

## Article

# Religious Engagement and Successful Aging among Korean Older Adults

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**Abstract:** The rate of aging is growing faster than ever. The global society must prepare adequate measures to support this imminent change. Following this social trend, research has been conducted on the quality of life of the aging population in a different fields, including gerontology. Since the idea of successful aging was conceptualised, research on the quality of life of older adults has been actively conducted. The current study aims to contribute to the aging research field by adding a factor (religious engagement) to Rowe and Kahn's model. We utilized the longitudinal design to examine the longstanding effect of demographic, physical, social, psychological, and religious factors on life satisfaction among older Korean adults (N = 4013). Hierarchical regression analyses were employed to understand how these factors influence older adults' life satisfaction in a nationally representative sample. Study findings indicated (a) after controlling for demographic background, all subdimensions of physical, social, psychological, and religious factors exerted a significant effect on later life satisfaction; (b) the final model showed that highly educated, regular exercise, frequent meeting with friends and family, less depressed, feeling less lonely, and higher religious engagement ultimately affected the subsequent life satisfaction of Korean older adults; (c) among different variables, psychological health and religious engagement were found to be crucial factors. The findings confirm the explanatory power of successful aging theory while providing empirical evidence that religious engagement may be an additional factor contributing to enhancing the life satisfaction of older adults.

**Keywords:** religious engagement; successful aging; life satisfaction; quality of life; Korean sample



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## 1. Introduction

South Korea expects to become a super-aged society by 2025, suggesting an imperative need to provide adequate measures to enhance the satisfactory aging experience for older adults (Statistics Korea 2022). Scholars have constantly emphasized the alarming aging rate of the country switching from an aging society to a super-aged society and the consequent need to respond to this imminent change (Lee et al. 2020). In 2022, Statistics Korea announced that 17.5% of the population was older than 65 years old, and the number is anticipated to increase to 20.6% in 2025.

Following this social trend, successful aging is gaining increasing attention in global scholarship (Carver et al. 2018; Deneau et al. 2022; Dumitrache et al. 2019; Erbaş 2021; Gutiérrez et al. 2018; Malone and Dadswell 2018). In particular, research on the quality of life of the aging population conducted in diverse fields has identified subjective and objective factors that improve the well-being of older adults and suggested directions for welfare policies for older people.

Quality of life is one's subjective evaluation of their overall life (Huebner 2004). While the development of medical techniques has prolonged human life, the issue of the quality of life of older adults has become a significant social problem. Not only with the loss of their roles in families and societies due to the deterioration in health and income loss, but also with emotional problems, including solitude and loneliness, older ages are more likely

to accompany a decline in the quality of life than in any other stages of life (Balboni et al. 2007).

Since Rowe and Kahn (1997) conceptualized ‘successful aging,’ research on the quality of life of older people has been actively conducted. Successful aging has attracted global attention since the baby boom generation’s entry into late adulthood has increased the demographic characteristics and life expectancy, leading to an interest in the older adult group. Rowe and Kahn suggested three essential elements (i.e., physical, social, and psychological) required for successful aging. To experience successful aging, avoidance of disease and disability, the maintenance of high physical and cognitive function, and sustained engagement in social and leisure activities are required (Rowe and Kahn 1997). Early research on successful aging varied in different fields regarding these three primary factors suggested by Rowe and Kahn (1997).

Recent studies critiqued the biomedical perspective on which the theory found its basis, through which one’s successful aging is measured by objective standards (Martinson and Berridge 2015). Instead, it was suggested that subjective aspects, such as what older adults value later in life, be included to enable a more comprehensive understanding of the aging experience (Deneau et al. 2022). Scholars have started to examine the role of religious belief as one potential subjective factor that may provide structure, meaning, and understanding to the everyday life of older adults (Agli et al. 2015). Religious belief supports older adults in overcoming challenges, such as deteriorating physical health and losing social connections (Malone and Dadswell 2018). Considering that all factors assumed to lead to successful aging are interrelated (Rowe and Kahn 1997), analyzing the influence of religious belief alongside three other factors is expected to contribute to a deeper understanding of the successful aging experience.

This study investigates nationwide large data on the aging population to explore factors that affect the quality of life of elders to provide baseline data suggesting measures to improve their quality of life. While aiming to add the empirical evidence verifying Rowe and Kahn’s successful aging model for the Korean older adults sample on the one hand, this study also aims to expand their model on the other hand, by adding religious engagement as an additional fundamental factor.

## 2. Literature Review

Research in the early stages upon the introduction of Rowe and Kahn’s (1997) theoretical model of successful aging has identified different factors of the life quality of elders. Recent studies continue to add empirical evidence to support the theoretical argument that a complex combination of physical, psychological, and social factors leads to successful aging (Gutiérrez et al. 2018; Jeong and Park 2020). The literature includes religiosity as one potential factor alongside the three factors mentioned above contributing to successful aging is also increasing in number (Balboni et al. 2007; Malone and Dadswell 2018).

### 2.1. Physical Health

Maintaining physical health without chronic disease or disability has been underscored in numerous studies as a prerequisite for the enhanced satisfaction in later life. Older adults with the highest level of total physical activity, compared to those with the lowest level were revealed to have twice the likelihood of aging successfully (Gopinath et al. 2018). Similarly, one study result showed that successful aging was significantly associated with visual ability and self-rated chronic disease in both male and female samples. Visual ability is shown to have the primary role in leading a successful later life for older adults (Liu et al. 2021). In Beyer et al.’s (2015) study, participants had more positive self-perceptions of aging when they had higher levels of physical activity, contributing to better self-rated health over time. Poor health was related to more significant aging anxiety (Brunton and Scott 2015), while specific sub-types of physical health measures, such as body mass index in the healthy range, not smoking, being physically active, not having arthritis, asthma,

hypertension, or gallstones were all associated prospectively with successful aging (Hodge et al. 2013).

## 2.2. Social Life

Managing social life was another factor consistently supported by research outcomes to contribute to older adults' life satisfaction. A high volume of previous studies reported the correlation between the life satisfaction of older adults and leisure participation, meeting with friends, and social engagement (e.g., volunteer activities, hobbies, and self-development programs) (Douglas et al. 2016; Horowitz and Vanner 2010; Jeong and Park 2020; Lee and Heo 2021). One study focusing on the quality of life of community-dwelling older adults in South Korea found that exploration and participation in leisure, consisting of social, emotional, active, and productive activities were significantly related to a higher life satisfaction (Jeong and Park 2020). Engaging in leisure activities, such as the arts and cultural activities and traveling, affects the psychological wellness of older adults, especially those with financial and physical limitations (Lee and Heo 2021). Leisure behavior contributes to maintaining older adults' intimacy with non-sexual partners, such as family, friends, marriage, and partnerships, thereby strongly improving their quality of life (Zhang and Zhang 2018).

Studies reported significant positive associations between informal social participation and life satisfaction (Horowitz and Vanner 2010; Street et al. 2007). Life satisfaction of South Korean women over 65 years was positively associated with participation in community-based social activities (Park et al. 2014). By dividing social participation into three sub-types (social connectedness, informal social participation, and volunteering), Douglas et al. (2016) provided evidence that all three concepts are associated with health. Older adults sense themselves as healthier in their later stages of life through the mechanisms of social support and social cohesion with the broader community (ibid.).

## 2.3. Psychological Well-Being

Considering that the subjective interpretation of aging also counts, much weight was put on the psychological aspects of older adults in previous scholarship (Bodner et al. 2015; Kovalenko and Spivak 2018; Szcześniak et al. 2020). A study found that elders who do not feel lonely and have enough opportunities to communicate with others, participate in social life, or live with relatives, reported a higher psychological well-being (Kovalenko and Spivak 2018). Similarly, loneliness correlated negatively with life satisfaction, while self-esteem was associated positively with life satisfaction among older adults (Szcześniak et al. 2020). Emotional complexity, an essential indicator of adaptive emotional regulation among older adults, was suggested to be a facilitating mechanism in protecting older adults from having psychological distress, such as death anxieties (Bodner et al. 2015).

Some studies have analyzed diverse dimensions of older adults' life satisfaction and concluded that psychological factors provided more substantial evidence for explaining successful aging. For example, Lee et al. (2020) showed that the subjective account of older adults perceiving themselves as healthy and having high self-esteem initiates an increase in the rate of change in well-being, as opposed to the objective conditions of life (e.g., gender, marital status, education, and chronic diseases). Another study that analyzed the collective impact of personality, social relations, health, and sociodemographic characteristics on people over 65 concluded that optimism and social relations are strongly related to life satisfaction. In contrast, health status and sociodemographic characteristics were only modestly related (Dumitrache et al. 2019).

## 2.4. Religious Engagement

Studies have unequivocally concluded that religious engagement plays a positive role in the everyday lives of elders (Balboni et al. 2007; Chong et al. 2006; Malone and Dadswell 2018). Positive changes due to religious belief included gaining a source of strength, comfort, and hope when facing challenges. Engaging in religious activities allowed older

adults to gain a sense of belonging and community (Malone and Dadswell 2018). Elders also have explained that regardless of the type of religious belief, it provides them with positive attitudes toward life and the moral codes to follow (Chong et al. 2006). One study reported that the level of religious engagement and belief increases as one ages and realizes immortality does not exist, as they become physically weaker, because religious belief assists them in accepting changes in their lives (Balboni et al. 2007). As such, religious engagement is closely related to psychological, physical, and social dimensions constituting successful aging. Such results provide an empirically supported rationale for this study to examine the potential relationship of religious engagement with the life satisfaction of older adults as one additional dimension of successful aging. Such aim of the study resonates with the suggestion claimed and evidenced by a previous study (Crowther et al. 2002).

Though limited in its number, previous studies have confirmed the significant relationship between religious engagement and life satisfaction in aging adult samples. In Park et al.'s (2012) study, which tested 200 Korean immigrant elders (mean age = 72.5), greater religiosity was related to greater life satisfaction, with social support partially mediating the relationship. Similarly, Roshani's (2012) study concluded that religious beliefs are negatively related to the death anxiety of older adults. Another study with 1790 community-dwelling elders aged 60 and above living with at least one chronic medical condition reported that intrinsic religiosity was positively associated with life satisfaction (Foong et al. 2020).

### 3. Methods

#### 3.1. Participants

The present study utilized two waves of data from the Korean Longitudinal Study of Aging (KLSA) conducted by the Korea Labor Institute in 2014 and 2016 (Korea Employment Information Service 2016). Following a fast rate of population aging, the KLSA was designed by the government to support policies for the aging population. The survey population comprised middle-aged and older adults aged 45 or older residing nationwide in South Korea. The first survey started in 2006, and the same survey was conducted every two years. The current study utilized the fifth and seventh waves of the survey. In this study, we excluded 3016 persons under the age of 65. The final data utilized longitudinal data from 4013 panels. Missing rates of variables ranged from 0.4% to 1.5%.

The sample had a broad representation of identified sociodemographic backgrounds. Participants' education levels varied, such that 66.7% had completed elementary school, 12.7% had completed middle school, 14.6% had completed high school, and 6.1% had a Bachelor's degrees. Participants' marital status varied, such that 58.9% were married, 39.3% were widowed, and 1.6% were divorced or separated. The average age of the sample was 77.11 years ( $SD = 5.9$ ), and 33.2% were male.

#### 3.2. Measures

**The covariates.** Demographic variables include age, gender, marriage status (married vs. divorced/widowed/separated), and education (elementary, middle, high, and college). These variables were used as covariates and statistically controlled for all analyses.

**Physical factor.** The physical factor for successful aging includes three variables: health conditions, regular exercise, and limitations in activities in daily life. The reported chronic illnesses and disabilities were used to assess health conditions. A self-report checklist included chronic illnesses and disabilities prevalent in the older Korean population. Participants answered whether doctors had diagnosed them that they had any chronic illnesses or disabilities. We used respondents' self-evaluation of exercise in daily living. Participants answered this item on a four-point Likert scale (1 = not at all, 4 = almost every day). The higher the score, the more frequently engaging in exercise. Instrumental activities of daily living (IADL) scales were used to determine the presence of activity limitations in daily life (Won 2002). The IADL was measured with *yes* to the need for assistance in seventeen areas of the daily living section (e.g., personal care, managing bank-related work,

and grocery shopping). The mean score was computed with a higher score indicating that a respondent has higher limitations in daily living.

**Social factor.** The social factor includes social relationships and contacts, social engagement, and leisure participation. The frequency of meeting or contacting friends and family was used for social relationships and contacts. For social engagement, the frequency of participation in social activities was assessed (i.e., meetings or programs related to hobbies or entertainment, self-development programs, and voluntary work). For leisure participation, the frequency of participation in any leisure activities was used (i.e., arts or cultural events, traveling). Participants answered these items on a five-point Likert scale (1 = not at all, 5 = almost every day). A higher score indicates that respondents more frequently engage in these activities.

**Psychological factor.** The psychological factor includes how much participants feel depressed and lonely. The Center for Epidemiology Studies-Depression (CES-D; Radloff 1977) was used to assess depression (e.g., I find things that used to be fine with me annoying and bothersome). The UCLA loneliness scale was used to measure one's subjective feelings of loneliness (Russell et al. 1978) (e.g., I feel isolated from others). Participants rated their answers on a four-point Likert scale for each item (1 = not at all, 4 = almost every day). The total score was calculated by reverse coding the positively worded items and combining all item scores. A high score on the scale implies a high level of depression and loneliness. For this sample, Cronbach's alpha was 0.81 and 0.80, respectively.

**Religious factor.** The religious factor assesses the level of religious engagement. Precisely, the number of participations in all kinds of religious-related gatherings was summed up, and hours of participation were summed up. A higher score indicates that respondents more frequently engage in religious activities.

**Life satisfaction.** The satisfaction with life scale (SWLS; Diener et al. 1985) was used to measure the global life satisfaction using a five-point response scale (1 = *strongly disagree* to 5 = *strongly agree*) (e.g., In most ways, my life is close to the ideal). A higher score indicates a greater satisfaction with life. For this sample, Cronbach's alpha was 0.80.

## 4. Results

### 4.1. Descriptive Statistics

The correlations, mean, and standard deviation of the variables in the study are provided in Table 1.

**Table 1.** Correlations among the variables.

|                          | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | 9      |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| 1. Health conditions     |         |         |         |         |         |         |         |         |        |
| 2. Exercise              | −0.03 * |         |         |         |         |         |         |         |        |
| 3. Independence          | −0.13 * | 0.20 *  |         |         |         |         |         |         |        |
| 4. Social contacts       | 0.10 *  | 0.10 *  | 0.17 *  |         |         |         |         |         |        |
| 5. Social engagement     | −0.02 * | 0.04 *  | 0.07 *  | 0.52 *  |         |         |         |         |        |
| 6. Leisure participation | −0.10 * | 0.24 *  | 0.10 *  | 0.37 *  | 0.14 *  |         |         |         |        |
| 7. Depression            | 0.05 *  | −0.10 * | −0.32 * | −0.22 * | −0.03 * | −0.10 * |         |         |        |
| 8. Loneliness            | 0.05 *  | −0.05 * | −0.28 * | −0.20 * | −0.04 * | −0.10 * | 0.66 *  |         |        |
| 9. Religious engagement  | 0.14 *  | 0.07 *  | 0.02    | 0.21 *  | 0.08 *  | 0.04 *  | −0.04 * | −0.07 * |        |
| 10. Life satisfaction    | −0.08 * | 0.19 *  | 0.31 *  | 0.19 *  | −0.05 * | −0.13 * | −0.37 * | −0.36 * | 0.05 * |

Note. \*  $p < 0.05$ .

### 4.2. Hierarchical Regression Analysis Predicting Life Satisfaction

To test the hypotheses of the relationships among the various dimensions of predictive factors and life satisfaction, a hierarchical regression analysis was conducted. In the first step, demographic background variables (i.e., age, gender, marital status, and education) were entered as control variables. In the second to the fifth step, all subdimensions of

physical, social, psychological, and religious factors were entered consecutively. The results of the hierarchical regression analysis are presented in Table 2.

**Table 2.** Hierarchical regression analysis predicting life satisfaction.

|                              | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|------------------------------|---------|---------|---------|---------|---------|
| <i>Individual background</i> |         |         |         |         |         |
| Age                          | −0.06 * | 0.02    | −0.03   | −0.01   | −0.01   |
| Gender (male = 1)            | 0.04 *  | 0.03 *  | 0.02    | 0.01    | 0.01    |
| Marital status               | 0.08 *  | 0.08 *  | 0.08 *  | 0.02    | 0.01    |
| Education                    | 0.18 *  | 0.11 *  | 0.11 *  | 0.10 *  | 0.09 *  |
| <i>Physical factor</i>       |         |         |         |         |         |
| Health conditions            |         | −0.04 * | −0.02   | −0.01   | 0.002   |
| Exercise                     |         | 0.10 *  | 0.05 *  | 0.06 *  | 0.11 *  |
| Independence                 |         | 0.22 *  | 0.20 *  | 0.11 *  | 0.03    |
| <i>Social factor</i>         |         |         |         |         |         |
| Social contacts              |         |         | 0.10 *  | 0.08 *  | 0.05 *  |
| Social engagement            |         |         | 0.04 *  | 0.03 *  | 0.04    |
| Leisure participation        |         |         | 0.11 *  | 0.10 *  | 0.03    |
| <i>Psychological factor</i>  |         |         |         |         |         |
| Depression                   |         |         |         | −0.16 * | −0.14 * |
| Loneliness                   |         |         |         | −0.23 * | −0.18 * |
| <i>Religious factor</i>      |         |         |         |         |         |
| Religious engagement         |         |         |         |         | 0.14 *  |

Note. \*  $p < 0.05$ .

In the first step, among the control variables, lower age, male, married, and highly educated older adults are more likely to associate with higher life satisfaction. In the following steps (i.e., second to fifth steps), the results indicated that all physical, social, psychological, and religious factors were significantly associated with life satisfaction. In the second step, the physical factor model accounted for 10% of the variance in the outcome. In the third model, the social factor model accounted for 11% of the variance in the outcome. In the fourth model, the psychological factor model accounted for 17.2% of the variance in the outcome. The final model accounted for almost 20% of the variance in life satisfaction over and above the other variables. The religious factor added an additional 3% of the variance in life satisfaction. In particular, the final model (fifth step) showed that regular exercise (unstandardized  $B = 3.93$ , confidence intervals (CI) = 1.19, 9.05), having frequent meetings with friends and family (unstandardized  $B = 1.13$ , CI = 0.74, 2.64), having less depression (unstandardized  $B = -3.99$ , CI = −8.46, −0.46), less feeling lonely (unstandardized  $B = -5.22$ , CI = −9.32, −1.12), and having higher religious engagement (unstandardized  $B = 1.45$ , confidence intervals (CI) = 0.05, 2.85) ultimately affected the subsequent life satisfaction of Korean older adults.

## 5. Discussion

The current study aimed to evaluate Rowe and Kahn's successful aging model for the Korean older adults sample. The current research model was designed to expand Rowe and Kahn's model by adding religious engagement as a predictive factor. Although studies provide evidence that religiosity impacts psychosocial well-being (Chong et al. 2006) and that religious engagement contains a social element to a certain degree (Malone and Dadswell 2018), we emphasize the need to test the relationship between religious engagement and life satisfaction of the older adults separately. This is to seek an additional measure to contribute to the successful aging experience of the elders effectively. Should social life, psychosocial well-being, and religious engagement show differing significance levels, it may be inferred that strengthening a sense of spiritual belief and experience may have unique meanings for older adults distinct from the impacts of building social connections with others and feeling less lonely and depressed. Research findings showed

that the current research model comprehensively considers diverse factors that affect the quality of life of the older adult sample.

First, the physical factors included in the current research model were all significant factors in their quality of life. This supports a previous study (Horowitz and Vanner 2010), which also reported that health and physical conditions influence elders' quality of life more than other factors. Health is fundamental to maintaining physical independence and daily life, performing social roles, and achieving social integration. It wields a higher impact on the quality of life of older adults, with a healthier body linked with a higher quality of life (Brunton and Scott 2015; Hodge et al. 2013; Liu et al. 2021). In other words, older people without the disease have a higher quality of life than those with the disease, and thus health in old age is an essential factor affecting health-related life quality (Beyer et al. 2015).

Second, the investigation of significant factors of elders' quality of life revealed that in the social aspects of their life, social relationships and contacts and leisure participation significantly influenced on the life quality of the aging population. A high volume of the previous literature has underscored social interaction and leisure participation as significant predictors of life satisfaction among older adults (Jeong and Park 2020; Lee and Heo 2021; Zhang and Zhang 2018). Regarding connections with friends, Lee and Heo (2021) reported that the frequency of phone calls or face-to-face contact with children, relatives, friends, and neighbors is associated with a higher satisfaction. This is in line with previous research (Zhang and Zhang 2018), which reported that leisure activities related to social networks influence life satisfaction, highlighting the importance of social relation networks in elders' lives.

Among the psychological variables, depression and loneliness significantly affected the outcome variable. Older people undergo a decline in mental health along with physical weakening, socioeconomic loss, and role change, and depression has been reported as the most common disease that threatens their mental health (Lee et al. 2020). This is consistent with the results (Jeong and Park 2020) that a higher degree of depression reduces health-related quality of life and that depression is, therefore, its most significant predictor. In previous literature, loneliness has been frequently indicated as negatively associated with older adults' life satisfaction (Kovalenko and Spivak 2018; Szcześniak et al. 2020).

In the final model, religious engagement was found to affect the life quality of the aging population. The results showed that engagement in religious participation ultimately affected the subsequent life satisfaction of older Korean adults. Previous research has also shown that religious participation is essential in determining the aging population's overall satisfaction (Foong et al. 2020; Malone and Dadswell 2018; Park et al. 2012; Roshani 2012). The study finding suggests that future research on the successful aging of elders should include religiosity as another predictor.

## 6. Conclusions

Based on large longitudinal data on the aging population, the current study analyzed diverse factors affecting their quality of life. It provided baseline data for measures to improve their life quality. In sum, the study findings indicated regular exercise, social bonding with friends, mental health (depression and loneliness), and religious engagement as significant factors affecting the life quality of older adults. Among different variable groups, mental health and religious engagement were crucial factors in improving the aging population's quality of life. This study finding correlates with previous literature that concluded that psychological well-being matters more than physical health and demographic variables in successful aging (Dumitrache et al. 2019). Further, subjective well-being had a stronger association with older adults' life satisfaction than objective factors (Lee et al. 2020). The last finding confirms the explanatory power of religious engagement in explaining the pathway to successful aging for older adults. It suggests the need for future research with the successful aging model as its theoretical basis to consider having religiosity included as one of the potential factors.

The study also has limitations, leaving implications for future research. First, the relationships were analyzed using the secondary data (Korean Longitudinal Study of Ageing) collected from the [Korea Employment Information Service \(2016\)](#). Though the data set provided a valuable opportunity to test different relationships between the chosen factors and the life satisfaction of older adults sample, variability of the religious engagement measure would have enabled a more detailed analysis. For example, whereas this study measured the number and the hours of religious participation of older adults, a more subjective understanding of religiosity and engaging in religious activities may be questioned in future research for further elaboration. Second, the study result may infer a correlation but does not explain the causality. Therefore, careful interpretation of the findings is required.

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**Conflicts of Interest:** The authors declare that they have no conflict of interest.

## References

- Agli, Océane, Nathalie Bailly, and Ferrand Claude. 2015. Spirituality and religion in older adults with dementia: A systematic review. *International Psychogeriatrics* 27: 715–25. [\[CrossRef\]](#)
- Balboni, Tracy A., Lauren C. Vanderwerker, Susan D. Block, Elizabeth M. Paulk, Christopher S. Lathan, John R. Peteet, and Holly G. Prigerson. 2007. Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology* 25: 555–60. [\[CrossRef\]](#) [\[PubMed\]](#)
- Beyer, Ann-Kristin, Julia K. Wolff, Lisa M. Warner, Benjamin Schüz, and Susanne Wurm. 2015. The role of physical activity in the relationship between self-perceptions of ageing and self-rated health in older adults. *Psychology & Health* 30: 671–85.
- Bodner, Ehud, Amit Shrira, Yoav S. Bergman, and Sara Cohen-Fridel. 2015. Anxieties about aging and death and psychological distress: The protective role of emotional complexity. *Personality and Individual Differences* 83: 91–96. [\[CrossRef\]](#)
- Brunton, Robyn J., and Greg Scott. 2015. Do we fear ageing? A multidimensional approach to ageing anxiety. *Educational Gerontology* 41: 786–99. [\[CrossRef\]](#)
- Carver, Lisa F., Rob Beamish, Susan P. Phillips, and Michelle Villeneuve. 2018. A scoping review: Social participation as a cornerstone of successful aging in place among rural older adults. *Geriatrics* 3: 75. [\[CrossRef\]](#) [\[PubMed\]](#)
- Chong, Alice Ming-Lin, Sik-Hung Ng, Jean Woo, and Alex Yu-Huen Kwan. 2006. Positive ageing: The views of middle-aged and older adults in Hong Kong. *Ageing & Society* 26: 243–65.
- Crowther, Martha R., Michael Parker, Wa Achenbaum, Walter L. Larimore, and Harold G. Koenig. 2002. Rowe and Kahn's model of successful aging revisited: Positive spirituality-the forgotten factor. *Gerontologist* 42: 613–20. [\[CrossRef\]](#)
- Deneau, Jordan, Paula M. van Wyk, and Sean Horton. 2022. Capitalizing on a “huge resource”: Successful aging and physically active leisure perspectives from older males. *Leisure Sciences* 44: 596–613. [\[CrossRef\]](#)
- Diener, E. D., Robert A. Emmons, Randy J. Larson, and Sharon Griffin. 1985. The satisfaction with life scale. *Journal of Personality Assessment* 49: 71–75. [\[CrossRef\]](#)
- Douglas, Heather, Andrew Georgiou, and Johanna Westbrook. 2016. Social participation as an indicator of successful aging: An overview of concepts and their associations with health. *Australian Health Review* 41: 455–62. [\[CrossRef\]](#)
- Dumitrache, Cristina G., Laura Rubio, and Eulogio Cordon-Pozo. 2019. Successful aging in Spanish older adults: The role of psychosocial resources. *International Psychogeriatrics* 31: 181–91. [\[CrossRef\]](#)
- Erbaş, Ülfe. 2021. Effect of physical activity level and behavioral regulations in exercise on successful aging. *Progress in Nutrition* 23: e2021171.

- Foong, Hui F., Tengku A. Hamid, Rahimah Ibrahim, and Sharifah A. Haron. 2020. The association between religious orientation and life satisfaction in older adults living with morbidity and multimorbidity: A gender perspective in Malaysia. *Psychogeriatrics* 20: 891–99. [CrossRef]
- Gopinath, Bamini, Annette Kifley, Victoria M. Flood, and Paul Mitchell. 2018. Physical activity as a determinant of successful aging over ten years. *Scientific Reports* 8: 1–5. [CrossRef]
- Gutiérrez, Melchor, José Manuel Tomás, and Pablo Calatayud. 2018. Contributions of psychosocial factors and physical activity to successful aging. *The Spanish Journal of Psychology* 21: 1–9. [CrossRef]
- Hodge, Allison M., Dallas R. English, Graham G. Giles, and Leon Flicker. 2013. Social connectedness and predictors of successful ageing. *Maturitas* 75: 361–66. [CrossRef]
- Horowitz, Beverly P., and Elizabeth Vanner. 2010. Relationships among active engagement in life activities and quality of life for assisted-living residents. *Journal of Housing for the Elderly* 24: 130–50. [CrossRef]
- Huebner, E. Scott. 2004. Research on assessment of life satisfaction of children and adolescents. *Social Indicators Research* 66: 3–33. [CrossRef]
- Jeong, Eun Hwa, and Ji Hyuk Park. 2020. The relationship among leisure activities, depression and quality of life in community-dwelling elderly Koreans. *Gerontology and Geriatric Medicine* 6: 2333721420923449. [CrossRef] [PubMed]
- Korea Employment Information Service. 2016. Korean Longitudinal Study of Ageing [Data File and Code Book]. Available online: <https://survey.keis.or.kr/klosa/klosa01.jsp> (accessed on 2 January 2023).
- Kovalenko, Olena H., and Lyubov M. Spivak. 2018. Psychological well-being of elderly people: The social factors. *Social Welfare: Interdisciplinary Approach* 8: 163–76.
- Lee, Hakjun, and Shik Heo. 2021. Benefits of leisure activities for the quality of life of older South Korean adults. *Leisure Studies* 40: 199–211. [CrossRef]
- Lee, Sang Woo, Jae Sung Choi, and Min Hong Lee. 2020. Life satisfaction and depression in the oldest old: A longitudinal study. *The International Journal of Aging and Human Development* 91: 37–59. [CrossRef] [PubMed]
- Liu, Li, Tianjiao Zhang, Shuang Li, Guowei Pan, Lingjun Yan, and Wei Sun. 2021. Successful aging among community-dwelling older adults in urban areas of Liaoning Province: The crucial effect of visual ability. *Risk Management and Healthcare Policy* 14: 3729–38. [CrossRef]
- Malone, Joanna, and Anna Dadswell. 2018. The role of religion, spirituality and/or belief in positive ageing for older adults. *Geriatrics* 3: 28. [CrossRef]
- Martinson, Marty, and Clara Berridge. 2015. Successful aging and its discontents: A systematic review of the social gerontology literature. *The Gerontologist* 55: 58–69. [CrossRef]
- Park, Jisung, Soonhee Roh, and Younsook Yeo. 2012. Religiosity, social support, and life satisfaction among elderly Korean immigrants. *The Gerontologist* 52: 641–49. [CrossRef]
- Park, Mijin, Jinhyun Kim, and Byunghyun Park. 2014. The effects of health on the life satisfaction of poor and nonpoor older women in Korea. *Health Care for Women International* 35: 1287–302. [CrossRef]
- Radloff, Lenore Sawyer. 1977. The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement* 1: 385–401. [CrossRef]
- Rowe, John W., and Robert L. Kahn. 1997. Successful aging. *The gerontologist* 37: 433–40. [CrossRef]
- Roshani, Khadijeh. 2012. Relationship between religious beliefs and life satisfaction with death anxiety in the elderly. *Annals of Biological Research* 3: 4400–5.
- Russell, Dan, Letitia A. Peplau, and Mary L. Ferguson. 1978. Developing a measure of loneliness. *Journal of Personality Assessment* 42: 290–94. [CrossRef] [PubMed]
- Statistics Korea. 2022. Population Projections. Available online: [https://kostat.go.kr/portal/korea/kor\\_nw/1/1/index.board?bmode=read&aSeq=420896](https://kostat.go.kr/portal/korea/kor_nw/1/1/index.board?bmode=read&aSeq=420896) (accessed on 2 January 2023).
- Street, Debra, Stephanie Burge, Jill Quadagno, and Anne Barrett. 2007. The salience of social relationships for resident well-being in assisted living. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 62: S129–S134. [CrossRef]
- Szczęśniak, Małgorzata, Grażyna Bielecka, Daria Madej, Elżbieta Pieńkowska, and Wojciech Rodzeń. 2020. The role of self-esteem in the relationship between loneliness and life satisfaction in late adulthood: Evidence from Poland. *Psychology Research and Behavior Management* 13: 1201–12. [CrossRef]
- Won, Changwon. 2002. Korea activities of daily living scales and Korea instrumental activities of daily living scale. *Korean Journal of Geriatric Society* 6: 1–11.
- Zhang, Linghan, and Junyi Zhang. 2018. Impacts of leisure and tourism on the elderly's quality of life in intimacy: A comparative study in Japan. *Sustainability* 10: 4861. [CrossRef]

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