

Study on the System Planning and Realization Path of the Life Orientation of the Elderly in China

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Abstract: Based on the background of China's deep aging society, this paper discusses how the elderly can achieve a high quality of life through scientific and reasonable life orientation and systematic planning, and constructs an analytical framework of elderly life orientation from five dimensions: residential environment, health management, spiritual needs, capital assets, and service selection. By analyzing the status quo of the aged society, the aging standard, and the structural dilemma of the one-child family, this paper points out that the aged should realize the transformation from passive old-age care to active planning through the health management path of "cognition-mastery-application." This study provides a theoretical basis and practical reference for the elderly to construct a systematic, hierarchical, and personalized future life framework, and helps to promote the realization of the goal of "a sense of security, happiness, and worthiness for the elderly."

Keywords: Life orientation; Geriatric planning; Spiritual needs; Active aging; Silver hair economy

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1. Introduction

China is experiencing the world's largest and fastest population aging process. By the end of 2024, the population aged 60 and above has exceeded 300 million, accounting for 22% of the total population, marking that China has officially entered a moderately aged society^[1]. It is estimated that by 2050, the elderly population will reach 480 million, accounting for more than 35% of the total population, and the pressure on social pensions will continue to intensify. Shanghai and other super-large cities have taken the lead in entering the stage of deep aging, becoming a typical epitome of the national aging process. Under this background, exploring the life orientation and future planning of the elderly group is not only related to the quality of life of individuals in their later years, but also has far-reaching significance for the development of the social protection system, pension industry, and social harmony and stability.

2. Literature review and theoretical basis

2.1. Orientation of elderly life

Life orientation refers to the systematic and directional strategic choices made by individuals in several key life areas, such as residential arrangement, health maintenance, spiritual pursuit, economic allocation, and service utilization, based on reflections on life course and future expectations ^[2]. This concept transcends isolated behavioral decisions, emphasizes the inherent relevance and integrity of choices in various fields, and reflects the efforts of individuals to construct coherent narratives of later life. The academic community mainly discusses it from three complementary perspectives: one is the perspective of “successful aging,” which was founded by Rowe and Kahn and established the three-dimensional standard of “low disease risk, high physical and mental function, and active social participation” ^[3], which provides a classic but controversial normative framework for evaluating the quality of life in old age. Its universal definition of “success” is often criticized for ignoring cultural differences, structural inequalities, and the subjective well-being of individuals. The second is the perspective of “healthy aging,” which is defined by WHO as the process of developing and maintaining the functions required for old age, focusing on the maintenance and function of internal capabilities. This perspective focuses more on the process than on a single result, providing a dynamic perspective for understanding the fundamental role of health in life orientation ^[4]. The third is the policy framework of “active aging” advocated by the WHO, which establishes “health, participation, and security” as three pillars, emphasizes society’s responsibility in creating opportunities and eliminating barriers, and promotes the role of older people from “dependents” to “social contributors” ^[5]. This framework provides a policy basis for this study to place individual choices in a broader social support system. These perspectives together point to a core consensus: High-quality old age life is the result of the synergy of physiological, psychological, and social dimensions. Any single dimension optimization is not enough to support the overall life orientation.

2.2. Extension and reconstruction of the aging context of the hierarchy of needs theory

Maslow’s hierarchy of needs provides a timeless analytical tool for resolving complex dynamics of life goals in old age ^[6]. However, in old age, its classical “pyramid” linear model needs to be contextualized to present more dynamic and interactive features:

First, the interweaving and situational dependence of needs: The hierarchy of needs of the elderly is not strictly hierarchical. For example, a serious health crisis (threatening physiological and safety needs) may simultaneously intensify the desire for emotional support (belonging needs) and autonomy maintenance (respect needs), presenting a multi-dimensional demand concurrent state. The strength of the social support system directly affects whether and how the needs at all levels can be met.

Second, the expansion and core of the connotation of “security needs”: in old age, “security” not only refers to personal security, but also covers economic security (stable pension income), health security (disease risk control), residential security (aging environment) and care security (reliable care source), which become the cornerstone supporting all other needs to be pursued.

Third, the transformation of “self-actualization” and the emergence of “self-transcendence”: with the contraction of social roles, self-actualization of the elderly often shifts from the pursuit of external achievements to the exploration of integration, inheritance of wisdom, and internal growth of life. Erikson’s psychosocial crisis in old age-“self-integration vs. despair”-further points to the spiritual level of self-transcendence, i.e., acceptance of the complete life course and establishment of connection with the larger system of existence ^[7]. This requires that

life orientation must include the dimensions of meaning construction and spiritual growth.

Therefore, this study regards Maslow's framework as a dynamic, reversible demand spectrum with a compensation mechanism, and the elderly's life planning is essentially a continuous process of constantly finding balance points and responding to priority changes in this spectrum according to their own resources and external conditions.

2.3. Integrating positive aging and health behavior models

The WHO framework of Active Ageing points out macro directions for improving the quality of life in old age, but translating them into individual operable practices requires the convergence of micro behavioral models. Therefore, this study integrates the cognition-behavior-outcome health management model to construct a continuous path from concept to action:

First, cognitive initiation stage: corresponding to the premise of "optimizing opportunities" in "positive aging." The elderly need to accurately recognize their health status, risk factors, and available support resources through health literacy education and self-assessment tools, so as to form realistic expectations and positive control over future life.

Second, the stage of strategy mastery and behavior implementation: corresponding to the concretization of the pillars of "participation" and "health." Individuals need to master scientific behavior management strategies (such as chronic disease self-management, cognitive training, and social participation skills) and apply these strategies systematically into the rhythm of daily life to form sustainable health and social living habits.

Third, continuous adjustment and result optimization stage: dynamic feedback under the corresponding "guarantee." Through regular review, effect evaluation, and according to health status changes, family life cycle events, etc., flexible adjustment of behavior strategies and life arrangements, the ultimate goal is to form an endogenous health promotion and life management capabilities, so as to achieve a spiral rise in quality of life.

This integrated model emphasizes that active aging is not passively waiting for opportunities provided by society, but an active process in which individuals actively renew cognition, learn skills, and practice behaviors on the basis of social empowerment.

3. Aging in China

The above theoretical framework reveals the multidimensionality and dynamism of the elderly life orientation, but the concrete formation and practice of these orientations are deeply rooted in the specific aging process and structural situation in China. This part aims to analyze this macro background, reveal how it constitutes both constraints and possibilities, and thus provide practical footnotes for understanding the specific logic of the elderly life choice.

3.1. Rapidly evolving aging stages and heterogeneous cohorts

According to United Nations standards, a country enters an aging society when the proportion of its population aged 65 and over exceeds 7%, and transitions into an aged society when this proportion surpasses 14%^[8]. China reached the threshold of an aging society in the year 2000^[9]. According to the latest statistical data, by the end of 2023, the proportion of China's population aged 65 and over had reached 15.4%, marking its official entry into an aged society and indicating an acceleration towards becoming a super-aged society^[10]. The speed and scale

of this process are rare in the world. More importantly, older people in different birth cohorts have experienced vastly different historical events, e.g., planned economy, reform and opening-up, one-child policy, and deepening of market economy. There are systematic differences in the accumulated resources, concepts, and risk structures in their life course. For example, the “founding generation” and the “reform and opening-up generation” are completely different in pension accumulation, family concepts, and health expectations. Therefore, the aging of China is not a homogeneous whole, but composed of multiple heterogeneous cohorts with different “historical burdens” and “opportunities of the times.” This means that any understanding of life orientation in old age must be placed in the perspective of this “temporal embedding” to examine the unique opportunity structure and constraints faced by a particular cohort at a particular historical node.

3.2. Changes in family structure and reconstruction of intergenerational support systems

The long-term implementation of the one-child policy has shaped a unique “4-2-1” inverted pyramid family structure, which fundamentally reconstructs the micro-foundation of the traditional family pension. This structure not only means that the support pressure of offspring increases geometrically, but also leads to the thinning of the number and stability of intergenerational support resources available to the elderly ^[11]. The weakening of support division and risk-sharing mechanisms in traditional multi-child families makes older persons face higher vulnerability and uncertainty in terms of financial support, life care, and especially long-term care. This structural pressure, on the one hand, may force the elderly to strengthen individual and market resource reserves. On the other hand, it also stimulates strong demand for non-family social support systems (such as community services, mutual support, and smart pension products). The relative contraction of family pension functions does not eliminate the elderly’s desire for emotional connection and belonging, but may lead them to seek more diversified social participation and meaning construction to compensate for some of the lack of traditional family roles.

3.3. The rise of the silver-haired economy and the market differentiation of pension services

Along with challenges, there are huge opportunities. The expansion of the elderly population and the improvement of consumption capacity are giving birth to a thriving “silver-haired economy.” Data show that elderly groups with strong consumption willingness and ability (annual expenditure of more than 30,000 yuan) account for nearly half, and their market demand in health management, cultural leisure, digital consumption, personalized tourism, and other fields is increasingly strong ^[12]. This promotes the pension industry from extensive to refined, specialized, and personalized. The market is being divided: One end is inclusive pension services for the masses, and the other end is high-end customized services for high-net-worth, high-knowledge elderly groups (e.g., exclusive health management, cultural study tours, smart home holistic programs). This market differentiation provides unprecedented diversity of tools and options for the elderly to realize their life orientation. However, it may also exacerbate the inequality of resources and opportunities within the elderly group, forming a “pension gap” based on economic capital and cultural capital. Therefore, the service choice orientation of the elderly is not only related to personal preference, but also the result of navigation in the “service landscape” jointly shaped by market supply and social policy.

4. Construction of an aging adaptive system

Based on the above theoretical and practical background, this study proposes that China’s elderly should

systematically plan and practice in the following five core dimensions to build a high-quality old age life, which are interrelated and constitute a dynamic “life orientation system.”

4.1. Living environment from physical space to enabling field

Living environment is far more than physical residence; it is the core enabling field of the elderly’s daily life. Its orientation should go beyond the basic “security” and pursue “comfort, autonomy, and connectivity.” This includes the following three aspects: First, space is suitable for aging, mainly for high-frequency activity areas (toilet, kitchen, passage). Preventive transformation to reduce risks; Second, technology integration, prudent introduction of intelligent monitoring, Incident Response Service, environmental control, and other age-appropriate technologies, technology to extend independent living ability, rather than create new obstacles. Third, community embedding: select or create neighborhood communities with a good walking environment, accessible basic services, and rich social opportunities, and seamlessly connect home and community support network.

4.2. Health management from disease response to capacity maintenance

Integrating the framework of “active aging” and the health behavior model, health management should realize the paradigm shift from passive response to disease to active maintenance of intrinsic capabilities. The implementation path is:

First, cognition and assessment: building evidence-based perceptions of one’s own health, conducting regular functional assessments (not just disease screening), and understanding the stock and trends of one’s “health capital.”

Second, strategy internalization: through continuous learning, master nutrition, exercise, cognitive training, and chronic disease self-management skills suitable for their own conditions, and transform them into daily habits.

Third, active adjustment: according to the dynamic changes of health status, flexibly adjust the rhythm of life, social roles, and expected goals, and maintain the continuity and control of the life course.

4.3. Spiritual life from social participation to meaning regeneration

Spiritual demand is the key to the leap in demand level. Its core orientation lies in “continuous connection” and “meaning regeneration,” which are embodied in the following aspects:

First, diversified participation: according to interests and abilities, selectively participate in community activities, voluntary services, elderly education, cultural groups, etc., and maintain organic ties with society.

Second, role transformation and creation: smooth transition from previous professional/family dominant roles, discover and create new social roles (such as mentor, volunteer, cultural inheritor), and gain a continuous sense of need and respect.

Third, life integration and transcendence: through memory, narrative, artistic or philosophical activities, reflection and integration of life experience, to achieve Erikson’s so-called “self-integrity,” and even to achieve some form of self-transcendence, to find the peace and profound meaning of old age.

4.4. Capital assets from savings preservation to full lifecycle financial security

Economic security is the cornerstone of all other approaches. In the modern financial environment, the approach needs to be upgraded from traditional conservative savings to “full lifecycle financial security planning”:

First, multi-level asset construction: comprehensive use of public pension, occupational annuity, personal

savings, commercial pension insurance, and prudent financial investment to form a risk-dispersed, cash-flow sustainable asset portfolio.

Second, hedge longevity and care risks: pay special attention to the risk of capital depletion caused by longevity and the potential high long-term care costs, and hedge forward-looking through financial instruments such as insurance.

Third, intergenerational asset transmission and pre-life planning: combining with the actual situation of the family, intelligently carry out wealth inheritance planning, and arrange legal documents such as medical pre-will and voluntary guardianship in advance to ensure that the wishes of old age are respected.

4.5. Service choice: From passive acceptance to active planning

In the face of an increasingly differentiated pension service market, the elderly should change from passive recipients of services to “active curators” of individual pension schemes, mainly reflected in the following aspects:

First, accurate identification of needs: clearly identify their core needs (e.g., medical care, life assistance, spiritual companionship) and preference needs.

Second, market information screening: improving information literacy, being able to evaluate and select reliable service providers.

Third, hybrid model construction: good at integrating inclusive services provided by the government, professional services purchased by the market, mutual services supported by the community, and informal services within the family to construct a personalized and flexible support service package.

5. Discussion: Theoretical integration, practical enlightenment, and research prospect

5.1. Theoretical integration: Linking micro orientation and macro structure

This study deepens the theoretical understanding of the elderly’s life orientation by applying the “temporal embedded-hierarchical interaction” framework to the Chinese context. We demonstrate that the five-dimensional orientations of the elderly are based on the macro population structure, family system, and market supply. Structural factors such as sex are the product of continuous interaction with individuals’ life course resources and cognitive initiative. Especially, the heterogeneous cohort shaped by China’s rapid institutional change and structural tensions, such as “aging before wealth” and “old-age with only one child,” makes this interaction more complicated.

5.2. Multi-level policy and practical suggestions

Based on the research findings, the following systematic suggestions are put forward:

5.2.1. Government level

We should speed up the construction of an inclusive and forward-looking institutional framework, including: improving the multi-level pension insurance and long-term care insurance system; formulating and enforcing the construction standards for urban and rural residential aging; subsidizing the construction of community-embedded comprehensive pension service centers; strengthening the supervision and guidance of the silver hair economic market to prevent fraud and excessive marketization.

5.2.2. Social and community level

The core task is to rebuild social connections and support networks. Vigorously develop community-based pension services, cultivate voluntary organizations and mutual aid groups for the elderly, support elderly education institutions to offer practical courses such as life planning, financial literacy, digital skills, etc., and create a social culture that respects the elderly and encourages participation.

5.2.3. Market level

It is necessary to move towards refinement and responsibility. Enterprises should further segment the needs of the elderly market and develop reliable products and services that truly meet the physiological and psychological characteristics of the elderly. While pursuing economic benefits, they should also take into account social responsibilities and pay attention to the development of inclusive products to avoid aggravating social inequality.

5.2.4. Individual and family level

advocate the concept of “preparatory period” planning. Encourage comprehensive life planning for the elderly in the middle age and young and old age. Intergenerational communication should be carried out within families to reach consensus on pension expectations, economic support, care arrangements, etc. Individuals need to actively improve health literacy, financial literacy, and digital literacy to accumulate capacity capital for an independent and high-quality old age life.

5.3. Limitations and future directions of this study

This study is mainly based on the theoretical construction and framework analysis of literature and macro data, and there are certain limitations. Future research can be deepened in the following directions:

5.3.1. Empirical quantitative research

Develop and validate a multidimensional life orientation measurement scale, using large-scale survey data to test the relationship between variables in this framework, especially the differences between different cohorts.

5.3.2. Qualitative in-depth exploration

Through life history interviews, in-depth disclosure of major life events (e.g., retirement, widowhood, illness), and how to trigger the process of reflection and restructuring of life orientation.

5.3.3. Cross-cultural comparison

Comparing with countries with different family structures and welfare systems to further clarify cultural specificity and universality mechanisms;

5.3.4. Technology impact research

In-depth exploration of how digital technologies (e.g., artificial intelligence, telemedicine, social media) reshape the social connections, service access, and self-perception of the elderly, and thus affect their life orientation.

6. Conclusion

Facing the irreversible aging trend, the life orientation of the elderly in China has evolved from an individual

arrangement to a public issue concerning sustainable social development. The elderly should take active aging as their vision, a dynamic hierarchy of needs as their internal guide, and actively integrate planning and practice of living environment, health, spiritual life, capital assets, and service choices in the rapidly changing social structure. Promoting the formation of a scientific, positive, and diverse orientation of elderly life can not only improve the well-being of hundreds of millions of elderly people, but also is the key to building a better society for all ages. Future research and practice need to continue to integrate here. Under the framework, we will go deep into micro mechanisms and pay attention to group differences to more accurately support each individual to achieve their unique “successful aging” journey.

Disclosure statement

The authors declare no conflict of interest.

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