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Transitioning to Retirement: Useful topics for a Wellness Program with Retired Older Adults

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TRANSITIONING TO RETIREMENT: USEFUL TOPICS FOR A WELLNESS PROGRAM
WITH RETIRED OLDER ADULTS

by

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Master of Occupational Therapy, University of North Dakota, 2015

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An Independent Study

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master of Occupational Therapy

Grand Forks, North Dakota
May 2015

This Independent Study, submitted by Katie Spitzmueller and Amy Feller in partial fulfillment of the requirement for the Degree of Master in Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Signature of Faculty Advisor

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ABSTRACT

Retirement has evolved from traditional stereotypes to an individualized plan. Transitioning into retirement can be a stressful time and it is generally accepted that pre-retirement attitudes impact post-retirement success (Marshall, Clarke & Ballantyne, 2001). A wellness program can make the transition into retirement less difficult by incorporating different dimensions of wellness: social, intellectual, occupational, physical, emotional, and spiritual (Strout & Howard, 2012). Currently there is very little research indicating the effectiveness of a wellness program that addresses these dimensions. The purpose of this phenomenological study was to gain insight into useful topics for a wellness program based on perspectives of currently retired adults to assist those who will retire in the future.

A phenomenological research design was used to develop semi-structured interviews with four male retirees from the Midwest regions of Grand Forks, ND and Minneapolis, MN. Interviews were conducted to gather rich detail about the participants' retirement experiences. Data analysis was based on methods developed by Giorgi and Giorgi (2008) to draw out common experiences among the participants.

Themes that were important during the transition to retirement included retirement planning, supportive relationships, and maintenance of a healthy lifestyle. Finances and possible decline in health were the major concerns for retirees. A primary limitation of this study was due to the small, Midwest-based, male sample size.

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CHAPTER I

INTRODUCTION

Rationale

The implementation of the Affordable Care Act (ACA) with the enactment of the Prevention Fund (Section 4002 of the ACA) has provided new opportunities to increase preventive health care to positively impact the lives of the older adult population (P. L. 111-148, 2012). This calls for higher demand of allied health professionals to meet the needs of the American aging population. Preventative interventions can be utilized to help older adults as they transition into retirement. Retirement is a period of life that brings about changes within an adult's daily routines. In order to sustain a level of wellbeing and overall health into a post-retirement period of life, a wellness program may be effective for the older adult population (Matuska, Giles-Heinz, Flinn, Neighbor, & Bass-Haugen, 2003).

To address this population's health needs, a wellness program incorporating different dimensions of wellness: social, intellectual, occupational, physical, emotional, and spiritual (Strout & Howard, 2012) could be implemented. Due to the holistic approach, this could help older adults maintain wellbeing as they develop new roles, habits, and routines. Currently, there is a need to determine what this population would want from a wellness program. The researchers hope to determine key themes and experiences related to those who have retired to assist those who will retire in the future.

Theoretical Framework

Giorgi and Giorgi (2008b) utilize a phenomenological approach for qualitative data analysis. Phenomenology is the study of the lived experience (Giorgi & Giorgi, 2008b). The approach uses thick detail of description to make the meaning of statements clear through systematic interpretation (Shank, 2002). Giorgi and Giorgi (2008b) provide a systematic and valid tool to pull meaning from interviews based on phenomenological approaches. Based on Giorgi and Giorgi's (2008b) approach, following the transcription of participant interviews, the researchers reviewed the data to develop a deeper understanding of the participant's experience. Then the researchers used quotes from the participant to categorize 'meaning units' to begin sorting in order translate data into qualitative terms. This process allowed the researcher to develop reoccurring themes within the interviews and generate a broad understanding of participants' overall experience (Giorgi & Giorgi, 2008b).

Statement of the Problem

According to the National Institute on Aging (2011), half of all pre-retirement age workers reported they were in excellent health. In contrast, only one quarter of retired workers reported excellent health at the retirement age of 65. This indicates the need for health professionals to create options to improve an individual's sense of health during this transitional period. There is a lack of current evidence on the effectiveness of a wellness program that utilizes a holistic approach to help ease the transition from a working to a retired older adult. Studies indicate that a multifactorial approach impacts health and life satisfaction (Behm, Wilhelmson, Falk, Eklund, Ziden, & Dahlin-Ivanhoff, 2014). Determining needs for this population can inform professionals of what is required to promote health and wellness in the retired population.

Assumptions

- The researchers assumed that all participants experienced a transition period as their roles and routines changed.
- After two years of retirement, retirees have developed new routine and habits associated with their transition.
- Retired adults for more than ten years may have significantly different retirement factors compared to up and coming retiree's due to large changes in health care models and legislation.
- Men of the baby boomer generation are more likely to have been the main holders of a retirement plan due to past societal norms.

Scope and Delimitation

The purpose of this study was to gain insight into needs and important factors associated with retiring in order to develop useful wellness programming to help those transitioning into retirement. In order to accomplish this, the researchers chose to interview participants to gain insight through a phenomenological approach. By gaining thick, rich details, the researchers could develop wellness program topics based on potential problem areas and meet possible client needs.

Participants consisted of men who have been retired for two to ten years, are in good health as defined by self, had regular access to a phone, and lived in the Midwest region such as North Dakota and Minnesota due to convenience sampling. Delimitation from the study included those not from the Midwest region, individuals who retired due to a medical illness, and those who have been retired for more than ten years or less than two years. The researchers hypothesized that individuals retired for less than two years were still in the process of

establishing habits and routines associated with retirement and therefore would not be able to describe their experience of the transition process. Adults that had been retired for more than ten years may have faced considerably different retirement factors compared to up and coming retiree's due to significant changes in health care models and legislation such as Medicare changes and governmental pension plans, and the implementation of the Affordable Care Act (P. L. 111-148, 2012). Therefore, a limitation of ten years post-retirement was determined in order to inform development of a wellness program that reflected current health care trends.

The researchers decided to use an all-male sample due to findings in research. According to Tang, Choi, and Goode (2013), the process of retirement is different for women due to social and cultural factors that have gradually changed over the last 50 years. These factors included employment opportunities, job discrimination, and family responsibilities. This has affected the process of retirement for the past generations of women and researchers felt that these past trends could influence female's perception on a successful transition to retirement for the generation used in this study. Female participation in the workforce has increased, however it still does not surpass or equate to the participation of men (Munnell, 2011). The average female age of retirement as well as the participation in the workforce changed dramatically; whereas average retirement age and participation for males has remained relatively constant (Munnell, 2011). The researchers felt that using an all-male sample would increase the reliability to past and future generations of retired males.

Importance of the Study

The importance of this study was to influence the notions, decisions, and behaviors of individual's who plan to retire in the future, in order to aide them into a successful transition into retirement. Due to gaps in literature, there are no clear needs determined for a wellness program

to help people transition into retirement. There was especially very little data that described the impact retirement has on males in the Midwest region. The key themes developed from interviews with participants in this study provided insight into obstacles and welfares that are commonly experienced during the transition from working to retirement. This information can inform professionals about topics to address to prepare individuals for successful retirement transitions.

This study contributes to new knowledge by providing important insight into the transitional process rather than considering retirement to be a definitive act. Using a phenomenological approach to the participant interviews, the researchers hoped to obtain the lived experience of the transition process. An in-depth analysis on this information helped the researchers to consider options to promote wellness in those who will undergo retirement in the future.

Definition of Terms

Aging in Place – the ability to stay in the home as one age despite possible disease or disability, and may require modifications of the home to make this possible (American Occupational Therapy Association, n.d.).

Health Maintenance – positive behaviors that lead allow for an overall state of health (Scaffa, Van Slyke, & Brownson, 2008).

Preparation – the state of planning for upcoming retirement

Retirement – the withdrawal process from an individual’s career to pursue other personal interests.

Role – Articulates how individuals see themselves and provide a sense of identity (Kielhofner, Forsyth, Kramer, Melton, & Dobson 2009).

Support – Researchers define this as any system, family, or group that impact the outcomes of a participant’s wellbeing.

Transition – Researchers define this as changing roles, habits, lifestyles, and routines due to a major life event, such as retirement.

CHAPTER II

REVIEW OF LITERATURE

As the Baby Boomer generation has begun to enter into retirement, it is critical for health professionals to consider ways to promote wellbeing. Health related factors including activity level, cognition, mood, and socialization are likely to change in response to a significant life transition such as retirement (National Institute on Aging, 2011). In a survey conducted by the American Association of Retired Persons (AARP, 2013), 36% of respondents reported being displeased with their life post retirement. Screening and counseling of lifestyle factors and habits may be beneficial toward promoting a healthy lifestyle (Peralta-Catipon & Hwang, 2011).

Occupational therapy can play a critical role in addressing factors related to wellbeing within an aging population. Based on Clark, et. al. (2011) elderly individuals who engaged in an occupational therapy based wellness program had better outcomes than general wellness programs. Based on the review of literature preparation and planning, support at varying levels, health maintenance, and safety were all factors that associated with retirement. Occupational therapists can address these factors with skilled interventions to increase quality of life and life satisfaction with older adults.

Defining Retirement for Adequate Preparation

The term retirement is defined differently than it used to, indicating individualized retirement preparation plans depend on the level of retirement (Taylor, Pilkington, Feist, Dal Grande, & Hugo, 2013). Retirement does not require an individual to terminate working entirely.

Many individuals continue to work part time following retirement or they may participate in volunteer work (Health & Retirement Study, 2011).

“Bridge Jobs” are becoming more popular and are used to fill the gap between full time work and complete retirement. Adults are spending more time being retired (approximately 17-20 years). However, older adults are remaining in the workforce due to phasing out of retirement through gradual work hour reduction and the trend of bridge jobs. During a period of thirty years from 1977 to 2007 the percentage of adults reducing their work hours versus traditional retirement plans increased by 101% (Tang, Choi, & Goode, 2013). Despite this trend, full retirement still is the most popular strategy for retirement in the United States (National Institute on Aging, 2011).

Transitioning as a Retiree

There are many reasons why people retire which leads to several factors that compound the transition into retirement. Adjustment to retirement is greatly dependent on the context of retirement, such as resources available and why the retirement took place (Salami, 2010). According to the National Institute on Aging (2011), wanting to spend more time with family was the most popular reason for retirement for individuals age 60 and older. Individuals who retired before age 60 were more likely to retire due to poor health (National Institute on Aging, 2011). Feeling forced to retire due to health issues have been linked to decrease in quality of life (Hershey & Henkens, 2013). Retiring due to illness may negatively influence individual’s perception of their own wellbeing as they are dealing with the added stress of coping with poor health in addition to the transition to retirement (Hershey & Henkens, 2013). Due to the fact that the Social Security early-retirement age is set at 62, individuals who retire too soon may also face financial struggles. The Age Discrimination in Employment Act (ADEA) typically protects

individuals from a forced retirement, however there are some circumstances that are exempt from this (American Association of Retired Persons, 2014). Some careers that require a mandated retirement include air traffic control, commercial aviation, and law enforcement. The retirement clause would depend on the type of work involved and generally this is clarified between the employee and employer at the time of hire.

Retirees must also prepare for changes in lifestyle and income. Due to the lack of income that goes along with retirement, individuals generally prepare themselves for changes in spending habits (National Institute on Aging, 2011). Noone, O'Loughlin, and Kendig (2013) found that being able to maintain previous living standards was more important than household income. In reality, retired individuals are more likely to over-prepare for cuts in spending than are actually needed (Hurd & Rohwedder, 2004). In some cases, individuals may plan to retire, however due to unforeseen circumstances, may decide to continue working in order to financially support their lifestyle. According to Hershey and Henkens (2013), individuals who worked beyond their pre-determined retirement age, reported a decreased satisfaction with life after retiring. This could be due to financial pressure or the feeling of being behind others who have already made the retirement transition.

Noone, O'Loughlin, and Kendig (2013) found that the majority of their Australian based participants were satisfied with their life and that 84% of their participants were optimistic about their future. The authors also found higher levels of preparedness were associated with greater social and physical activities, higher optimism and living standards, higher income, increasing age, and higher life satisfaction. Similar to Noone, O'Loughlin, and Kendig (2013), the National Institute on Aging (2011) found 61% of American retirees were very satisfied with retirement

but noted that the circumstance of individual's retirement and preparation significantly influenced satisfaction.

Fostering Supportive Relationships with Individuals and Larger Systems

When transitioning to retirement, evidence indicates the importance of having various levels of support, as it can affect the process of retirement (Cohen-Mansfield, Dakheel-Ali, & Frank, 2010; Hershey & Henkens, 2013; Reitzes & Mutran, 2004; Siegrist & Wahrendorf, 2009). According to the National Institute on Aging (2011), individuals who were married, were more likely to be working past the retirement age than those who were not married. On the other hand, Noone, O'Loughlin, and Kendig (2013) found that married or partnered participants were more likely to report higher preparedness than those without partners.

Other factors considered were the type of job and pension plan available for the retiree. Mein et. al. (2003) found that higher grade civil servants had improved mental functioning post retirement. This is likely attributed to reduced stressors associated with high ranking positions. Individuals receiving a pension had a significantly lower self-perception of health compared to working individuals, which could be related to the fact that the pensioner group also was more likely to experience death of a partner or depression (Pino, et al., 2014).

Cohen-Mansfield, Dakheel-Ali, & Frank (2010) studied the impact of naturally occurring retirement communities (NORC) in regard to wellness. Members of a NORC reported higher ratings of satisfaction with recreational activities than those who were not part of a NORC. The members of NORC group also reported less depressed affect, whereas the non-member group reported higher ratings of depressed affect.

Health Maintenance

Calvo, Sarkisian, and Tamborini (2013) concluded that retiring after age 62, which is the national average in the United States, yielded better health outcomes to individuals in their study. Self-perception of health, number of chronic diseases, and demographic factors are all related to healthy lifestyles among the community-dwelling older adult population (Peralta-Catipon & Hwang, 2011). These factors related similarly to other studies. Higher levels of physical activity impacts positive perceptions of health (Pino, et al., 2014). Men tend to have a slightly higher positive effect from exercising than do women (Peralta-Catipon & Hwang, 2011). Higher levels of education positively predicted engagement in leisure and health promotional activities (Peralta-Catipon & Hwang, 2011).

Positive perceptions of health and fewer chronic conditions are linked most strongly to actual healthy lifestyles (Peralta-Catipon & Hwang, 2011). Insler (2014) found that retirement was connected to increased exercise and smoking cessation attempts and/or success, leading to higher average health with retirees. Psychological variables such as pre-retirement expectations, self-efficacy, perceived stress and optimism predicted psychological well-being for some retirees (Salami, 2010).

Relevant Safety Concerns

As age increases, the likelihood of engaging in risky behaviors decreases (Peralta-Catipon & Hwang, 2011). This could be due to decreased physical ability to participate in these behaviors, fewer attainable resources to engage in risky activities, or possibly a decrease in cognition related to undertaking these activities. According to the National Institute on Aging (2011), approximately 10% of the population over age 70 experience moderate to severe cognitive deficits. Cognitive deficits can influence individual performance in a variety of

settings, and one setting that can be particularly dangerous is driving. After age 75, the likelihood of a fatal car crash significantly increases (Center for Disease Control and Prevention, 2011). The ability to remain independent for transportation is important for many older adults. While older adults may no longer make the commute to work, it is crucial for their sense of wellbeing to have a means of transportation, if they are no longer able to drive (Cohen-Mansfield, Dakheel-Ali, & Frank, 2010). Residents of a NORC who were provided transportation to various events and programs within the community indicated a decrease in feelings of loneliness and an increase in likelihood of leaving their home (Cohen-Mansfield, Dakheel-Ali, & Frank, 2010). It is important to consider that transportation (specifically driving) may indeed be a safety concern for this population.

Role of Occupational Therapy in Wellness Programs

Aging in place

The implementation of both the Affordable Care Act (ACA) with the Prevention Fund (Section 4002 of the ACA) has provided new opportunities to increase preventive health care to positively impact the lives of the older adult population (P. L. 111-148, 2012). This calls for higher demand of occupational therapists to meet the needs of the American aging population.

Occupational therapists work with clients to determine barriers for clients to remain as independent as possible (AOTA, 2013; Peralta-Catipon & Hwang, 2011). According to Walker and McNamara (2013) occupational therapists could work with older adults to determine the pros and cons of living in their current home or transitioning into a new place. Due to the training occupational therapists receive, therapists have a unique ability to analyze environments and recommend needed changes. This is also a major component to promote aging in place. Therapists could also facilitate healthy aging to promote wellness by maintaining and

introducing new meaningful occupations to support adults. Guidance and education could promote health and well-being throughout the transition of retirement.

Preparation and planning

Marshall, Clarke, and Ballantyne (2001) found that lower life satisfaction was possibly related to post retirement expectations, such as working a different job. Psychological measures of well-being were related to retirement instability. This indicates a possible role for occupational therapy. Therapists can be referred to when retirement situations may call for skilled intervention to set goals and address post retirement expectations. When there are disruptions in employment, resources could be provided to better anticipate retirement needs and personal expectations.

Currently, one third of Americans do have a retirement plan or savings and 80% of baby boomers plan to work in their 60's and 70's (Tang, Choi, & Goode, 2013). An Australian study found similar results in that participants aged 50-65 years specified that 42% will work part time, 26% will reduce their current hours, 7% will never retire and just 26% plan to fully retire (Taylor, Pilkington, Feist, Dal Grande, & Hugo, 2013). If these plans become disrupted due to unanticipated health changes, skilled therapy could be indicated.

Among retired individuals who chose to retire voluntarily, there was no significant change in reported satisfaction before and after retirement (Hershey & Henkens, 2013). On the other hand, retiring too early has been linked to a significant decrease in self-reported wellbeing of retirees (Calvo, Sarkisian, & Tamborini, 2013; Hershey & Henkens, 2013; Rijs, Cozijnsen, & Deeg, 2012).

While this could be due to age related health, Calvo, Sarkisian, and Tamborini (2013) questioned that stress derived from the process of retirement could be the underlying origin of

declined physical and emotional health. These findings indicate a need for increased retirement planning to provide independence regarding the decision to retire rather than feeling forced to leave work. Salami (2010) indicated that the use of Cognitive Behavioral Therapy (CBT) could be used to address retiree attitudes. Early post-retirement interventions involving values and goals may impact personal well-being (Salami, 2010).

Establishing new roles and routines

Work is central to self-identity, resources, social integration, and personal control. Tang, Choi, and Goode (2013) found that engagement in productive work leads to higher reports of mental and physical well-being. New roles and routines to re-establish self-identity and productivity may include volunteering and vocational changes. Women and Caucasian older adults are more likely to engage in paid or volunteer work compared to men and Asian or African-Americans (Peralta-Catipon & Hwang, 2011). Retirees may also choose to join a senior center or retirement community. These types of environments may be supportive of the transitions faced from retirement and also promote wellness.

Wellness programs within these settings may be general programs focusing on physical activity, cognition, mental health, and safety concerns. Occupational therapy can play a role in wellness program development. According to Clark, et al. (2011), elderly individuals involved in the occupational therapy based programs reported improved mental wellbeing compared to those who did not take part in this program.

Despite some wellness programming studies, there is still a lack of research on wellness based programs for community-dwelling older adults (Clark, et. al, 2011; Cohen-Mansfield, Dakheel-Ali, & Frank, 2010; Peralta-Catipon & Hwang, 2011). There is a need for occupational therapy to develop resources for individuals planning to retire to ease the transition in such a way

that eliminates unnecessary and unhealthy amounts of stress (Hershey & Henkens, 2013). Clark, et al. (2011) reported that occupational therapy interventions for elderly individuals yielded significantly better outcomes in participants compared to those that received general wellness programming. This indicates a demand for skilled, occupation based programs within the community of older adults.

Occupational therapists can utilize unique skills to prepare retirees for continued employment and for work places to best utilize elderly worker's skills (AOTA, 2008). There is also an opportunity for the development of an occupational therapy based program for individuals transitioning into the older adult stage of life (Clark, et. al, 2011). As legislation changes impact retiring adults differently compared to the past, skilled occupational therapy can be implemented to address the changing work force and the evolving roles being impacted by various retirement plans and paths. There is also a need for screening of healthy and unhealthy behaviors of this older adult population in order to effectively treat these individuals holistically (Peralta-Catipon & Hwang, 2011).

Summary

According to current literature, a strong sense of what retirement means to the individual is necessary to successfully transition from a worker to a retiree. Planning and preparation were shown as important factors towards a positive transition (Calvo, Sarkisian, & Tamborini, 2013). When an individual experiences decreased support, change in mental and physical health status, or decline in independence, their self-perceived quality of life may be affected (Clark, et al., 2011; Cohen-Mansfield, Dakheel-Ali, & Frank, 2010; Hershey & Henkens, 2013; Peralta-Catipon & Hwang, 2011; Pino, et al., 2014; Reitzes & Mutran; 2004; Siegrist & Wahrendorf, 2009). Skilled occupational therapy can play a role in improving these outcomes for new retirees

by creating wellness programming to address aging in place, preparing and planning, and establishing new roles and routines (AOTA, 2013; Clark, et al., 2011; Peralta-Catipon & Hwang, 2011).

CHAPTER III

RESEARCH METHODOLOGY

Research Design

Researchers selected the qualitative research design in order to obtain a detailed account of experiences of individual's health and wellbeing during transition to retirement. The nature of qualitative data provides rich detail in regards to human experiences (Berg & Lune, 2012). Details obtained through this project provided a starting point for making recommendations for adults as they transition into retirement. Researchers chose the phenomenological approach in order to gain rich, thick detail regarding individuals who have had a successful retirement. A phenomenological study was beneficial to the population in order to describe context and unique structure of one's experience to determine its meaningfulness to the individual (Kvale, 1996). This study design also allowed the opportunity to share objective descriptions of a personal experience, due to the nature of the participant communicating only with the researcher (Kvale, 1996). The nature of interviewing through phenomenological studies is to keep the participant comfortable and at ease during the interview, in order to simulate a conversation, as opposed to a formal interview (Rubin & Rubin, 2005). The meaning of an individual's experience affects their behavior in future situations (Seidman, 1991). The participant's reflection on experiences of retirement assisted in the development of a wellness program for retired adults. In order to draw themes from the data, the researchers applied the Giorgi & Giorgi (2008a, 2008b) method for data analysis.

Sources of Data

The population for this study included participants who had been retired for two to ten years. Participants for this study were obtained from the Midwest including North Dakota and Minnesota. Four participants were interviewed in this study in order to reach saturation of data. Participants were selected through a non-randomized, snowball, and convenience sampling method.

Locale of the Study

The interview portion of this study was completed through in person interviews with one researcher, or through phone interviews. Interviews were audio taped and transcribed after consent is obtained. The individual interviews were conducted in an agreed upon location. The data analysis process included transcription and coding of the interviews and occurred in the Occupational Therapy Department at the University of North Dakota or in a secure location, where the participant's confidential information would be kept private.

Population/Sampling

Prior to beginning the study, IRB approval was obtained from the University of North Dakota (see Appendix A). Recruitment of potential participants took place through snowball and convenience sampling. Criteria to be included in the sample included males who had been retired between two and 10 years, were in good health as defined by self, had access to a telephone, and lived in the Midwest region. The researchers contacted a gatekeeper who had access to potential participants for this study. Potential participants were invited to participate in the study and were identified through an initial gatekeeper who had met the criteria. The gatekeeper was asked to e-mail a description of the study to potential participants, who were instructed to contact the researchers if they were interested in the study (see Appendix B).

Unfortunately, the primary gatekeeper did not qualify for the study due to medical issues that arose prior to the interviews. Due to difficulties obtaining four participants, the researchers used more than one gatekeeper for this study. Four participants were selected to take part in the interviewing process. Referrals from the participants were used as needed.

Instrumentation of Data Collection

Data was collected through two separate semi-structured interviews and the Short Form 36 Health Survey (SF 36) (See Appendix C for interview script and Appendix D for SF 36). Prior to the first interview, informed consent was obtained from the participants, either in person or electronically. Interview questions were created by the researchers and structured in a way that by the second interview, subjects were asked to think deeper on how retirement affected them and how they would advise retirees of the future. Participants completed the SF 36 between the first and second interviews and discussed their results from this survey with the researcher at the beginning of the second interview. The SF 36 was utilized to identify the participant's self-perceived health status now and for the future. This would provide further insight into how their behaviors and attitudes influenced their sense of well-being.

Prior to beginning the interview process, informed consent was obtained from each participant (See Appendix E). Participants signed a consent form developed by the researchers in person or electronically prior to the initial interview. Interviews were recorded on a tape recorder and transcribed verbatim. Audio recordings of the interviews were permanently erased from the audiotape device after data had been transcribed into an electronic format. Data was stored in secure folder shared by the researchers that required a password, which made it inaccessible to other people.

The researchers are occupational therapy students completing this independent study. Collectively, their experience includes a course in qualitative research, which required implementation and completion of a phenomenological study as a part of their course work. In addition, they have completed interviews and data collection on Level II Fieldwork. The researchers have each completed two twelve-week level II fieldworks in physical dysfunction and mental health. These fieldwork sites required daily client interviews and documentation of client experiences and subjective statements. Doctor Julie Grabanski recently completed her dissertation and has had experience working on phenomenological qualitative studies.

The main threat to validity and reliability in this study was researcher bias and reactivity. The researchers established validity through a variety of means. First, validity was insured through prolonged engagement of participants during the study. Two interviews were conducted with each participant, allowing the researcher to have additional time to build rapport with the participant as well as learn the essence of the participant's experience (Creswell, 2007). The process of having multiple researchers, a semi-structured interview, and a standard, widely used questionnaire ensured triangulation of data. In addition to these strategies member checking was used following the data analysis process to confirm that the researcher's interpretation of data was accurate to the participant's experience (Creswell, 2007; Finlay, 1999). Member checking was ensured via e-mail message between the researchers and the participant (See Appendix F for member checking e-mail). These interview summaries will be explained in greater detail in the next section. Finally, the researchers utilized a peer review system during the research, through consulting with their advisor and each other throughout the entire process.

In addition to validity, reliability was established. The use of an audio recorder during each interview was used to obtain the entire, experience of participants, which was later

transcribed. This ensures that all the information that was offered by the participant was accounted for (Creswell, 2007). Also, through the use of an intercoder agreement, both researchers were able to compare data while following a similar process of revision of the data (Creswell, 2007).

Tools for Data Analysis

The phenomenological approach of Giorgi & Giorgi (2008a, 2008b) was used to complete data analysis. Following the transcription of interviews, researchers reviewed the data to develop a deeper understanding of the participant's experience (Giorgi & Giorgi, 2008b). The researchers read the transcriptions a second time and selected meaningful statements from the interviews. The researchers identified significance of the experience in the participant's own words depicted as 'meaning units' (Finlay, 1999; Giorgi & Giorgi, 2008b). The transformation phase of the data articulated the researcher's perception of each participant's implicit experience. This process of transformation was critical to make the empirical data explicitly understood (Giorgi & Giorgi, 2008b). In the final synthesis phase, the meaning units were generalized to gain an understanding of the overall experience of each participant.

During the process of data analysis, researchers used a grid format (See Appendix F for data analysis grid) to organize data into each of the three phases: meaning units, transformation, and synthesis. This process allowed the researchers to further understand meanings and themes within the phenomenological experiences of the participants (Finlay, 1999; Shank 2002). Based on meaning units, researchers generated a broad understanding of their experience (Creswell, 2007). The researchers synthesized groups of information to generalize the participants experience (Giorgi & Giorgi, 2008b). The synthesis column was reviewed and an individual interview summary for each participant was written.

CHAPTER IV

DATA ANALYSIS

The purpose of this independent study was to determine useful topics for a wellness program based on perspectives of currently retired older adult males in the Midwest region. Currently little research exists about the needs of adults as they prepare to retire. In order to gather data on this topic, the researchers implemented the Giorgi and Giorgi (2008a, 2008b) method to derive the constituent parts, or themes, from semi-structured interviews. The participants also completed the Short Form 36 Health Survey (SF 36) between the first and second interviews and discussed their results from this survey with the researcher at the beginning of the second interview. The SF 36 was utilized to provide further insight into how their behaviors and attitudes influenced the participants' sense of well-being and facilitated the conversation during individual interviews.

The data analysis included interview transcription, finding data 'meaning units', transforming 'meaning units', and data synthesis (Giorgi & Giorgi, 2008b). The researchers read the transcriptions multiple times to identify the significance of the experience in the participant's own words depicted as 'meaning units'. A sample of the grid analysis is provided in Appendix H. The researchers then further used the transformation phase of the data to articulate the researchers' perception of each participant's implicit experience. This process of transformation was critical to make the empirical data explicitly understood (Giorgi & Giorgi, 2008b). Progress of this process was demonstrated through completion of individual interview summaries, of each participant. Individual summaries were read repeatedly in order to understand the key constituent

parts (themes) of each participant's experience. In the final phase of data interpretation, relationships among key constituents were analyzed to gain an understanding of the general structure of the experience for all four participants.

Individual Interview Summaries

Participant 1

Participant 1 (P1) was in his late sixties and worked as a law enforcement officer in a city in North Dakota for over thirty years and retired when he was fifty-eight years old. He chose to retire when aspects of the job changed and he felt he had worked enough.

P1's family was his top priority at this time of his life. He valued good, open communication with his wife and valued the time he spent with his children and grandchildren. He recommended establishing family and valuing it early on, before retirement, as it was important to his quality of life and wellbeing. P1 believed that his expectations and values before retirement mentally prepared him for retirement.

P1 participated in activities such as walking and completing projects and chores at his home versus planned exercise, except while preparing and waiting for an upcoming surgery. He spent the majority of his days participating in tasks such as fixing furniture and home maintenance projects. He found purpose in keeping his home and vehicle well maintained. He also participated in bridge jobs (part time work). P1 indicated that daily routines and roles evolve as aspects of his and his wife's life change. Since retiring his identified roles include being the housekeeper and being a family member. He no longer identified himself as a worker, despite his participation in bridge jobs.

For P1, planning was key. P1 emphasized the importance of planning financially, paying off major assets, and encouraged investing in many sources. He also stressed planning early and

the importance of keeping up with plans as systematic changes occurred. He recommended utilizing human resources to get specifics about retirement plans. He learned the most by watching and talking with other retirees versus formal courses. P1 discussed knowing his plan and being satisfied with it.

P1 valued socializing with friends to share and bounce ideas off as he planned for retirement and as he continued through retirement. He also valued going around town and visiting friends and socializing with others through church. He was satisfied with how much socialization he was able to do and his support system and values it because it gave purpose to daily activities.

P1's concerns when retiring included transitioning from worker (his cop mentality) to being home while his wife worked, his wife's perceptions about him retiring at times, and the possibility of illness or other factors that come with age. After sending P1 a summary of his interviews for member checking, he also included the following information through an email correspondence. He reported that in his experience it was important to communicate with others to get their perspective about retirement, communicate with children, relative, or good friends about retirement plans so they can help carry them out if anything happens, and develop a will for himself and his spouse with power of attorney documents and health directives.

Participant 2

Participant 2 (P2) was in his mid-sixties and lived in Minneapolis, Minnesota with his wife. He retired seven years ago from his career as an accountant. P2 indicated that he did not plan retirement until he was in it. He had worked hard to sell the company that he and his wife worked at. While he felt that his retirement had been successful, he recommended that others prioritize planning retirement before it occurs. P2 felt that his career as an accountant served

him well when planning retirement. Finances were his biggest concern throughout retirement. Despite these concerns, P2 found comfort in his family. Family was extremely valuable to P2, and retirement provided him with the opportunity to know his grandkids better. He and his wife each have two adult children from previous marriages, so it was a blended family, but he felt they are still close. P2's wife retired at the same time and they have been extremely supportive of each other throughout the process. He also had several close friends who he remained in touch with during retirement.

A term that came up frequently during P2's interviews was "options". Retirement allowed time for him to pursue new and old hobbies. He mentioned that he tried to stay mentally active. Physical activity became more important to him as he exercised on a regular basis. He found that exercise was motivating for maintaining good health, and it was something he and his wife enjoyed doing. He was aware of some programs available for seniors such as Silver Sneakers, educational programs, and various discounts at stores. The biggest piece of advice was to think about retirement ahead of time and plan for it. He also suggested that individuals considered ways to productively spend their time.

Participant 3

Participant 3 (P3) was in his early-sixties and lived in a city in North Dakota with his wife. He retired two years ago from his career as a social worker. P3 felt well prepared going into retirement because he had attended several retirement programs that discussed important issues such as retirement benefits and social security. He stressed that he focused much of his planning on healthcare and finances. In regard to services available to retirees or future retirees, he suggested taking advantage of the Public Employees Retirement System, YMCA, senior center, or a local fitness center.

P3 indicated that having free time was a unique and enjoyable aspect about retirement. P3 felt satisfied because he accomplished a lot while working, but he does not miss going to work. He still contributed to his profession through volunteer efforts and through some of the roles at his part time jobs. He found many positive ways to occupy his time in retirement in addition to working several part time jobs and volunteering. These included completing yardwork, projects in his garage, watching TV, taking naps, helping his wife with crafts, and attending sporting events. He hoped to travel frequently to see his two sons who live out of state and other family members once his wife retires. P3 stated that family was very important to him. P3 and his wife spent a lot of time together but they also had hobbies they do separately. P3 felt that socialization increased quality of life and he made a point to stay in touch with others. At the time of the interviews, P3 had not been exercising as regularly due to having a recent hip replacement. In the past, he has enjoyed playing basketball, going to the gym, or doing productive activities outdoors.

Upon reflection of his own experience, P3 provided advice to people planning to retire. He suggested being proactive and seeking out meaningful activities that get a person out of bed in the morning. Planning these types of activities ahead of time was beneficial. He felt strongly that financial status and healthcare were two big concerns of retirees so it was crucial to consider these factors. He recommended that retirees engage in service work and volunteering as a way to contribute to society. Lastly, he suggested connecting with supportive people to provide encouragement throughout the transition to retirement.

Participant 4

Participant 4 (P4) was in his late sixties and was in sales as a manufacturer's representative for forty years and retired when he was sixty-two years old. He chose to retire due

to differing views of how to approach business with his company's president after a period of time. P4's wife, children, and siblings are his top priority. He stated his wife had been his greatest support during retirement and made the transition very easy. His wife, and his brothers were outlets to process retirement changes and life circumstances. For P4 they acted as a frame of reference to affect his outlook and improve his quality of life.

P4 emphasized the value he placed on friendships, relationships, and support systems within his family, his neighborhood, and within his various social groups he participated in such as church. He and his wife had a number of social groups and believed the groups impacted his mental health and wellbeing. He was very satisfied with his close circle of friends.

P4 found the flexibility and the ability to spend his time as he pleased comforting and was very satisfied with his lifestyle and daily routine. He found comfort and peace with less stress compared to when he was working, even though he did not necessarily realize he needed it until he retired. He greatly valued the time he had for more pleasurable activities such as reading and traveling.

P4 was satisfied with the roles he has had. He strongly identified with the role as husband and father. This has remained constant, but his perspective has changed on his role as a worker. He reported that he valued the newer role of being "someone that brings fun to the party." This statement described the less stressful pace of life since retiring. P4 reported that he valued his work experience because it brought him to satisfactory retirement. When considering a sense of loss of his role as a worker after retirement, P4 indicated that there may have been a feeling of loss initially, but it did not last long.

P4 emphasized early preparation and several investments impacted the comfort of retirement. He felt rushed in his planning for retirement after starting it when he was about forty

years old. He recommended planning as early as possible and to continue with financial planning after retirement. He was satisfied with how his plan worked out and stated he was the one to mainly develop his plan. However, he did discuss plans with a co-worker and began working with a financial planner to help grow and supplement his investments. He had no plans to work part time, nor had he done so since retiring.

P4 mostly stayed active through activities such as golf, moving children, completing projects at his home and his children's, and walking versus organized exercise. He felt his activity level was not more since he retired, but his activities were different compared to when he was working. He felt his history of an active lifestyle contributed to his good health. He gained perspective by observing his friends go through health problems. He also thanked his family and community for placing value in being active and felt that positive support kept him going.

Attitude was a core aspect of his wellbeing. P4 indicated that his outlook could have made his transition to retirement easier. He believed that attitude affected his feelings of satisfaction with retirement and within his daily life. He felt it affected his daily interactions, his ability to adapt to new situations, and was partially responsible for his high quality of life. P4's top advice for those planning to retire was to strengthen and form new friendships and relationships. In addition, he suggested that people enjoy their retirement, value and take care of their health, and find comfort and peace with a quieter routine.

Key Constituents

After applying methods by Giorgi and Giorgi (2008a, 2008b), key constituents (also known as constituent parts or themes) regarding the four participants' retirement emerged. The key constituents provided qualitative feedback to form the general structure of experience among all four participants. Key constituents included *planning, concerns, expectations, physical*

activity, lifestyle and daily routine, supportive relationships and socialization, and role changes.

These key constituents can be listed separately, but there are essential relationships between each topic that creates a dynamic and holistic picture for each participant's retirement experience.

Planning

When the four participants discussed retirement, planning was a main focus. In general, the participants felt that one could never plan too early. Key topics to plan for included, managing finances, anticipating health changes, and finding meaningful things to do with their time. Participants discussed the importance of utilizing financial planning and two mentioned having multiple investments. Another aspect that was important to consider that participants no longer had a significant income as they had during their career, which made it more crucial to have a financial plan in place. They also stated that one has to continually adjust finances based on varying life circumstances such as health care fluctuations and health status changes.

Participants also expressed concern in finding things to do with their time once retired. A few example of activities participants discussed having time for included pleasure reading, yard work, home maintenance, and traveling. More structured activities involved golf, church groups, volunteer events, and bridge jobs. Each participant's retirement plan was based on individual needs, circumstances, wants, and concerns.

Concerns

Participants had several concerns related to planning such as being financially stable, maintaining health, staying active, and planning adequately. All four participants felt some form of stress or need to be prepared financially. When organizing finances, participants also continuously considered health care coverage and implications associated with health status changes. For example, P3 discussed the importance of knowing what benefits will be available

and the implications of taking an early retirement. This indicated his concern for his ability to plan and accommodate for loss of income and health care coverage.

Participants hoped they would find meaningful things to do before retiring, and all felt that since retirement, they were engaged in many meaningful activities. Activities included bridge jobs, volunteer work, spending time with family and friends, and home maintenance. Participants derived more meaning from participating in these activities, because they had the ability to choose how they spent their time. P2 indicated that having options in retirement led to satisfaction and in regards to finding things to do, he stated, “hopefully what you choose is valuable to you and you find that it’s rewarding.” This illustrated that retirement provided opportunities to become involved in activities that are treasured. This contributed to increased quality of life.

Expectations

Participants anticipated retirement to be a positive experience as they would be able to re-engage in things they had not previously had time for due to having more down time in retirement. Expectations were based on their ideas of what they wanted going into retirement. All participants indicated that they wanted to make sure they were able to maintain their desired lifestyle in retirement. Lifestyles varied between participants as it greatly depended on their expectations going into retirement and their ability to realistically afford costs associated with their chosen lifestyle. For instance, P1 felt expectations depended on prior goals set before retirement, such as maintaining family values. Each participant alluded to predetermined activities they considered doing in retirement and ways to engage in these activities.

One preconceived expectation going into retirement was related to the amount of downtime due to no longer having to work their full time job. Participants felt that they were

able to fill their daily schedules, however they had control over how busy they wanted to be. For example, P4 stated his work life was “all consuming” and he did not want to be as busy in retirement as he was when working. Other participants reflected similar attitudes in wanting reduced work related pressures and stress in retirement.

Physical Activity

When considering physical activity, the participants all defined it differently and their definition was dependent on their physical status. One participant greatly changed his exercise habits, while two participants associated being physically activity with just general activity. Some of these activities included moving children, cleaning the house and completing home maintenance tasks. Other formal modes of exercise included walking, playing golf, biking, or participating in recreational sports.

The participant’s physical status also impacted how they identified physical activity; such as if they had recently had surgery, were preparing for a procedure, or just the natural changes associated with aging. P2 highlight the importance of having, “the motivation to try and fight — what age is going to do naturally to you.” Participants all valued the need to remain active in order to maintain health. Being physically active and forms of exercise were defined differently for each participant, depending on the type of activity they did before retirement.

Lifestyle and Daily Routine

Lifestyle was a significant theme when processing the data. All participants appreciated having flexibility, time for meaningful activities, and time to invest in relationships. They all indicated having a different daily routine in retirement than they had experienced in their career. P4 summarized lifestyle change in this way: “[Retirement] gave me comfort and a level of peace that I honestly didn’t even know I needed.” The participants had the option to fill their flexible

schedules with meaningful ways to engage with their new lifestyles. The participants' lifestyle choices affected their daily routine as they had less structure and routines felt less pressured.

Participating in meaningful activities became more important as the participants had more time. P4 reflected that he would be, "available for whatever needs to be done. There is enough that comes around that your day fills up pretty quickly." This demonstrated that he could make time for other activities that deviate from his daily routine, which resonated with the other participants.

Participants had extra time to spend with friends, building these relationships after retirement. All participants found socialization to be extremely important in that it gave "a whole different perspective about life and enjoying what you have" as stated by P4. This illustrated the value placed on fostering relationships with family and friends to enrich quality of life and general wellness.

Supportive Relationships and Socialization

The participants indicated that relationships with family were significant factors in their life satisfaction. The spouse was identified by all four participants as the most important support, followed by family, and then friendships. Participants all indicated different ways their spouse supported them throughout their transition to retirement. P4 indicated:

"[My spouse] has been a real blessing that way—all of sudden it [retirement] was in front of us—she was really the one who took the pressure off of it—knowing you have a team player like that, it made jumping in a lot easier."

The participants also discussed the importance of communicating and engaging in activities with their spouse. Spending time with family was a major way the participants fulfilled their strong family values. All participants also spent significant amounts of time with their adult children,

and helping them with various life changes, such as moving into their first home, household projects, and babysitting grandchildren. Three of the four participants had grandchildren and indicated that devoting time to them and building relationships was a high priority.

Relationships with friends and socialization was also a key factor with life satisfaction. All of the participants identified the importance of socializing, maintaining, and building new relationships with friends and family members both before retirement and after. P4 felt that his schedule allowed more time to manage and nurture relationships with friends. P1 re-iterated this by stating, “You have to be out there—or else there is no purpose.” All the participants signified the importance of various relationships. P2 indicated that his relationship with his wife, kids, grandkids, and friendships, provided “a basic quality of life”. Maintaining multiple relationships in various contexts enriched life satisfaction during retirement.

Roles Changes

The participants developed a strong identification with being a family member as they had more time to foster family relationships. The participants found comfort in focusing on family values and having time to contribute as a family member. All participants indicated that their role of a husband and family member were now their main priorities. P2 stated the roles that have been present throughout his life have “been the most rewarding part of my life; with my family and my wife. That’s where life is.” All four participants maintained the primary role of being a family member prior to and following retirement. They currently identified with social roles and no longer identified with professional roles, despite some of the participants having part time work or bridge jobs. This indicated a major transition in role expectations and priorities experienced during retirement.

Relationships of Key Constituents

Seven key constituents including *planning, concerns, expectations, physical activity, lifestyle and daily routine, supportive relationships and socialization, and role changes* emerged based on the experiences of four male retirees. Though these seven key constituents are listed in separate categories, clear relationships are present. For example, *planning* was a main constituent when considering the transition into retirement. When planning, participants addressed their *concerns* and prepared for a *lifestyle* to meet *expectations*. All participants agreed that pre-retirement attitudes influenced post retirement success, indicating a need to establish expectations before retiring. A second relationship was apparent between *lifestyle, daily routine, and supportive relationships and socialization*. All participants reflected that relationships with significant others, spending time with family, and having meaningful ways to spend their time positively influenced their satisfaction with retirement. A third relationship was observed between post-retirement *role changes* and the desire to foster *supportive relationships*. All four participants no longer identified roles in a professional capacity. Instead main roles shifted to being primarily *socially* based such as being a parent, grandparent, and friend. Understanding the complex relationships between the key constituents provided the opportunity to appreciate the general structure of the experience of all the participants.

General Structure

The participants in this study experienced a positive and successful retirement. This attitude reflected the expectation that it would be a pleasant experience. Planning for financial or health changes, as well as how to occupy time was recommended by all participants, as it addressed concerns and personal expectations. Participants acknowledged that it took planning and motivation to have a successful retirement, but it was a rewarding experience. Knowing that

they could choose how to allocate their time contributed to the sense of satisfaction and enjoyment with the experience, as they were able to control their daily routine. The decreased structure during the day allowed retirees to engage in other meaningful pursuits that included fostering relationships with family or friends, being active through hobbies, and engaging in part-time work or volunteer opportunities. Professionally related roles were no longer a priority, even though some participants worked part-time. Instead, participants focused on roles related to family values and supportive relationships. Participants found that their pre-retirement expectations played a role in their overall satisfaction with retirement. This viewpoint emphasized the contentment and satisfaction with the retirement experience, which contributed to an overall sense of wellbeing.

Verification of Interpretation

In order to establish triangulation of data the researchers implemented several methods. Methods included prolonged engagement of participants by the completion of two interviews, a semi-structured interview, member checking, and a peer review system with multiple researchers. The use of an audio recorder during each interview was used to facilitate the transcription process. These methods ensured that all the information that was offered by the participants was accounted for. Saturation of themes occurred through the research process, which identified key constituents. Once saturation was reached, the researchers found relationships between constituents and determined the general structure of transitioning to retirement for all participants.

CHAPTER V

CONCLUSION

Interpretation of Data

Based on a thorough analysis of data developed by Giorgi and Giorgi (2008a, 2008b), it was evident that each participant felt he had experienced a successful transition to retirement. Consistent with literature, planning, fostering supportive relationships, maintaining a healthy lifestyle, and putting effort into the transition process were all identified as factors that led to a satisfactory retirement (National Institute on Aging, 2011; Noone, O'Loughlin, & Kendig, 2013; Peralta-Catipon & Hwang, 2011; Salami, 2010; Tang, Choi, & Goode, 2013). Participants in this study most strongly emphasized the importance of planning and having support from family, particularly from their spouse.

Findings indicated that each retiree defined their own retirement plan differently. The participants in this study all took different approaches to retirement planning. However, each participant considered what they would do once they were retired to some extent. Each participant highly recommended planning for future retirees and emphasized the importance of starting as soon as possible. Changes in finances was the most significant factor that participants considered and planned to address. Whether it was meeting with a financial advisor, attending a seminar, or using personal knowledge in regards to finances to his own benefit, each participant came up with a financial strategies before and during retirement. Research studies have demonstrated the value and benefit of financial planning for retirees (Hurd & Rohwedder, 2004; National Institute on Aging, 2011; Noone, O'Loughlin, & Kendig, 2013). It is important

that future retirees are provided with opportunities and education on how to plan financially to create a less stressful transition into retirement. Literature indicated that retirees generally hope to maintain their lifestyle after retirement. Financial training in retirement could be further developed to support this desire (Noone, O'Loughlin, & Kendig, 2013).

Preparing for potential declines in health was another aspect of planning identified by the participants. While most participants did not feel this was currently an issue, they acknowledged that determining healthcare benefits and plans was important. Consistent with beliefs of participants in this study, research indicated that physical and cognitive health concerns increase significantly with age (National Institute on Aging, 2011; Peralta-Catipon & Hwang, 2011). While participants did not report fear or negativity toward their health at the time of the interviews, most participants felt that health problems could be a barrier in the future. These results indicate that providing resources relevant to healthcare plans and services for future use as well as providing information on preventing disease and disability could be useful in a wellness program for this population. None of the participants indicated a need for information regarding safety in their home.

All participants reflected that relationships with significant others, spending time with family, and having meaningful ways to spend their time positively influenced their satisfaction with retirement. All participants were married and had adult children. Participants identified family as being the most important support system throughout the retirement process, which is comparable to findings from literature (Cohen-Mansfield, Dakheel-Ali, & Frank, 2010; Hershey & Henkens, 2013; National Institute on Aging, 2011; Noone, O'Loughlin, & Kendig, 2013). Having supportive friends was also identified as a benefit for satisfaction in retirement. Similar to findings from research, participants in this study indicated that having friends who also had

gone through retirement or were actively planning for retirement were helpful and made the transition easier (Siegrist & Wahrendorf, 2009). The amount of free time available to spend with family or friends was identified as a significant advantage of retirement among all participants. Another interesting outcome from the interview process was that all participants identified themselves primarily in social roles. This indicated they all felt socialization was an important part of life, both before and after retirement. This demonstrated the value of remaining social in retirement through various means, such as staying in touch with family, getting together with friends, and engaging in community or organizational groups.

The increasingly important social roles appeared to take over the retiree's previous role as a professional worker. Each participant reflected that they considered their professional role as a priority prior to retirement, however they no longer felt tied to this role during their retirement. This was surprising considering that three out of the four participants still had some form of part-time work. The participant who did not have part-time work was engaged in other volunteer work. This is an interesting finding as maintaining "bridge jobs" is increasing in popularity as indicated in more recent literature (National Institute on Aging, 2011; Tang, Choi, & Goode, 2013). This finding suggests that retirees seek out opportunities that are personally meaningful to remain active in retirement, but may not be tied to fulfilling a professional role.

The benefit to being retired was that participants could choose to engage in enjoyable part-time work or volunteer work if and when they desired. Participants found comfort from having a flexible schedule that allowed them to engage in valued activities. Participants in this study identified some concerns with finding ways to occupy their time prior to retirement. However, they all felt satisfied as to how things had turned out for them.

Participants all agreed that maintaining health in retirement was important, and each participant engaged in some type of activity to maintain current levels of health. All participants felt that being healthy meant being active during the day and moving around. Three out of four participants identified physical activities they completed daily around the house. Two participants mentioned that they are members at a gym; however, their routines at the gym were vastly different. Only one participant felt that his exercise level increased in retirement while the others felt it either stayed the same or decreased slightly. The results in regard to health maintenance activities were inconclusive due to the small sample size. Therefore, no significant results could be determined from these findings. One finding in regard to health was that each participant defined wellness differently. Three participants thought wellness encompassed multiple dimensions such as mental and physical.

Implications for Occupational Therapy

The researchers felt that the population represented in this study was generally well and did not demonstrate a need for skilled occupational therapy services at the time of the study. However, the participants in this study were independent and able to seek out necessary resources and engage in meaningful activities. The researchers believe that if participants were not as financially stable and had fewer resources, their retirement transition and satisfaction with retirement would be different. The researchers also speculated that if the participants had experienced a major health concern or decline, they may have a greater need for a structured wellness program. The researchers also felt that individuals who had retired due to medical reasons would be a key population to address in a wellness population as they may struggle more with the transition into retirement.

The researchers felt that a wellness program to aide in the retirement transition should address topics such as re-establishing core values, connecting to a spiritual sense, and embracing new roles as a retiree. A wellness program in a group format would encourage socialization and participation in a variety of domains. This reflects the attitude of participants in this study as they valued socialization and being active. A program based on the core principles of the Canadian Model of Occupational Performance and similar models could encourage engagement in meaningful occupations as well as focusing on the satisfaction of the consumer (Griffith, Caron, Desrosier, & Thibealt, 2007). Researchers determined that useful topics to cover in a wellness program for a population transitioning to retirement would focus on planning, addressing concerns, setting goals to meet expectations, staying physically active, identifying supportive people or groups, developing a healthy lifestyle, and fulfilling new roles as a retiree. These topics could be broken down into smaller sessions that would facilitate learning experiences.

Limitations and Recommendations for Future Study

There were several limitations to this study. These included use of a small, all Caucasian male sample that had a positive retirement experience. Other limitations were related to the participant demographics such as higher socioeconomic status, financial stability, healthy spousal relationships, and the participant sample was limited to Midwest region.

Due to the limited diversity in participants, generalizability to other groups and cultures was reduced. Researchers recommend future studies to include participants with diverse cultural and ethnic backgrounds. This would provide opportunity to gain better understanding of varied personal views and values about the retirement experience. Due to the variability in how

retirement was defined, a more rich understanding of retirement could be derived from a greater variety of cultural backgrounds.

All participants had a positive experience with their retirement, which does not necessarily reflect the opinions of all retirees. By having varied perspectives about retirement satisfaction, researchers could better assess the needs of this population. The researchers recommend interviewing participants with lower retirement satisfaction to illicit a greater number of needed topics for a wellness program.

Another limitation of this study included the relatively high socioeconomic status and financial stability among participants. While the participants identified concern with finances, they were concerned more with affording their preferred pre-retirement lifestyle versus sustaining their basic needs. Each participant stated that they appreciated the fact that they were able to afford things that not all retirees could. This indicates the need to address a population with a lower socioeconomic status as this may affect retirement satisfaction. The researchers recommend interviewing participants with less financial stability as this would likely impact results.

All participants were married and reported a healthy and supportive relationship with their spouse. Relationship statuses, such as widowers, divorcees, and non-married adults could significantly impact how retirees receive their greatest supports. As all of the participants named their spouse as their greatest supporter, non-married older adults may have a different point of view. Researchers recommend diversifying the relationship status within the participants to gain multiple perspectives.

People living in the Midwest region of the United States do not necessarily represent the lifestyle and outlook of those in other regions. All of the participants in this study were based in

the Midwest region, indicating limited perspective about retirement norms for other regions. Researchers suggest including participants from other urban and rural areas within the United States.

Summary

There is a high demand for health professionals to meet the needs of the American aging population. While the participants in this study did not highlight a need for a wellness program as they were all relatively healthy, researchers felt that some of the concerns and expectations expressed by each participant could reflect the needs of others who experience a more difficult transition to retirement. By developing a wellness program to address individuals planning to retire with significant concerns, occupational therapists could assist in increasing independence and satisfaction during retirement. In order to sustain a level of wellbeing and overall health into a post-retirement period of life, a wellness program may be effective for the older adult population (Matuska, Giles-Heinz, Flinn, Neighbor, & Bass-Haugen, 2003). By incorporating different dimensions of wellness through a holistic approach, older adults could maintain wellbeing as they develop new roles, habits, and routines as they transition into retirement.

APPENDICES

APPENDIX A IRB Approval

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NORTH DAKOTA

DIVISION OF RESEARCH & ECONOMIC DEVELOPMENT

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August 8, 2014

| | |
|--|---|
| Principal Investigator: | Amy Feller and Katie Spitzmueller |
| Project Title: | Transitioning to Retirement: Useful Topics for a Wellness Program with Retired Older Adults |
| IRB Project Number: | IRB-201408-041 |
| Project Review Level: | Expedited 7 |
| Date of IRB Approval: | 08/08/14 |
| Expiration Date of This Approval: | 08/07/15 |
| Consent Form Approval Date: | 08/08/14 |

The application form and all included documentation for the above-referenced project have been reviewed and approved via the procedures of the University of North Dakota Institutional Review Board.

Attached is your original consent form that has been stamped with the UND IRB approval and expiration dates. Please maintain this original on file. **You must use this original, stamped consent form to make copies for participant enrollment. No other consent form should be used.** It must be signed by each participant prior to initiation of any research procedures. In addition, each participant must be given a copy of the consent form.

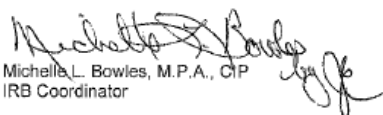
Prior to implementation, submit any changes to or departures from the protocol or consent form to the IRB for approval. No changes to approved research may take place without prior IRB approval.

You have approval for this project through the above-listed expiration date. When this research is completed, please submit a termination form to the IRB. If the research will last longer than one year, an annual review and progress report must be submitted to the IRB prior to the submission deadline to ensure adequate time for IRB review.

The forms to assist you in filing your project termination, annual review and progress report, adverse event/unanticipated problem, protocol change, etc. may be accessed on the IRB website:

<http://und.edu/research/resources/human-subjects/>

Sincerely,


Michelle L. Bowles, M.P.A., CIP
IRB Coordinator

MLB/je

Enclosures

Cc: Dr. Julie Grabanski

The University of North Dakota is an equal opportunity / affirmative action institution.

APPENDIX B
Invitation to Participate in Study

Dear _____,

Hello, our names are Amy Feller and Katie Spitzmueller and we are occupational therapy students at the University of North Dakota. We are conducting an independent study, as part of our program, to come up with ideas for a potential wellness program for community dwelling older adults going through retirement. We would like to invite you to participate in our research study: *Transitioning to retirement: Useful topics for a wellness program with retired older adults*. We would appreciate your participation in this study as it will be useful for our learning and the learning of other occupational therapy students, like us. We also hope that one day; our findings from this study will be used to create a wellness program for individuals to have a positive transition into retirement.

Thank you for your time. If you have any questions, feel free to contact either of us. We greatly appreciate your participation in this study.

Sincerely,

Amy Feller

Amy.Feller@my.und.edu

(307) 272-7936

Katie Spitzmueller

Katherine.Spitzmuell@my.und.edu

(651) 497-5737

APPENDIX C

Interview Script

Interview 1

- What did you do for a career?
- Why did you retire?
- What do you feel are some expectations of your age group?
- What's your idea of exercise?
 - What kind of exercise do you do?
 - Has your exercise level increased or decreased since retirement?
 - What are some ways you enjoy engaging in physical activity (i.e.: attending a fitness class, running, etc.)?
- What does your daily routine look like now?
 - What was your daily routine before retirement?
- An occupation is an activity that is meaningful to you. It can be productive such as cooking, relaxing such as reading, or spending time doing hobbies. What are some occupations you enjoy doing?
 - Do you feel that your retirement has given you more opportunities to discover and participate in these occupations?
 - Why or why not?
- Describe your lifestyle, for example, do you feel constrained by your retirement and what you're able to do?
 - Are there any barriers to that prevent you from living the lifestyle you want as a retiree?
- How do you socialize in your community or with friends and family?
 - Do you feel you have a support system within your friends and family?
 - How important is socialization to your sense of wellbeing?
- When was the first time you thought about retirement and began planning?
- What are some steps you took to plan for retirement
 - Describe people who supported you
 - Programs you participated in for support
 - Describe the resources your career provided on retirement
- What were some main concerns you had when preparing for retirement?
- How prepared did you feel to retire?
- Before retiring, did you consider productive things to do with your time?
- According to one study, pre-retirement attitudes determine post-retirement success. How would you say this applies to you, and what are your thoughts on this?
- Did you establish or strengthen any supports or relationships after retirement?
 - Do you know of any support systems in your community?
 - Identify one person who has been the most supportive during your transition of retirement.

Interview 2:

- From the survey you took, how do you feel about the results?
 - Do you have any questions from this survey?
- What are your beliefs about wellness? – state or condition of being in good physical and mental health
- Do you feel you have a high QOL? Why or why not?
- What are some ways that you feel your culture values wellness?
- How do you feel you are perceived as a retiree, or what are some stereotypes you have faced being retired?
- What are some of your personal traditions or customs that you feel contributes to your sense of wellbeing?
- What are three roles you identify with?
 - What were your roles before you retired?
 - How do you feel about these changes?
- Describe your idea of a healthy retirement.
 - Do you feel you have achieved this level of a healthy retirement?
- If you had a friend about to go through retirement, what kind of advice would you give him or her?

APPENDIX D
Short Form 36
Short Form 36 Health Survey

SF36 Health Survey. INSTRUCTIONS: This set of questions asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about to answer a question please give the best answer you can.

| | | | | |
|------|---|-----------------------------------|--------------------------------------|-----------------------------------|
| 1. | In general, would you say your health is: (Please tick one box.) | | | |
| | <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | |
| 2. | <u>Compared to one year ago</u> , how would you rate your health in general <u>now</u> ? (Please tick one box.) | | | |
| | <input type="checkbox"/> Much better than one year ago <input type="checkbox"/> Somewhat better now than one year ago <input type="checkbox"/> About the same as one year ago <input type="checkbox"/> Somewhat worse now than one year ago <input type="checkbox"/> Much worse now than one year ago | | | |
| 3. | The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? (Please circle one number on each line.) | | | |
| | <u>Activities</u> | Yes, Limited A Lot | Yes, Limited A Little | Not Limited At All |
| 3(i) | Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |

| | | | | |
|---------|---|---|------------|-----------|
| 3(ii) | Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| 3(iii) | Lifting or carrying groceries | 1 | 2 | 3 |
| 3(iv) | Climbing several flights of stairs | 1 | 2 | 3 |
| 3(v) | Climbing one flight of stairs | 1 | 2 | 3 |
| 3(vi) | Bending, kneeling, or stooping | 1 | 2 | 3 |
| 3(vii) | Waling more than a mile | 1 | 2 | 3 |
| 3(viii) | Walking several blocks | 1 | 2 | 3 |
| 3(ix) | Walking one block | 1 | 2 | 3 |
| 3(x) | Bathing or dressing yourself | 1 | 2 | 3 |
| 4. | During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u> ? (Please circle one number on each line.) | | | |
| | | | YES | NO |
| 4(i) | Cut down on the amount of time you spent on work or other activities | 1 | 2 | |
| 4(ii) | Accomplished less than you would like | 1 | 2 | |
| 4(iii) | Were limited in the kind of work or other activities | 1 | 2 | |
| 4(iv) | Had difficulty performing the work or other activities (for example, it took extra effort) | 1 | 2 | |
| 5. | During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)? | | | |

| | (Please circle one number on each line.) | Yes | No |
|--------|--|------------|-----------|
| 5(i) | Cut down on the amount of time you spent on work or other activities | 1 | 2 |
| 5(ii) | Accomplished less than you would like | 1 | 2 |
| 5(iii) | Didn't do work or other activities as carefully as usual | 1 | 2 |
| 6. | <p>During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please tick one box.)</p> <p> <input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely </p> | | |
| 7. | <p>How much <u>physical</u> pain have you had during the <u>past 4 weeks</u>? (Please tick one box.)</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe </p> | | |
| 8. | <p>During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)? (Please tick one box.)</p> <p> <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely </p> | | |

| | | | | | | | |
|---------|--|------------------------|-------------------------|-------------------------------|-------------------------|-----------------------------|-------------------------|
| 9. | These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u> . Please give the one answer that is closest to the way you have been feeling for each item. | | | | | | |
| | (Please circle one number on each line.) | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| 9(i) | Did you feel full of life? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(ii) | Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(iii) | Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(iv) | Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(v) | Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(vi) | Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(vii) | Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(viii) | Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(ix) | Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | <p>During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives etc.) (Please tick one box.)</p> <p><input type="checkbox"/> All of the time</p> <p><input type="checkbox"/> Most of the time</p> | | | | | | |

| | | | | | | |
|---------|---|------------------------|--------------------|-------------------|---------------------|-------------------------|
| | <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time | | | | | |
| 11. | How TRUE or FALSE is <u>each</u> of the following statements for you? | | | | | |
| | (Please circle one number on each line.) | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
| 11(i) | I seem to get sick a little easier than other people | 1 | 2 | 3 | 4 | 5 |
| 11(ii) | I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 |
| 11(iii) | I expect my health to get worse | 1 | 2 | 3 | 4 | 5 |
| 11(iv) | My health is excellent | 1 | 2 | 3 | 4 | 5 |

Ware JE and Kosinski M. *SF-36® Physical and Mental Health Summary Scales: A Manual for Users of Version 1. 2nd Edition.* Lincoln, RI: QualityMetric, Inc., 2001.

APPENDIX E
Participant Consent Form

The University of North Dakota
Consent to Participate in Research

TITLE: *Transitioning to Retirement: Useful Topics for a Wellness Program with Retired Older Adults*

PROJECT DIRECTOR: *Amy Feller, Katie Spitzmueller, Julie Grabanski*

PHONE # *701-777-3000*

DEPARTMENT: *University of North Dakota Occupational Therapy Department*

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about your transition into retirement because you are a community dwelling adult who has successfully transitioned into retirement.

The purpose of this research study is to determine what factors contribute to a successful retirement in order to create an outline for a wellness manual for individuals entering into retirement who want to remain in the community.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately four people will take part in this study in the mid-west region.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will take place at three separate times. Total participation will last from 1-3 months depending on the interview timeline discussed between you and the researcher.

WHAT WILL HAPPEN DURING THIS STUDY?

The researcher will ask at least 15 interview questions related to your transition to retirement each session. Each interview will take approximately one hour in your home, an agreed upon

place, or over the phone depending on your preference and comfort level. You will also be audiotaped during the interviews.

WHAT ARE THE RISKS OF THE STUDY?

There are minimal risks from this study. The main risk is becoming emotional when talking about topics such as retirement or medical illnesses. Another minimal risk is embarrassment from answering personal questions about your health and wellbeing.

If, however, you become upset by questions, you may stop the interview at any time or choose not to answer a question. If you would like to talk to someone about your feelings from this study, you are encouraged to contact your local counseling facility at your own expense.

WHAT ARE THE BENEFITS OF THIS STUDY?

You may not benefit personally from being in this study. However, we hope, in the future, other people might benefit from this study. We are hoping to help healthcare professionals understand the experiences of individuals who have transitioned into a successful retirement in order to design a wellness program.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of using an alternative name when describing your results in our study.

If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

The interviews will be recorded using an audio device. After the interview has been transcribed, you will be notified and have the option to review the transcription and confirm the information. You will also be re-informed that your information will be used towards developing wellness program topics for older adults transitioning to retirement. It will be reiterated that your information will remain confidential and only the researchers will have access to your personal information. All audio recordings will be erased after the transcription process has been completed.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

If you decide to leave the study early, we ask that you contact one of the above researchers as soon as possible.

CONTACTS AND QUESTIONS?

The researchers conducting this study are Amy Feller and Katie Spitzmueller. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact *Amy Feller* at 307-272-7936 or *Katie Spitzmueller* at 651-497-5737 at any time. You may also contact the researcher’s supervisor, *Julie Grabanski* at 701-777-1740

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279.

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking “Information for Research Participants” on the web site:
<http://und.edu/research/resources/human-subjects/research-participants.cfm>

I give consent to be audiotaped during this study.

Please initial: **Yes** **No**

I give consent for my quotes to be used in the research; however I will not be identified.

Please initial: **Yes** **No**

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: _____

Signature of Subject

Date

I have discussed the above points with the subject or, where appropriate, with the subject’s legally authorized representative.

Signature of Person Who Obtained Consent

Date

APPENDIX F
Interview Follow-Up E-mail

Hello Participant,

We hope you are doing well. We want to thank you again from your participation in the study: Transitioning to Retirement: Useful Topics for a Wellness Program with Retired Older Adults. Your lived experience of retirement is certainly a personal experience and you provided great insight into our study. As we continue to analyze all of the data collected throughout the study, we just wanted to confirm some of the major concepts we discussed during our interviews. Attached to this e-mail, you will find a summary of the interviews.

Please take a moment to review this information and add any information you feel was missed. If you feel this is not an accurate representation of your experience, we are willing to make adjustments as you feel it is necessary. When analyzing information from our interviews, our main priority was to keep personal and identifying information confidential. It is important to us that you felt your privacy was respected during the interviews.

We would appreciate that you respond to this e-mail by MARCH 23. Thank you again for your time and efforts. You have been instrumental in our learning experience.

Best wishes,

Katie Spitzmueller and Amy Feller

APPENDIX G
Data Analysis Grid

| Participant X I = Interviewer | | |
|---|---|----------------------------------|
| Meaning Unit | Transformation (to language of researcher) | Synthesis, if appropriate |
| | | |

APPENDIX H
Sample Data Analysis Grid

| Participant 2 (P2) I = Interviewer | | |
|---|---|--|
| Meaning Unit | Transformation (to language of researcher) | Synthesis, if appropriate |
| <p>9. I: What's your idea of exercise? P2: Virtually anything that gets the body moving in an abnormal or builds something you know? It gets the body to maintain flexibility or build muscle at a later age.</p> | <p>9. P2 defines his idea of exercise as "anything that gets the body moving... or builds something". To P2, the purpose of exercise is to increase muscle or retain flexibility.</p> | <p>9+10+11+16+56= Exercise is an activity that has become more important to P2 since retirement. He indicates that being too busy with work is a primary reason he did not exercise previously. He states that he exercises at a gym, is part of different teams, and goes biking with his wife to remain active. He also states that he has seen results in his physical health since he has begun exercising.</p> |
| <p>10. P2: We didn't always do that, we started it primarily after retirement. We did it a little before but we could've done better.</p> | <p>10. P2 stated that he and his wife began to exercise more after they retired. P2 indicates that they could have exercised more frequently before retirement, but they did not pursue it.</p> | |
| <p>11. P2: With biking, we've really accelerated when we retired because we like doing it and we know it's good for us.</p> | <p>11. P2 indicates that he and his wife enjoy biking for the health benefits in addition to their enjoyment of the activity. They have begun biking more often since retirement.</p> | |
| <p>16. P2: Exercise... It's hard but it's something I want and need to keep the body in as good of shape as I can.</p> | <p>16. P2 indicates that exercise is a strenuous occupation, but he feels is important to stay in good physical health.</p> | |
| <p>56. P2: The exercise part was something we planned to do and did do.</p> | <p>56. P2 says that he had planned on exercising more regularly once he retired, and this is something that he has been able to maintain into retirement.</p> | |

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