the biological, psychological, and sociological factors correlated with aging (Kleineidam et al., 2019). The elements that affect how we age are extensive in range and varied. For instance, biological aspects include genetic background and physical health; psychological influences incorporate levels of cognition, mental health status, and overall well-being; sociological factors extend from interpersonal relationships to society's cultures, policies, and infrastructure (Gilles et al., 2022). In comparison, geriatrics is a medical expression for analyzing, diagnosing, and treating diseases and health problems pertinent to older adults (Huot et al., 2022). Gerontology and geriatrics work to mitigate issues involving older adults by challenging how older adults are perceived in society.

A Sense of Independence

Older adults value their independence and like to be in control of their own lives. There are four challenges that caregivers and older adults face as the older adult's role evolves (Schumacher et al., 2006). For example, cultural perspectives on caregiving and older adults include the fact that older adults value their independence; family members are not always prepared to take on the role of the caregiver; caregivers

are typically the eldest daughter or daughter-in-law of the family, yet, other family members are more capable or have the desire to assume the role of the caregiver; older adults tend to maintain their autonomy until they can no longer do so, and financial challenges of being a caregiver to older adults dictate how finances are managed so that older adults who are often on fixed incomes live with other family members.

Quality of Life (QoL)

The definition of Quality of Life (QoL) is subjective. Schalock discussed the core principles that compose quality of life (Vanleerberghe et al., 2017). These principles are understood from the individual's perspective: well-being, meeting basic needs, opportunities to achieve personal goals and challenges, autonomy, a sense of community, and multidimensionality (Ranzijn, 2002). The most crucial aspect of gauging the quality of life is determining their needs, as each individual's quality of life varies.

Strategies of intervention and prescription employed to alleviate some of the challenges that a person with dementia experiences ensure the client is provided with respect and compassion by not communicating as if they were not present (Vanleerberghe et al., 2017). Utilizing emotional intelligence by being self-aware, creating an atmosphere of relaxation, and creating a diversion to provide the client with a sense of well-being is optimal.

Aging in Place

Aging in place means *"the individual's ability to continue to live in his or her abode safely, as independently as possible, and comfortably, regardless of age, income, or ability level"* is observed so that older people can continue their lives with family and friends (Stones & Gullifer, 2016). The primary factors contributing to the older adult's continued ability to age in place are if the home is structurally able to support the person's safety (Robnett & Chop, 2013). Challenges of universal design, adaptation, and compensation are factors of aging in place. Additionally, family members, friends, and caregivers must support this decision to assist the person where necessary.

Living situations can influence an older adult's overall abilities and quality of life. As a health care practitioner, the primary concern when talking with older adults living arrangements is to respect their decision and collaborate with them to achieve their goals and objectives in this vein. Older people may decide to live alone, in an independent living center, with family or friends, share a home with others, or live in a long-term facility. Whatever their choice, a healthcare provider's role is to help them achieve the best environment for them.

Long-term care is an array of long-term services and provisions utilized by older people who require assistance to function daily (Barken & Lowndes, 2018). Long-term care includes providing personal care, rehabilitation, social services, assistive technology, health care, home modifications, care coordination, and assisted transportation, to name a few (El-Amin, 2022b). The need for a long-term option is defined as the period in which a person needs these services. According to Paterson and Warburton (2010) that 60% of individuals aged 75 and older have no functional limitations requiring assistance from another person. Likewise, Fried (2000) indicated that preventive care permits aging individuals to thrive regardless of the aging stage.

Physiological Factors

Chronological age is a convenient and often excellent indicator of aging adults' health status, yet disease issues and physical capacity naturally decline (Jakovljevic, 2018). There is individual variability, with some older individuals generally having excellent well-being and others showing the quickened onset of weakness, inability to function, and frailty. As a result, frailty is a clinical geriatric disorder that emerges from different body structures due to a lack of activity. The authors found that older adults experienced well-being challenges connected with frailty rates and cardiovascular aging. As a result, mature individuals experience greater hypertension levels, elevated cholesterol, type-2 diabetes, and joint issues than moderate-weight individuals in the height range. Research indicated that while no particular practices can alter weight management, a combined strategy of factors helps weight management. This study is critical because it highlights the importance of considering the societal impacts that influence cardiovascular aging. Programs and initiatives that target more vulnerable populations are a tremendous strategy to encourage individuals to reduce calorie utilization and increase physical activity.

Moreover, smoking leads to strokes, cardiovascular ailments, and, eventually, mortality (Jakovljevic, 2018). Not surprisingly, it was found that stroke survivors who smoke have an expanded danger of premature death. Low-income people experienced even greater cardiovascular aging mortality connected with poor health practices.

Physical Aging Factors

Traditionally, physical activity helps older people improve physical and mental functions and reduce the impacts of chronic disease to keep older individuals active and independent (McPhee et al., 2016). Further, as the capacity of dynamic cognition declines, this prevalence influences memory and learning. Also, musculoskeletal degeneration develops frailty (known as sarcopenia) and age-related bone mineral

density decline, leading to osteoporosis (Robnett & Chop, 2013). Likewise, musculoskeletal dysfunction is a primary cause of incapacity in older adults.

Musculoskeletal dysfunction affects older adults and occurs through osteoporosis (loss of bone mass and density), osteoarthritis (a degenerative joint disease, which is very common in older adults), and skeletal muscle loss (often causing muscle atrophy, an increase in adipose tissue, and loss of motor neuron connectivity). Some older people experience extreme limitations in physical and mental functions. This limits their capacity to incorporate fundamental exercises into everyday living (Puvill, 2016). Frailty is generally analyzed according to the ability and will of individuals. There is evidence that routine physical activity is reasonable for healthy and for fragile older individuals, and the dangers of developing cardiovascular and metabolic infections, obesity, falls, cognitive hindrances, osteoporosis, and weakness are diminished by consistently achieving exercises ranging from low-intensity walking to more enthusiastic games and weight-bearing exercises. However, participation in physical exercises remains relatively low amongst older adults. Musculoskeletal dysfunction is a significant cause of disability in older adults. Fighting musculoskeletal dysfunction includes taking vitamin supplements, exercising, and stretching.

Unfortunately, several stereotypes are associated with aging (Robnett & Chop, 2013). Aging stereotypes may become self-fulfilling prophecies that lead to the decline of some older adults. Some older adults indicated that dying by degrees is linked to aging because of a decline in mental and physical health. Stereotypes linked to aging exacerbate the challenges some older adults experience. Negative stereotypes create bias and keep older adults from economic and social opportunities.

Physical Mobility Factors

Physical activity and psychological well-being practice programs for older adults are intentionally created to help healthcare professionals make informed healthcare services (Netz et al., 2005). Physical activity and psychological well-being practice programs are utilized to reduce poor fitness outcomes and advance the delivery of appropriate medicinal services. Likewise, physical activity and psychological well-being practice programs give a tool by which healthcare professionals are held accountable for clients or participants. Albeit much of the development and evaluation of physical activity and psychological well-being programs for older people has occurred in geriatrics, other healthcare professionals are intrigued by the utilization of programs as one method for encouraging confirmation-based practices. A healthcare professional can create physical activity and psychological well-being practice programs internally or externally (Delle Fave et al., 2018). Although internal programs may require fewer resources and might be better executed, physical activity and psychological well-being practices are needed where older people exist.

Moreover, healthcare professionals should look to external or federal entities for direction on physical activity and psychological well-being programs. Physical activity and psychological well-being practice programs are utilized in geriatrics to improve quality and delivery, and prescription of fitness activities preceded client analysis. Likewise, Range of Motion (ROM) refers to the joint's ability to move through its natural movement pattern. Various ways to maintain or improve current ROM for older adults include exercise through weight-bearing exercises, cardio, and stretching. To ensure older adults remain healthy, they should not extend past their ROM as the probability of short-term pain and long-term injury increase.

Additionally, various sensory changes occur with aging. Loss or decline of visual skills may result in becoming dependent on others and unable to do everyday activities with the ease they once performed (Rogers & Peelle, 2022). The specific visual skills that decline with aging are visual processing speed, sensitivity to light, ability to see well in dim light, near vision, especially problematic for reading small print, upward gaze without moving head, contrast sensitivity, color sensitivity, especially along with the blue-yellow axis of color, and dynamic vision. The strategies employed to address impaired vision challenges are providing correct vision tools, i.e., glasses (prescription or reading), ensuring written material is legible and readable by increasing the font size, and electronic devices are programmed to show more extensive and enhanced font and light adjustment.

There is a stigma regarding older adults in the workforce. However, the benefits of hiring older workers for both employers and older adults are more dependability, fewer issues of absenteeism, and more productivity because of increased emotional intelligence (self-aware, controlled emotions, and enhanced ability to focus) (Robnett & Chop, 2013). Older adults gain a sense of independence and purpose in the workforce, increasing their quality of life.

Physiologic Change Factors

Physiologic changes in both men and women may preclude sexual activity due to chemical changes in the body and other general physical changes in appearance and function. Decreasing amounts of estrogen and testosterone may contribute to a decline in sexual activity (Robnett & Chop, 2013). Chemical changes in the body due to a lack of estrogen in women cause menopause, an uncomfortable phase of the aging process. Women experience reduced libido, weight gain, thinning of vaginal walls, sweating, and incontinence. Men lose libido, experience weight gain, and a loss of testosterone, leading to muscle atrophy, and may have lessened arousal, issues with orgasm, post-orgasm, and extragenital issues.

Societal perceptions often indicate that sex and sexuality are issues and are thought of only concerning the young. The perception of more vitality in youth is

an exciting perspective as youth tend to have more energy, are fitter, see themselves as attractive, and have more virility. In contrast, older adults face psychological, physiological, and physical changes and find having sex less appealing. They may have a lessened desire for sex, body awareness issues, no longer psychically attracted to their partner, or have physical limitations such as arthritis and joint or muscular degeneration that make it harder to sustain sex.

Healthcare providers should tactfully and respectfully approach the sexual function of aging patients by demystifying the idea that older adults do not have or enjoy sex. As a healthcare provider, one might improve safe sex practices among this population by holding discussion groups about the subject via health promotion programming, having one-on-one discussions about the subject, host socials to encourage older adults to mingle while also providing health promotion materials available such as pamphlets, playing games, and condoms.

Aging Women's Care

With regards to women's care for aging, physically active women have lower resting mean arterial pressure (MAP) and higher cerebrovascular conductance (CVC) than sedentary women (Brown et al., 2010). Overall cognition was adversely correlated with age and categorically correlated with VO2max. VO2max was a predictor of resting CVC and MAP, CVC, and MAP when end-tidal gases were held persistent at near-resting values. MAP and CVC were predictors of cognition (Brown et al., 2010). Further, older women's health status is based on lifestyle behaviors, well-being practices, and overall health. Well-being status is measured by the development of health and well-being initiated by older women. For instance, the relationship between the aggregate volume of leisure-time physical action (LTPA) and obesity among older women demonstrated that the relationship between LTPA and weight for older women is persistent.

Notwithstanding, older women who engage in increased frequency of LTPA increase cardiorespiratory fitness and cerebral blood flow on cognitive outcomes in older women. As a result, older women need to participate for 300 minutes or more weekly (Brown et al., 2010). This way, older women are less inclined to experience cerebral blood flow on cognitive degeneration. Likewise, when older women experience well-being, they are more likely to attain greater vigor levels. Further, a systematic review of physical activity interventions among older women indicated that positive behavioral interventions occur within group settings.

A Comparative Analysis: The Social Context of Aging in the United States of America, Japan, and Sweden

The ways that the older adult population of the future (the baby boomers) will be different from their predecessors are that they are more educated and liberated; their family size is smaller, they have more companionship and better health, and are economically better positioned (Staudinger et al., 2016). This will affect older people's health care and other care required in future years because of the expense of providing quality health care. This results from the healthcare industry and politicians controlling costs, particularly in the US.

The age composition and abilities to address aging problems in the United States (US), Japan, and Sweden are similar because longevity has increased in developing countries. This is because more people are educated, eat healthier, and have access to healthcare. In the US, social security via Medicare and Medicaid assumes much healthcare. Conversely, 80% of healthcare in Japan is provided by the private sector for older persons. Consequently, in both the US and Japan, Sweden has universal healthcare. Sweden passed its Social Services Act, which provided municipal social services to all persons who needed them regardless of age. In the passage of this act, access to social services was established as a right of all Swedish citizens. Sweden's older residents enjoy one of the most extended lifespans globally and live independently for most of their lives. Their pension system is well-funded to provide financial support for its citizens. However, challenges persist for those who want to work (Berg & Piszczek, 2022).

Age-Related Illnesses

The three general categories of illness intertwined with the age-related decline of the immune system functioning are infections, cancer, and autoimmune disease (Robnett & Chop, 2013). These diseases preferentially affect older adults because their immune system is weaker. As a result, infectious disease occurs. In older adults, infectious diseases are mainly in the following categories: influenza, pneumonia, Covid-19, tuberculosis, meningitis, and urinary tract infections (Savioli et al., 2022). One of the biological aging theories is Telomere Erosion Theory (TET) (Libertini et al., 2017). This perspective of biological aging suggests that *"age and cell mortality are caused by the gradual loss of the protective telomere nucleotide sequences at the ends of the DNA strands within chromosomes with each new cell division and the resultant inability of those cells to continue to divide"* (Libertini et al., 2017). This theory is critical because it helps to describe how stress plays a factor in the aging process.

Pharmacokinetics

The concept of pharmacokinetics is the study of how drugs travel through the body over time (van den Anker et al., 2018). It indicates various aspects of drug disposition in the body, involving absorption from the administration site, distribution into various body compartments, and clearance from the body. Pharmacokinetics attempts to accomplish and understand how drugs flow through the body to heal or eliminate pain. Addressed in pharmacokinetics is the inability of the body to absorb drugs properly. Polypharmacy indicates the prevalence of more than one drug administered to an individual.

Societal perceptions indicate that many people believe we have an over-medicated population (Robnett & Chop, 2013). Polypharmacy is the use of multiple medications in one individual. The prevalence of pharmacokinetics may occur more often in older adults. Some strategies for reducing polypharmacy are tracking medication, ensuring no adverse drug interaction occurs, communicating with older adults to gauge to determine if medication is still needed based on their symptoms and biometrics, and working cross-functionally with healthcare providers to ensure older adults are not abusing drugs.

A personal philosophy regarding medication management for older adults is that older adults should not take any medication or supplements they do not need to prevent gastrointestinal disorders, adverse drug reactions, drug addiction, and drug abuse. An effective management program entails a periodic review of a patient's medications (prescription, nonprescription, vitamin supplements, herbal remedies, and nutritional products) to assess whether they are medically necessary and customize prescriptions (van den Anker et al., 2018).

Accordingly, factors that need to be considered to ensure an optimal program are enacting or obtaining necessary assessments of the medical client's health status, developing a medication treatment plan, identifying, initiating, adapting, or administering medication therapy, and monitoring and assessing the client's response to therapy, including safety and effectiveness, providing an encompassing medication review to identify, resolve, and prevent adverse medication issues, including drug interactions, documenting the care delivered and communicating vital information to the client's collaborating primary care providers, providing health education, promotion, and training designed to enhance patient understanding and appropriate use of their medications.

Nutrition

Multiple factors can affect the nutrition status of aging. Four nutrition status factors are changes in social, economic, psychological, and physical well-being (Robnett &

Chop, 2013). Older adults often change their nutrition habits due to a loss of friends or family, personal finances, changes in medication or emotional state (they may eat too much or not enough), and are physically unable to purchase food supplies. As a healthcare professional, there are strategies to mitigate nutrition status factors, which are ensuring older adults have social meals by eating with others, follow a nutrient-rich diet consisting of vitamins and minerals, and tracking their consumption to ensure they get the preferable mix of calories in fats, carbs, protein, and fiber.

One of the nutrition challenges is converting practical knowledge into a daily plan on and meal-by-meal basis. Important concepts to remember when planning meals for older adults are ensuring older adults get adequacy, balance, calorie control, moderation, and variety (ABCMV) (Hollis et al., 2020). For instance, adequacy, a diet that provides enough of the essential nutrients, fiber, and energy; balance, a diet that does not overemphasize one food at the expense of another; calorie control, a diet that has just enough calories to maintain a healthy weight; moderation, a diet that does not contain excessive amounts of unwanted items such as sugar, salt, and fat; and variety, a diet that has many different nutrient-rich foods.

The six classes of nutrients required for optimum health for older adults are protein, healthy fats, water consumption, vitamins, minerals, and fiber. Older adults need to have an adequate daily intake of nutrients to maintain bodily function, reduce disease, reduce the effects of aging due to degeneration, and weight management. Water, in particular, is vital for excellent bodily and organ functions.

Health practitioners have widely determined that experiencing longevity, food restriction, cognitive exercise, sustained social engagement, positive interactions, and physical exercise are crucial (Miller et al., 2012). Additionally, the aspects mentioned above significantly reduce the prevalence of depression in older people. Physical exercise and mental wellness have been considered conceivable factors in advancing cognitive aging advancements. As a result, the information ascertained indicated a cross-sectional, longitudinal, and intervention analysis. Miller et al. (2012) concluded that many methodological challenges limit older people's quality of life.

Further, health practitioners do not always agree on the most proficient method to promote exercise and fitness programs for older people. Significant challenges persist for older people concerning actionable activities that make a lifelong impact on exercisers. Likewise, cognitive performance in older people requires involvement. Intervention methods develop an improved ability to improve connections between physical and psychological factors. Often older people experience the ill effects of issues emerging from inadequate care and decisions about the cognitive measures needed to improve daily living. The relationship between exercise and fortified cognition during aging proves that physical exercise is the likelihood for healthy cognitive aging presently cannot seem to be approved. Older people suffer

unnecessarily from disease and the natural effects of aging without physical fitness, appropriate nutrition, and cognitive exercise.

SOLUTIONS AND RECOMMENDATIONS

Legal Protections of Aging Adults

As a person ages or no longer becomes mentally coherent, the involuntary approach to decision-making usually results in the probate court appointing a person to make personal and financial decisions for the incapacitated person (Robnett & Chop, 2013). Sometimes it is necessary to administer an involuntary civil assurance to protect people (Ambrosini et al., 2018). An appointee makes personal decisions and makes financial decisions. These individuals are appointed and perform the alleged incapacitated person (AIP) duties until the probate court can permanently assign a person to care for one's estate. There are protections for the rights of individuals after an AIP is appointed. For instance, individuals may secure an attorney and agree to a guardian or conservator's appointment but wish a specific person appointed with expressly limited powers. Hence, they protect and make decisions for their personage and estate.

The primary function of a Geriatric Care Manager (GCMs) is to help older persons or clients and their families access quality care (Kapp, 2020). They support the individual's and the family's economic security by providing access to information to make informed care decisions. Typically, GCMs are nurses or social workers. They provide recommendations based on a person's specific needs. As it relates to gerontology, the legal standards involved with executing a will are the sufficient ability and capacity to decide or sign a legal document usually depends on state law and sometimes on federal law (Kapp, 2020). The legal standard to execute a will is that the person must want to sign the will, know what property they own, and name their relatives to inherit one's estate. A requirement for witnesses is to understand their employers' policies and the laws concerning being a witness as a healthcare provider. The witnesses' functions are to assist the client/patient by signing the will, but if a healthcare provider thinks signing the will is against their desire, they can choose not to be a witness and intervene. It is the lawyer's duty to determine whether the person has sufficient capacity to sign a will.

The Professional Gerontologist

A gerontology healthcare professional can engage in lifelong learning in the field to remain current on the most efficacious healthcare practices is to taking college,

certification, and industry courses (Spitzer & Davidson, 2013). Nevertheless, continuing education is a requirement in most healthcare occupations to work in the field. The primary focus areas of occupational therapists are healthcare practitioners who work with people of all ages to help them gain or regain daily living activities (ADLs). Occupational therapy is client-centered, whereas the client's objectives are considered and respected as part of the habilitation or rehabilitation process (Reitz & Scaffa, 2020). Physical therapists (PTs) are skilled healthcare workers who have completed an entry-level master's or doctorate program attested by the Commission on Accreditation in Physical Therapy Education (CAPTE). These professionals help people regain physical mobility. Their primary philosophy and belief are to do what they can as healthcare professionals to resume activities. The primary differences in their functions to assist older adults as occupational therapists are cerebral, and physical therapists' role is to help people obtain physical normality.

Healthcare Providers: The Circle of Care

Healthcare is often provided most effectively in the framework of a team. An interdisciplinary team of healthcare workers aims to get the person back to a state where they can enjoy a standard or better quality of life (Robnett & Chop, 2013). Healthcare teams consist of physicians and their assistants, nurses and their assistants, occupational, physical, respiratory, and speech therapists (assistants and aides as well), case managers, psychologists and psychiatrists, nutritionists or dieticians, laboratory/medical technicians, medical equipment vendors, therapeutic recreation specialists, and social workers to name a few. The three basic types of teams in today's healthcare arena are multidisciplinary, interdisciplinary, and transdisciplinary (Fraher & Brandt, 2019). The common traits of healthcare providers that work with older adults are that they all seek to promote caring and respect for older people.

FUTURE RESEARCH DIRECTIONS

Gerontology Health Promotion

Health literacy is the degree to which a person can obtain, process, and understand necessary health information and services to make appropriate health decisions (Robnett & Chop, 2013). Health literacy challenges requires mitigation so that older adults understand the health education and information provided. As some older people tend to have vision or hearing loss, these challenges present unique problems for older adults regarding their rights. Additionally, an increasing amount of health

information is located online, yet written in a confusing manner, which is not easy to decipher or translate into the person's language.

The minimum requirements for explicit language standards for print and web-based information and applicable for older adults include: content, structure/organization, writing style, and print material. For instance, content: information is accurate, up-to-date, and limited; structure/organization: structure and organize information from the user's perspective; writing style: as noted earlier, most adults best understand everyday language; and appearance and appeal: print materials and websites must be attractive, inviting, and appear easy to read (Robnett & Chop, 2013).

Indeed, the six verbal communication tips that are recommended by the American Medical Association (AMA) and how they can apply to older adults include slowing down, using plain, non-technical language, showing or drawing pictures, limiting the amount of information or repeating it, use the teach-back technique, and creating a shame-free environment (Robnett & Chop, 2013). These techniques help healthcare professionals communicate better with older people and provide a comfortable environment.

CONCLUSION

Presently, aging people live longer than before (Staudinger et al., 2016). The prevalence of formal or informal employment supports older adults' working well into their lifetimes. Likewise, work engagement after the age of 65 is predicated on the social insurance provided within a country (Robnett & Chop, 2013). Notwithstanding, developed countries aim to support programs to encourage older adults in the workforce, especially those capable of working for the more significant part of their lives. Future studies must convey the particular challenges of promoting work or health programs for older adults past the period of qualification for benefits. Facing this challenge requires multiplicate strategies that encourage older adults willing to work and companies willing to hire them.

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KEY TERMS AND DEFINITIONS

Aging in Place: Means *"the individual's ability to continue to live in his or her abode safely, as independently as possible, and comfortably, regardless of age, income, or ability level"* is observed so that older people can continue their lives with family and friends (Ortiz-Barrios et al., 2022; Stones & Gullifer, 2016).

Geriatric: A medical expression for analyzing, diagnosing, and treating diseases and health problems pertinent to older adults. Gerontology and geriatrics work to mitigate issues involving older adults by challenging how older adults are perceived in society (Huot et al., 2022).

Gerontology: Is the scientific analysis of aging that assesses the biological, psychological, and sociological factors correlated with aging (Meléndez et al., 2022; Kleineidam et al., 2019).

Pharmacodynamics: A drug's existent effect on the body (Qualls, 2022).

Pharmacokinetics: The study of how drugs travel through the body over time (Qualls, 2022; van den Anker et al., 2018).

Quality of Life (QoL): This principle is understood from the individual's perspective and embodies feelings of well-being, basic needs are met, opportunities to achieve personal goals and challenges, autonomy, a sense of community, and multidimensionality (Ranzijn, 2002).

Telomere Erosion Theory (TET): Age and cell mortality are caused by the gradual loss of the protective telomere nucleotide sequences at the ends of the DNA strands within chromosomes with each new cell division and the resultant inability of those cells to continue to divide (Libertini et al., 2017).