The experience of programs to promote health in retirement: a systematic review of qualitative evidence

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Executive summary

Background

Retirement is a transition that occurs at the conclusion of the work phase of life, after years in which work has played an important role, and this can interfere with every dimension of the human ageing process. It can be seen as an event, as a status or as a process. Independently of these perspectives, intervention programs can promote the health status of individuals and their families during this life transition.

Aging is one of the major issues affecting the current public health framework. For many societies there will be an increasing population of older persons leading to an increase the number of people living with chronic diseases and associated morbidity. As such, there is an urgent need to implement strategies that promote health and the quality of life in stage.

Objectives

The objective of this review was to identify programs that have been implemented with the goal of promoting the health of individuals and their families during their adjustment to retirement and identify the meaningfulness and appropriateness of programs implemented to improve the health status of individuals and families during their adjustment to retirement.

Inclusion criteria

Types of participants
This review considered studies that included individuals newly retired (within five years of retirement) and their families. We did not consider any age range; what was important was the experience of the individual, independent of the age in which this transition occurred.

**Phenomena of interest**

This review considered studies that investigated the experiences of individuals and families during the initial retirement period who were subject to programs implemented to improve their health status, excluding programs that had returning to the labor market as a goal.

**Types of studies**

This review considered interpretive or critical studies that drew on the experiences of individuals and their families including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research. In the absence of research studies, other text such as opinion papers and reports were considered.

**Search strategy**

The search strategy aimed to find both published and unpublished studies. An initial search of MEDLINE and CINAHL was undertaken followed by an analysis of text words contained in the title and abstract, and of index terms used to describe the article. Using all identified keywords and index terms, another search was then undertaken across all included databases. The reference list of all identified reports and articles was searched for additional studies. Studies published in Portuguese, English and Spanish, and those published from 2000 to 2013 were considered for inclusion.

**Results**

The number of potentially relevant studies identified following the search was 567. Of these, seven were excluded as duplicates; of the remaining 560, from the title and abstract assessment, 540 were excluded, and 20 out of the 20 articles were excluded for not fulfilling the inclusion criteria when the full text was read. There were no studies located that met the inclusion criteria of this review.

**Conclusions**

There is currently no evidence available to determine the meaningfulness and appropriateness of programs that have been implemented to improve the health status of individuals and families during their adjustment to retirement. According to the conducted analysis, health promotion in retirement is an area which needs scientific and economic investment as there is a lack of evidence that describes programs directed to retirees and their families and that measure the meaningfulness and appropriateness in what concerns their health status.

**Keywords**

Course; family; individual; program; retirement; strategy

**Background**

Aging is one of the major problems affecting the current public health framework. The Third European Demography Report states that the number of individuals aged more than 65 years increased from 13.7% to 17.4% between 1990 and 2011, and it is estimated that they will represent more than 30% of...
the European population in 2060. These indicators confirm that there will be increasingly more “older persons” and “aged people” in future generations and that there is an urgent need to implement strategies which promote health in this life stage.²

Several authors argue that the investment in measures which promote active aging has become crucial, not only to promote the quality of biophysiological,³ psychological⁴ and social⁵ domains in older adults, but also to keep the communities sustainable. Quality of life is related to the protection of individuals’ health status in the above-mentioned dimensions, and also to the balance among a constellation of systems and factors which influence it, such as family, work, society and the systemic interactions and relationships between them.⁶

As a result of this interaction and other significant experiences, individuals adopt attitudes and behaviors that influence their health.³⁴⁵ According to this point of view, the promotion of quality aging, “successful aging”⁷ or active aging should take place during middle age and, if possible, accompany the transitional life events which occur during this period.⁸

Transition to retirement is one of these events, the experience of which interferes with every dimension of the human aging process. It can be seen as an event (when associated with the description of a life event which signals a stage of the life cycle marking the beginning of aging⁹), as a status (when associated with the acquisition of a new social status¹⁰) or as a process (“life event in which transition-adaptation phenomena occur, which are reflected in developmental terms.”¹¹(p.361))

Independent of these perspectives, intervention programs can promote the health states of individuals’ and their families.⁴¹¹ Empirical evidence from a recently conducted study by Loureiro¹² confirmed this and, based on data collected from 432 individuals who were retired for less than five years, showed that this transitional event had affected all of the respondents. Around 1/3 of the participants (31.5%) even described this event as a difficult experience because it led to a decrease of “perceived self-efficacy” [e.g. management of daily activities (26.5%), difficulty in time managing (14.7%), reduction of economic power (14.0%)], decrease of “perceived self-esteem” [e.g. loneliness (13.2%), reduction of self-esteem (10.3%), isolation (4.4%), reduction of motivation (3.7%)], and also decrease of “family resilience” [e.g. difficulty in readjusting to the home environment (4.4%), difficulty in adapting to new family roles (4.4%)]. This study also showed that spouses are the main source of support during this period (71.5%) and, regardless of the level of success achieved, the strategies used to face the difficulties have always included the adoption of attitudes and behaviors related to biophysiological, psychoemotional and social dimensions.

Primary health care is responsible for the preservation of individuals’, families’ and communities’ health status. However, until now, there is no specific intervention directed at retirees and their families which empower its protagonists in the biopsychosocial dimensions who appear to be the most affected during this transition.³ This lack of intervention highlights the need for programs specifically designed with this purpose that can have a positive impact on health outcomes.

It is within this context that the need was considered for the conduct of a systematic review with the overall objective of identifying programs and intervention strategies that have been recently implemented at the international level, and the experience of individuals within these programs, with the goal of promoting the health of individuals and families experiencing a transition to retirement. The protocol detailing the eligibility criteria and methods for this systematic review was published a priori.¹⁵
Objectives

The objective of this review was to identify the meaningfulness and appropriateness of programs that have been implemented to promote the health status of individuals and families during the retirement period.

More specifically, the review focused on the following questions:

Which programs have been implemented with the goal of promoting the health of individuals and their families during the retirement period?

What are the experiences of individuals and their families involved in retirement programs that have been implemented with the goal of promoting their health?

Inclusion criteria

Types of participants

This review considered studies that include individuals newly retired (within five years of retirement) and their families. Participants of any age were considered. Any motive for retirement was acceptable, independent of the reasons and contexts of retirement.

Phenomena of interest

This review considered studies that explored the experiences of individuals and families during retirement that were subject to programs implemented to promote their health status, excluding programs that had returning to the labour market as a goal. In this systematic review, we intended to locate any such program, independent of the context and if it was conducted in a group or one-on-one.

Context

This review considered any kind of context.

Types of studies

This review considered interpretive or critical studies that drew on the experiences of individuals and their families during retirement with health promotion programs including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

In the absence of research studies, other text such as opinion papers and reports were considered.

Search strategy

In accordance with the protocol, the search strategy aimed to find both published and unpublished studies. A three-step search strategy was utilized in this review. An initial limited search of MEDLINE and CINAHL was undertaken followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second search using all identified keywords and index terms was then undertaken across all included databases (Appendix I). Thirdly, the reference list of all identified reports and articles was searched for additional studies. Studies published in Portuguese, English and Spanish were considered for inclusion in this review as well as studies published from 2000 to 20143. These dates were selected as to include more recent studies, i.e. those conducted in this century where retirement and aging are a problematic issue.

The databases searched included:

Academic Search Complete
CINAHL Plus with Full Text
MEDLINE with Full Text
LILACS
Embase
Scopus
Nursing & Allied Health Collection: Comprehensive
MedicLatina
Scielo - Scientific Electronic Library Online
The search for unpublished studies included:
‘Grey Literature Report’ from New York Academy of Medicine
ProQuest – Nursing and Allied Health Source Dissertations
Banco de teses da CAPES (www.capes.gov.br)
RCAAP – Repositório Científico de Acesso Aberto de Portugal

Initial keywords used were:
Program*
Strateg*
Course*
Retire*
Individual*
Famil*

Method of the review

Qualitative papers selected for retrieval were assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix II). Any disagreements that arose between the reviewers were resolved through discussion or with a third reviewer.

Textual papers selected for retrieval were assessed by two independent reviewers for authenticity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Narrative, Opinion and Text Assessment and Review Instrument (JBI-NOTARI) (Appendix II). Any disagreements that arose between the reviewers were to be resolved through discussion, or with a third reviewer.

Data collection

Qualitative data was extracted from papers included in the review using the standardized data extraction tool from JBI-QARI (Appendix III). The data extracted included specific details about the interventions, populations, study methods and outcomes of significance to the review question and objectives.

Textual data was planned to be extracted from papers included in the review using the standardized data extraction tool from JBI-NOTARI (Appendix II). The data extracted included specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.
Data synthesis

As there were no qualitative research findings JBI-QARI was not used. This would have involved the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings (Level 1 findings) rated according to their quality, and the categorization of these findings on the basis of similarity in meaning (Level 2 findings). These categories would have then been subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings (Level 3 findings) that can be used as a basis for evidence-based practice. As textual pooling was not possible the findings are presented in narrative form.

As there were no textual papers JBI-NOTARI was not used. This would have involved the aggregation or synthesis of conclusions to generate a set of statements that represented that aggregation, through assembling and categorizing these conclusions on the basis of similarity in meaning. These categories would have then been subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that could be used as a basis for evidence-based practice. As textual pooling was not possible the conclusions are presented in narrative form.

Results

Description of studies

The number of potentially relevant studies identified following the search was 567. Of these, seven were excluded as duplicates; of the remaining 560, from the title and abstract assessment, 540 were excluded. Twenty articles were retrieved for full text assessment against the review eligibility criteria; however all were excluded (Appendix IV). See Figure 1 for the process described above.

![Figure 1: Flowchart for the search and study selection process](image-url)
Table 1: Number of studies found and retrieved

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<th>Number of studies found</th>
<th>Number selected for retrieval</th>
</tr>
</thead>
<tbody>
<tr>
<td>567</td>
<td>20</td>
</tr>
</tbody>
</table>

**Methodological quality**

**JBI-QARI and JBI-NOTARI**

Table 2: Number of studies included and excluded in QARI and NOTARI

<table>
<thead>
<tr>
<th>Number of studies included</th>
<th>Number of studies excluded</th>
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<tr>
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<td>0</td>
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</tbody>
</table>

**Discussion**

The objective of this review was to identify the meaningfulness and appropriateness of programs that have been implemented to improve the health status of individuals and families, during their adjustment to retirement. Investigation into healthy aging has become an area of increasing interest. However, the problems concerning adjustment to retirement have not yet received the needed attention. An extensive search of the literature was conducted and indicated that there were currently no studies available that met the inclusion criteria of this review, so no conclusions can presently be made.

The lack of results may have been a consequence of the search strategy itself. The inclusion criteria were very restrictive and may have limited the results. The objective of reviewing literature on health promotion programs with new retirees (within five years from retirement) and involving their family may have constrained the results. This scarcity of information can also be related with transition to retirement being a new focus of research worldwide due to the recent increase in the aging population and the need to promote healthy aging.

From reviewing the available literature in retirement area, it was found that studies that referred mostly to periods long after retirement (with very aged people) were conducted in the United States of America and Europe, and they were programs with particular emphasis on the wellbeing and quality of life of their participants and were developed in the areas of health, sociology, psychology, gerontology, technology and economy. The search results indicated that there was a small body of literature available. However, it was not specific to the inclusion requirements and hence could not be included. Papers covered programs directed at retirees but were generalized and did not include new retirees, specifically in relation to their process of adjustment to retirement. This lack of evidence highlights the need to construct a program directed at new retirees and their families.

However, from the available literature, some suggestions to future programs have been highlighted. The cultural and social contexts seem to affect the way individuals retire, and these influence how they view their retirement. Different societies and cultures, stages of development and economic conditions influence the design of these programs as these factors influence the relationship between the individual and the family and the external constraints. Conjugality, by itself, seems to play a role in the options and the rationale behind decisions made about retirement and, consequently, in the experience of the adjustment to retirement. Gender differences
and health status, between spouses of the same couple, should be some of the variables to account for when intending to intervene to promote health in transition to retirement.\textsuperscript{21,28,30}

The structure of families also seems to influence decision making about retirement and the way individuals intend to retire. For some future retirees, family matters can overlap with financial ones. Even though they are going to receive less after retirement, they feel the need to retire and spend more time with their family. Also at the individual level, it seems that the individual can sometimes feel that he/she does not belong to their family, and this is one of the reasons for the focus of this systematic review on programs directed at this specific population.\textsuperscript{11,12}

In regards to family health promotion, no program that had this as a focus was identified and theories do state that families generally suffer with retirement. This prominence is assumed by the influence family has in the adaptive processes that occur in every dimension of its development. The effects can be felt, not only by the protagonists (the retirees), but also in the systemic interaction that happens between all the elements of the system he/she integrates, including his/her own family. Some authors suggest that a program should integrate not only the protagonist of the transition, but also the interdependent and dynamic systems and structures, in which they interact and develop from an ecological perspective.\textsuperscript{11,12,16}

**Conclusion/implications for practice**

Although current literature on the meaningfulness and appropriateness of health programs directed at individuals and families during their adjustment to retirement is very limited, the following preliminary suggestions can be made:

- Interventions to prepare for this new phase of life should be held before retirement.
- Important variables to include in future intervention programs include: educating people on the expectations about this phase, making them more realistic, and the taking into consideration the barriers to and facilitators of personal and family adjustment to retirement, such as maintaining a social support network, building a life plan that includes self-realization.
- A program should be created for one specific systemic context, involving micro, meso, macro, exo and chrono systems. Particularly, in the micro system, individuals and families should be targeted, taking into account all the strengths and weaknesses surrounding the system.
- Development of programs in this area must also take into account that this transition occurs in late adulthood. Retirement creates perceptions of gain and loss, and in consequence, its idealization is also associated with the perception of aging that is transversal to it.

**Implications for research**

There were no studies that described the experience of new retirees (within five years of retirement) and their families involved in health promotion programs. Qualitative studies are required to understand the meaningfulness and appropriateness of programs that have been implemented to improve the health status of individuals and families during their adjustment to retirement.

Research in this area should focus on seeking knowledge on the perceptions that individual (individuals), marital (couples) and family (their families) systems have on the transition to retirement, because all of them directly or indirectly are the protagonists of this experience. These elements should be understood through qualitative methodologies, such as focus group and semi-structured interviews, in every context and time period.
By understanding how individuals, couples and families feel about and perceive transition to retirement, we can see how formal and informal networks influence interactions and exchanges that can impact on this experience. Moreover, formal and informal networks are perceived as support in this transition and they should also be studied and encouraged in order to help in this transition.

As mentioned, the economic, cultural and social contexts play a major role on the experience of retirement and research must take into consideration that a program designed for a particular context may not be the most suitable to other realities.

**Conflict of interest**

The authors do not have any conflict of interest to declare

**Acknowledgements**

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References


Appendix I: Search strategy

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Data range 2000-2014
Appendix II: Appraisal instruments

QARI appraisal instrument

**JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research**

| 1. Is there congruity between the stated philosophical perspective and the research methodology? | Yes | No | Unclear | Not Applicable |
| 2. Is there congruity between the research methodology and the research question or objectives? | | | | |
| 3. Is there congruity between the research methodology and the methods used to collect data? | | | | |
| 4. Is there congruity between the research methodology and the representation and analysis of data? | | | | |
| 5. Is there congruity between the research methodology and the interpretation of results? | | | | |
| 6. Is there a statement locating the researcher culturally or theoretically? | | | | |
| 7. Is the influence of the researcher on the research, and vice-versa, addressed? | | | | |
| 8. Are participants, and their voices, adequately represented? | | | | |
| 9. Is the research ethical according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body? | | | | |
| 10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data? | | | | |

Overall appraisal: [ ] Include [ ] Exclude [ ] Seek further info. [ ]

Comments (including reason for exclusion)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
NOTARI appraisal instrument

**JBI Critical Appraisal Checklist for Narrative, Expert opinion & text**

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<td>3. Are the interests of patients/clients the central focus of the opinion?</td>
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<td>5. Is the argument developed analytically?</td>
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<td>6. Is there reference to the extant literature/evidence and any incongruency with it logically defended?</td>
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<td>7. Is the opinion supported by peers?</td>
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Overall appraisal: Include [ ] Exclude [ ] Seek further info [ ]

Comments (including reason for exclusion):

________________________________________________________________________
________________________________________________________________________

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Appendix III: Data extraction instruments

QARI data extraction instrument

JBI QARI Data Extraction Form for Interpretive & Critical Research

Reviewer  __________________________  Date  __________________________

Author  __________________________  Year  __________________________

Journal  __________________________  Record Number  __________________________

Study Description

Methodology

Method

Phenomena of Interest

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Complete  Yes ☐  No ☐
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Extraction of findings complete: Yes ☐ No ☐
NOTARI data extraction instrument

**JBI Data Extraction for Narrative, Expert opinion & text**

Reviewer: ___________________________ Date: ___________________________

Author: ___________________________ Year: __________ Record Number: _______

**Study Description**

Type of Text: ___________________________________________________________

Those Represented: _____________________________________________________

Stated Allegiance/ Position: _____________________________________________

Setting: ______________________________________________________________

Geographical: __________________________________________________________

Cultural: ______________________________________________________________

Logic of Argument: ____________________________________________________

Data analysis: __________________________________________________________

Authors Conclusions: ___________________________________________________

Reviewers Comments: _________________________________________________

Data Extraction Complete: Yes [ ] No [ ]
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Include: Yes ☐ No ☐
Appendix IV: Studies retrieved and excluded after analysis of full text (20)


