Promoting individual and family health during retirement

Grapevine, Texas, USA
29 October - 2 November 2011
Transition

“A transition can be said to occur if an event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one’s behavior relationships”

(Schlossberg, 1981:5)
Retirement is one of life transitions which have to be adequately prepared.

(Meleis, 2010)
Ecological model of human development applied to the retirement transition

Adap. Urie Bronfenbrenner (1979)
Purpose of the Study

Building substantive and convergent knowledge in the field of nursing to support the guidelines and intervention strategies that promote the health of individuals and families during the transition process caused by retirement.
Study Aims

- To understand the experiences perceived by individuals and their families during the transition process, as a result of retirement;

- To identify protective and obstructing factors to the experience of the transition process which can originate from retirement;

- To assess the impact of the transition process, as a result of retirement, on the evolution of the health status of individuals and families.
Study design

1st Stage

Individuals (retired for less than 5 years)

2nd Stage

Individuals (who perceived changes and/or difficulties during retirement) + Families

Care in Retirement: Promoting individual and family health
1st Stage

Experiences perceived by individuals during retirement
Type of Study
Quantitative / Descriptive

Aims

- To characterize the perceived experiences and strategies adopted by individuals, during retirement transition;
- To describe the evolution of individuals’ behaviors and health status, during retirement transition;
- To identify individuals who perceived changes and/or difficulties, during retirement transition.
Population
Individually retired < 5 years

Sample selection method
“Snowball”

Data collection instrument
Questionnaire
(Self-addressed stamped envelope)
## Sample (n=432)

23.74% of the total questionnaires received

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>$\bar{x} = 60.5$ years (Min = 44 years; Max = 72 years); s = 5.47</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male (56.9%); Female (43.1%)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>Married/Common-Law Marriage (92.6%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>1-4 years of attendance (35.9%)</td>
</tr>
<tr>
<td><strong>Socioeconomic status</strong></td>
<td>Middle class (46.1%)</td>
</tr>
<tr>
<td><strong>Professional area</strong></td>
<td>Technicians and associate professionals (27.8%)</td>
</tr>
<tr>
<td><strong>“Moment of Retirement”</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>$\bar{x} = 58.3$ years old (Min = 42 years; Max = 71 years); s = 5.368</td>
</tr>
<tr>
<td>Time</td>
<td>$\bar{x} = 2.1$ years (Min = 0 years; Max = 5 years); s = 1.479</td>
</tr>
<tr>
<td>Reason</td>
<td>Age limit = 60.0%</td>
</tr>
<tr>
<td></td>
<td>“Other reasons” = 25.7%</td>
</tr>
<tr>
<td></td>
<td>Health = 14.4%</td>
</tr>
</tbody>
</table>
Perception of changes and/or difficulties during retirement
31.5% of the respondents perceived changes and/or difficulties during retirement.
Who perceived changes and/or difficulties?

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Chi-Square</th>
<th>p-value</th>
<th>Cramer's V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male (58.8%)</td>
<td>$X^2=0.286$</td>
<td>$p=0.603$</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Divorced or separated (71.4%)</td>
<td>$X^2=14.913$</td>
<td>$p=0.002$</td>
<td>$V_{Cramer} = 0.196$</td>
</tr>
<tr>
<td>Education</td>
<td>5-9 years of school attendance (40.0%)</td>
<td>$X^2=12.293$</td>
<td>$p=0.015$</td>
<td>$V_{Cramer} = 0.176$</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td>Middle class (35.2%)</td>
<td>$X^2=3.047$</td>
<td>$p=0.218$</td>
<td></td>
</tr>
<tr>
<td>Professional area</td>
<td>“Administrative and similar professions” (50.0%)</td>
<td>$X^2=23.027$</td>
<td>$p=0.003$</td>
<td>$V_{Cramer} = 0.236$</td>
</tr>
<tr>
<td>Retirement age</td>
<td>&gt; 65 years old (83.8%)</td>
<td>$X^2=15.690$</td>
<td>$p&lt;0.001$</td>
<td>$V_{Cramer} = 0.191$</td>
</tr>
<tr>
<td>Reason for retirement</td>
<td>Health (82.3%)</td>
<td>$X^2=91.590$</td>
<td>$p&lt;0.001$</td>
<td>$V_{Cramer} = 0.107$</td>
</tr>
</tbody>
</table>
What changes and/or difficulties were perceived?

- Change in daily routines: 26.5%
- Difficulty in occupying time: 14.7%
- Decrease in economic power: 14.0%
- Loneliness: 13.2%
- Decrease in self-esteem: 10.3%
- Deterioration in health: 5.9%
- Longing: 5.1%
- “Readaptation” to home: 4.4%
- New family roles: 4.4%
- Isolation: 4.4%
- Decrease in stimuli: 3.7%

1st Stage – Results and Discussion
What strategies were used to cope with the changes and/or difficulties perceived?

<table>
<thead>
<tr>
<th>Changes and/or difficulties perceived</th>
<th>Main strategies presented</th>
</tr>
</thead>
</table>
| Changes in daily routines            | • Self-imposition of a daily rhythm or routine (29.2%)  
• Visiting public places and/or institutions (25.0%) |
| Difficulty in occupying time         | • Taking care of the home (23.0%)  
• Visiting public places and/or institutions  
  (Voluntary work – 7.7%) |
| Reduction of economic power          | • “Saving” (64.7%)  
• “Using and/or reusing” (47.0%)  
• “Asking for the help of relatives” (5.9%) |
| Loneliness                           | • Watching television (26.6%)  
• Others: “Going shopping”, “going for a walk”, “seeking company”, “talking to neighbors” and “doing voluntary work” (6.6%) |
Who was the source of support?

- Family – 71.5%
- Friends – 35.6%
- Work Colleagues – 22.7%
- Health Professionals – 13.2%

- Spouse (92%)
- Sons (72%)
Evolution of health behaviors
Health Surveillance increased
[Male f%=86.7; Female f%=52.9]

Diet
significant improvement in male individuals
[e.g. number of meals / day (18.2% Good level)]

Physical Exercise
Significant improvement in male individuals
Sports: Walking, Gymnastics, Water aerobics

Smoking
Quit smoking [Male (f %= - 5.7); Female (f% = 0.0)]
Decreased smoking [Male f=15 cases (Z=-3.323; p=0.001)]

Self-medications
Decreased consumption [Male f%=19.0; Female f%=0.0]
Evolution of Health Status
## Body Mass Index

<table>
<thead>
<tr>
<th>Gender</th>
<th>After-Before</th>
<th>Male No. Mean state</th>
<th>Female No. Mean state</th>
<th>Z=-12.148 p=0.000</th>
<th>Z=-10.900 p=0.000</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>13 125.85</td>
<td>10 69.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>233 123.37</td>
<td>176 94.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>=</td>
<td>0 -</td>
<td>0 -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Chronic Disease

### Diagnosis

<table>
<thead>
<tr>
<th>Moment</th>
<th>Gender</th>
<th>After-Before</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Hypertension</td>
<td>f</td>
<td>-1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>f</td>
<td>-3</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Hematologic Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Neurologic Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Oncological Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Disease</td>
<td>f</td>
<td>+6</td>
</tr>
<tr>
<td>Rheumatologic Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Urologic Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmological Disease</td>
<td>f</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>f</td>
<td>+2</td>
</tr>
</tbody>
</table>
2nd Stage

Experiences perceived by individuals and families during retirement transition
Aim

To understand the experiences of individuals and their families, during retirement transition.
Research Question

How do individuals and their families perceive the experience of transition, which results from retirement?
Qualitative Study
Symbolic Interactionism / Narrative Analysis

Data Collection Method
Semi-structured interview

Sample
Inclusion and exclusion criteria
Participants

14 Families (36 interviewees)

- Mostly sub-systems formed by marriage;
- “Empty nest“ stage of the life cycle;
- Various types of relationships were identified among its elements;
- Family APGAR index values between 5 and 9 (mean = 6).
Data collection

1\textsuperscript{st} Moment

- Video recording

Evaluation of family systems

- Calgary model
- Other evaluation instruments (Genogram, Ecomap, Family APGAR)

Interview

- All family members together
- Semi-structured interview script

2\textsuperscript{nd} Moment

Validation of the narrative analysis with the family
Analysis Procedures

Units of meaning

"Before"
"After"
"Future"

Internal / External Validation
Units of meaning: “Before”

Perspective on the future

Meaning attributed to work
- Positive meanings
- Negative meanings
- Ambivalent meanings

Meaning attributed to the perspective of becoming retired
- Future life expectations
- Uncertainty concerning the adaptation to a new life
Units of meaning: “After”

After retirement

Meaning attributed to retirement
- Retirement perceived as a gain
- Retirement perceived as a loss

Apprehension
- Relearn “how to be a Family”
- Relearn “how to feel in a Family”

Retirement perceived as a gain

Retirement perceived as a loss

2nd Stage - Results and Discussion
Units of meaning: “Future”

- Perspective about the Future
  - Uncertainty
    - Health status
    - Economic power
    - Descendants’ difficulties in life
  - Other uncertainties
  - Loss of autonomy
    - End of life
    - Be left alone
  - Other uncertainties

Other uncertainties
Implications for Nursing Practice
Before retirement

- Identify the individuals and families who will be subject to follow-up during this transition;
- Identify the meaning that individuals assign to their work setting;
- Suggest a gradual "detachment" to the work setting;
- Promote the development of new interests and life goals;
- Promote the development of greater interaction with the social network;
- Advocate the implementation of an economic plan;
- Prepare for a reorganization of family life;
- Promote the quality of the marital relationship.
<table>
<thead>
<tr>
<th>Directed at the individual:</th>
<th>Directed at the family:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Promoting the maintenance and/or reformulation of their life goals;</td>
<td>- Promoting family resilience;</td>
</tr>
<tr>
<td>- Promoting self-esteem;</td>
<td>- Assisting in dealing with losses and strengthening gains;</td>
</tr>
<tr>
<td>- Encouraging self-care;</td>
<td>- Identifying and referring cases of transitional risk;</td>
</tr>
<tr>
<td>- Fostering a sense of life satisfaction;</td>
<td>- Promoting the development of a healthy marital interdependence;</td>
</tr>
<tr>
<td>- Promoting investment in family relationships.</td>
<td>- Fostering conjugality;</td>
</tr>
<tr>
<td></td>
<td>- Advocating for conflict management;</td>
</tr>
<tr>
<td></td>
<td>- Assisting in the performance of new roles and family functions.</td>
</tr>
</tbody>
</table>
Conclusion

The transition which results from the "entry in retirement" implies the inevitable experience of an adaptation, whose complexity may vary depending on the characteristics of individuals, families and the relationships they establish between themselves and with the environment in which they operate.

Nurses should be the key drivers of this process of systemic readaptation.


