

Self-care and anticipated transition into retirement and later life in a Nordic welfare context

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Abstract: Few studies have appeared in the health care literature on the meaning of transition into retirement and later life. However, this predictable-involuntary transition may influence personal health and well-being, and studying it from a self-care perspective could be useful. The aim of this study was to illuminate aspects of self-care in a group of middle-aged individuals in relation to their anticipated transition into retirement in the Nordic welfare context. A total of 13 individuals, aged 55 to 65 years, were randomly chosen from the total number of inhabitants in three municipalities in mid-west Sweden. Conversational interviews took place, during which the informants shared important events in their lives that had occurred from early childhood until the present time, together with thoughts about their anticipated future developmental transition into later life. The interviews were tape recorded and transcribed verbatim. After content analyses and interpretation, a comprehensive picture of the phenomenon was revealed. The results showed that there were opportunities, expectations, wishes, concerns, and worries related to the transition into retirement and old age among informants from both rural and urban municipalities. Self-care, in connection with this, depended on motivating and demotivating factors. Autonomy and mature dependence seemed to be positive driving forces for reaching a successful transition into later life. Supporting autonomy should be a way of facilitating the transition into retirement and later life.

Keywords: aging, autonomy, motivation, older people, successful aging

Introduction

The transition into retirement and later life is a major life event for many people and, therefore, also an important issue for health care professionals. According to Davies and Cannava,¹ retirement has become an element of aging as a result of greater longevity, social security systems, and pension plans. They also showed that retirement often brings particular problems in relation to needs and losses, rather than being a life situation with many positive personal meanings.

The transition from work to retirement has changed a lot in modern times, and it also varies across societies. In previous centuries most people in the world did not experience a retirement transition, and working life ended only with death. Today it is more or less universal, at least for working people in the developed world. The timing is, however, variable and related to economic activity rates for both men and women and for different age groups. Many people may always have stopped working prior to death due to age-related health problems or no obvious need to earn money. Pensions have emerged over many centuries but until late in the 19th century were only for selected groups. Government initiatives to provide retirement pensions at

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a defined age as a right for all citizens are probably one of the most important factors for creating retirement as a social institution. Many countries have chosen this age to be around 65 years, but there is broad variability worldwide.² In the Nordic countries, it is between 65 and 67 years of age, and in other countries it can be either earlier or later.

Common prejudice against later life in Western cultures, with negative and agist images and traditional views of retirement as a passive disengagement from social life, are important issues to struggle with in society. The rapid expansion of a consumer culture has significantly influenced cultural expectations among older people in society. This social development has played a major role in changing public attitudes towards aging, and a greater part of social life today revolves around leisure and new opportunities for self-improvement.³ Self-improvement as human growth and becoming⁴ and self-realization are associated with self-care and health.⁵

Self-care is a central concept in health care, and may be considered as the means to maintain, restore, and improve health and well-being.⁶ It could, however, also be considered at a more general level, where a fundamental goal for human beings should be to reach a high degree of self-care in order to obtain good health and a good life. Self-care that is performed effectively contributes not only to human functioning but also to human structural integrity and human development, ie, to a dynamic and holistic state of health.⁷

Transition refers to a passage from one life phase, condition, or status to another and is both a process and the outcome of complex person–environment interactions. Health care professionals deal with people who are anticipating transition, experiencing transition, or completing the act of transition. Transitions are primarily developmental, situational, or health/illness events.⁸ Developmental transition into retirement and later life has implications for health, and improving our knowledge about possible self-care implications, in order to be able to facilitate this transition, is interesting.

Davies and Cannava¹ conducted a study among retired performing artists in Italy. They found, among other things, that these former artists were resistant to retirement but valued a sense of freedom in their new life situation. Similar findings have been reported by Parse et al,⁹ who studied health patterns in a retiring American couple. More time for them was also associated with freedom and increased autonomy. In a large-scale, quantitative, US study, Rosenkoetter and Garris¹⁰ found significant differences between what retirees from a big international company indicated they had done to prepare for retirement, and what they believed after retirement was

important for people in general to do to prepare themselves. After retirement, greater emphasis was placed not only on financial factors but also on psychosocial adjustment and use of time. These authors also suggested that retirement as psychosocial transition should be an integral component of health assessments and interventions for retirees and their families. Goldberg and Beitz¹¹ found in their grounded theory study that healthy retirement among their US informants had two clearly defined stages: early wellness and later illness. Six core variables marked this transition: having high activity, losing activity, losing personal health, losing spouse's health, and losing financial stability.

Sarkisian et al¹² studied expectations about aging among community-residing older adults in the US and found that most older individuals in their sample did not expect to achieve a state of successful aging, ie, a situation with low probability of disease, high cognitive and physical capacity, and active engagement with life. Older age was associated with lower expectations about aging, and having low expectations was associated with not believing in the importance of seeking health care. Other researchers have also shown that older adults with low age-expectations report lower levels of physical activity than those with high age-expectations.¹³ Sarkisian et al¹⁴ found ethnic differences in the expectations for aging among older people in the US, where Latinos had significantly lower age-expectations than non-Latino whites and African Americans.

Although there are a number of studies in the scientific literature on retirement, health care studies on the meaning of retiring and its relation to central health-related concepts, such as self-care and transition, are scarce. It should be important for health care professionals to focus on retirement from this specific perspective and include it in their theory and practice. This article focuses on the retirement transition from a self-care perspective, as it was anticipated and narrated in a group of middle-aged people, living in three municipalities in mid-west Sweden, ie, one rural municipality, one industrial town, and one civil servant town. The aim of this study was to illuminate aspects of self-care in a group of middle-aged individuals in relation to their anticipated transition into retirement in the Nordic welfare context.

Methods

Study group

A health district in mid-west Sweden was chosen as the geographic area for this study. In this region, two urban municipalities and one rural municipality were selected for recruiting informants. All three had approximately

40,000 inhabitants. One of the urban municipalities was characterized by the fact that a large number of the inhabitants were white collar workers/civil servants. The other urban municipality had many inhabitants who were blue collar workers. In the rural community, a majority was blue collar workers. With the aim of recruiting a study group of informants who anticipated retiring from work within the next decade, and then becoming old age pensioners, a group was chosen from an official population register at the county council. Thirteen individuals, 55 to 65 years of age, were randomly chosen from the total number of inhabitants in the three municipalities. The chosen individuals were contacted by telephone and informed of the study, and all agreed to participate.

Interviews and analyses

Conversational interviews took place over 1 to 2 hours, and the informants were asked to share important events in their lives from early childhood until the present time and, finally, to talk about their anticipated future transition into retirement and later life. The interviews were tape recorded and transcribed verbatim, to form a typed text of about 450 pages.

In order to describe the essential features of the informants' lives retrospectively, a deductive content analysis¹⁵ was performed as a first step, where main themes were sought, which described categories that represented the informants' childhood, youth, education, working life, family, housing, social network, economy, aging, health, and future. The essential content of this analysis is presented in the results under the heading "Retrospective view on life before retirement."

The second step was an inductive content analysis¹⁵ with a special focus on the anticipated transition into retirement and later life. Three themes emerged in this second analysis of the text, and these are displayed in the results. Examples of meaning units, condensed meaning units, categories and themes from the content analyses are displayed in Table 1.

Inspired by Fleming et al and their hermeneutic approach,¹⁶ the results obtained were reflected on and further interpreted in a third step, where the horizon of the text was fused with the horizons of the researchers. According to Gadamer,¹⁷ a horizon is the range of visions that includes everything that can be seen from a particular angle, for example from the horizon of the researcher/interpreter and from the horizon of the text. The researcher's breadth of vision is expressed in the horizon. To find the horizons, the researcher must learn to look beyond what is close at hand

and see it clearer in a larger whole and truer proportion. The understanding is then always a fusion of horizons. When horizons are fused, the result becomes a new whole, greater than the sum of the parts.

The authors' understanding of self-care, health, transition, and aging was actively used in the interpretation. The result of this interpretation, as a hermeneutic process where the parts and the whole were considered together, is presented as the comprehensive understanding of the anticipated transition into retirement and later life in a self-care perspective.

Ethical considerations

When designing and performing the study, ethical standard principles¹⁸ and the intentions of the Declaration of Helsinki¹⁹ were followed. No ethical approval was needed because the informants were not patients or in any way dependent in relation to the persons or institutions responsible for the study. No health information was requested from the informants.

Results

Study group

Demographic data of the study group are shown in Table 2.

Retrospective view on life before retirement

All informants viewed in retrospect their lives before retirement with positive feelings. Although some of them had had tough times during childhood and adolescence with poverty, severe parents, and hard times as they were brought up, they considered this period as a good and happy time in life. As grown up individuals, they saw family, friends, and social relations as very important. They had networks of different sizes and were very conscious of the importance of good health. Some of the informants also spent time with their hobbies. No particular differences between the informants from the different municipalities were found, in relation to age, sex, or profession.

Anticipated transition into retirement

When the informants described their anticipated transition into retirement and later life, all of them narrated this as containing elements of (1) opportunities, (2) expectations and wishes, and (3) concerns and worries.

Opportunities

Retirement and old age pensioner life was considered to be a time with opportunities, when in good health. It was possible

Table 1 Examples of meaning units, condensed meaning units, categories and themes from the content analyses of interviews among individuals (n = 13) who anticipated the transition into old age pensioner life in the Nordic welfare context

Meaning units	Condensed meaning units	Categories ^a	Themes ^b
“Yes, if one becomes an old age pensioner and has the strength to travel, then I could think of being away a month or so ...” (Respondent L)	To travel for longer periods of time when retired from work	Aging	Opportunities
“It will be like that, you become dependent ... and of course most of all I would like to have an apartment in a sheltered living, where you can manage on your own and also know that you can [be helped when needed] ...” (Respondent A)	To become dependent on other people and wish to have the help nearby in a sheltered living	Housing	Expectations and wishes
“We can't trust anything today. There are so quick changes in society today ... you don't know where we as older people will be. If we can get help at home. We don't know anything ... All restrictions ... we have to cut down on things now. There is no money ...” (Respondent G)	To be concerned about the future and worry about economic issues	Future	Concerns and worries

Notes: ^aFrom the deductive content analysis; ^bfrom the inductive content analysis.

to look forward to it, and to be positive with regard to care of older people. When retired, you are free, and motivated to be active, or even to get a new job. To travel was a highly ranked activity. It would be nice to live, as at present, in one's own dwelling.

Expectations and wishes

When getting old, informants expected that society would help out with care, so that this was not primarily the responsibility of significant others. To be able to have some influence on the choice of one's own dwelling is important. If it becomes necessary, one has to get home help, or maybe move into residential care. The staff in such residential homes must have time to talk to and communicate with the residents.

Concerns and worries

Concerns and worries about the future as older individuals were reflected in thoughts about loneliness and isolation, ill health and the risk that one's human dignity might be reduced. There is a risk that older people are worse off in the future. It is possible that there will be reduced resources in society for the provision of formal care with lower quality of care as a result. Probably, it would be realistic to expect that one has to take care of oneself to a higher degree. There were also worries about personal property and the personal situation of family members.

Comprehensive understanding of the transition into retirement and later life

Informants from both the rural and urban municipalities indicated their views on the opportunities, expectations,

Table 2 Background variables for respondents

Respondents	Age (years)	Sex	Civil status	Home town	Profession
A	65	Female	Married/Cohabiting	Rural	Secretary
B	63	Female	Single	Rural	Secretary
C	56	Female	Married/Cohabiting	Rural	Executive in own firm
D	65	Male	Married/Cohabiting	Rural	Farmer
E	59	Male	Married/Cohabiting	Rural	Farmer/Construction worker
F	55	Female	Married/Cohabiting	Civil servant town	Enrolled nurse
G	58	Female	Married/Cohabiting	Civil servant town	Executive in own firm
H	65	Female	Married/Cohabiting	Civil servant town	Farmer
I	63	Female	Married/Cohabiting	Civil servant town	Practical nurse
J	61	Female	Married/Cohabiting	Industrial town	Benefit recipient
K	60	Female	Married/Cohabiting	Industrial town	Practical nurse
L	55	Male	Married/Cohabiting	Industrial town	Personnel assistant
M	56	Male	Married/Cohabiting	Industrial town	Executive in own firm

wishes, concerns, and worries associated with the transition into retirement and later life. When considering this transition in a self-care perspective, the opportunities could be regarded as motivating factors for going into the transition, while the concerns and worries may be considered as discouraging and, thus, as demotivating factors. In between there were expectations and wishes that may be either motivating or demotivating.

Discussion

The aim of this study was to illuminate aspects of self-care in a group of middle-aged individuals in relation to their anticipated transition into retirement in the Nordic welfare context.

When in good health, the transition into retirement and later life is an opportunity for freedom and new choices. It is realistic to expect that taking care of oneself may be a major preoccupation. But if self-care deficits occur, compensatory care will be an option.⁷ Threats to an anticipated successful transition and successful aging are loneliness and isolation.

Self-care ability denotes that the individual is able to bring about a change in attitude towards his or her lifestyle or life situation.⁵ When entering the transition focused on in this study, the informants appeared to be motivated by freedom and new choices in life. Good health was a condition for this positive view. It has been shown that means for reconciliation – with respect to new problematic circumstances – is one element in the self-care ability of older individuals,⁵ and this was reflected in the expectations and wishes concerning the respondents' thoughts about compensatory care and what may happen at a broader level in society in the future. Autonomy was regarded as an important issue in connection with aging.

Orem⁷ points out that people develop the means of overcoming or compensating for action limitations that they have at specific times and under specific circumstances in order to meet existent and emerging needs. When thinking about the anticipated, but still imagined, transition into retirement and later life, the informants saw risks of losing their dignity and autonomy. But they also had a genuine trust in society, which may be special for people in the Nordic welfare system, where society has defined duties with respect to the care of its inhabitants.

The results reflect motivation and self-care ability to a high degree, and this is logical because the transition was likely to take place in the future and was not a fact

for most of the respondents when they were interviewed. Self-care ability may be considered as a necessary condition for self-care activity.⁶ If this ability will be actualized, and self-care activities become a reality, it is possible that strong driving forces will emerge, so that the actualizing could lead to self-realization and self-transcendence for the individual.⁵

Similar to other studies,^{1,9} a sense of freedom and autonomy was found to be central in the retirement transition. The importance of autonomy implies that the individual must be competent and understand his or her personal situation and is able to give rational reasons for acting in one way or another.¹⁸ The ability to reach reasonable decisions and to realize their consequences, are issues that evidently are of importance for self-care. Autonomy was also to some extent backed up by the fact that the informants had trust in what society really does for the aged in the Nordic welfare context, and took for granted that they should be helped by such means when they needed compensatory care.

Motenko and Greenberg²⁰ argue that accepting dependence in later life facilitates the older person's ability to exercise autonomy and to maintain his or her competence and self-esteem. In a family perspective, such acceptance of dependence and necessary role shifts contributes to an ongoing growth and development of the family. Later life dependence requires a great capacity to ask for and receive help, and to accept this is a sign of mature dependence, which is a crucial transition in old age. This change in attitude was discussed and reflected on among the informants in this study, although they saw society as the provider of compensatory care.

Central to mature dependence is care, connectedness, and reciprocity.^{20,21} Gilligan²¹ has suggested that this is especially the case for women. Most informants in this study were women, and the importance of connectedness was mentioned in relation to caregivers' communication with their clients. Threats to an anticipated successful transition were the opposites of connectedness, ie, loneliness and isolation. This seems logical, because feeling connected is important in transitions.²² The importance of reciprocity is also crucial, and informal and formal caregivers have an important task in facilitating the transition into old age in such a way that the older individual experiences self-realization. The self-concept of him or her as a mature, competent and worthwhile adult, who contributes to family and friends at his or her level of ability and desire, should not be changed in a negative way.²⁰

Earlier studies have shown that positive expectations for aging are important for future good health and positive health behaviors,^{12,13} so that it should be of vital importance for health care professionals to focus on the transition into retirement and later life. In order to facilitate the transition into retirement and old age, the clinical responsibilities for nurses and other health care professionals are to explore and discuss the expectations of the older individual, to dwell on the individual's ups and downs related to possible threats, and mobilize transcendence by pointing out new possibilities. Thus, Parse's human becoming theory⁴ provides a suitable framework for the health care professionals to be open to the individual and facilitate this transition into retirement and later life.

When examining the quality of the knowledge claims in this study, the following can be said. Credibility of the findings was supported by the agreement among the authors for the three themes obtained. Also the randomized selection of informants from three different municipalities should make it possible for variations in their views and opinions. Credibility of the findings was also supported by the fact that the three themes clearly differ from each other and that some examples from the decision trial in the analyses are shown to the reader (Table 1). Credibility of the interpretation may also to some degree be defended with its connection to other literature.

There are, however, a few questions concerning dependability that should be discussed. Quite long interviews might have been a risk for dependability in this study, and also that the analyses took place within a wide time frame. But it seems possible to transfer the results to other contexts in the Nordic countries and other countries with a similar welfare system and similar societal conditions. There are, thus, good reasons for arguing for a high degree of trustworthiness and defensible knowledge claims in this study.

Conclusion

Self-care during the anticipated transition into retirement and later life in the Nordic welfare context was studied in a group of people in their fifties and sixties and found to be associated with motivating and demotivating factors. Autonomy and mature dependence seem to be positive driving forces for going through a successful transition into retirement and, therefore, supporting autonomy should be a way to facilitate this developmental transition. This could, for example, be done by means of Parse's human becoming

theory and practice methodology. Further studies about the retirement transition within a self-care perspective are needed. This study indicates that motivation, autonomy and mature dependence are important issues that should be focused on in such research. Connectedness, gender issues, and ethnic issues are other important areas.

Disclosure

The authors report no conflicts of interest in relation to this paper.

References

1. Davies DK, Cannava E. The meaning of retirement for communally-living retired performing artists. *Nurs Sci Q*. 1995;8(1):8–16.
2. Marshall VW, Taylor P. Restructuring the lifecourse: work and retirement. In: Johnson ML, editor. *The Cambridge Handbook of Age and Ageing*. Cambridge: Cambridge University Press; 2005;572–582.
3. Featherstone M, Hepworth, M. Images of ageing: cultural representations of later life. In: Johnson ML, editor. *The Cambridge Handbook of Age and Ageing*. Cambridge: Cambridge University Press 2005; 354–362.
4. Parse RR. *The Human Becoming School of Thought. A Perspective for Nurses and Other Health Professionals*. Thousand Oaks: SAGE Publications Inc; 1998.
5. Söderhamn O. Self-care ability in a group of elderly Swedish people: a phenomenological study. *J Adv Nurs*. 1998;28(4):745–753.
6. Söderhamn O. Self-care activity as a structure: a phenomenological approach. *Scand J Occup Ther*. 2000;7:183–189.
7. Orem DE. *Nursing. Concepts of Practice*. 6th ed. St Louis, Missouri: Mosby Year Book; 2001.
8. Meleis AI. *Theoretical Nursing. Development and Progress*. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2007.
9. Parse RR, Coyne AB, Smith MJ. *Nursing Research. Qualitative Methods*. Bowie: Brady Communications Company; 1985.
10. Rosenkoetter MM, Garris JM. Retirement planning, use of time, and psychosocial adjustment. *Issues Ment Health Nurs*. 2001;22:703–722.
11. Goldberg E, Beitz JM. Aging after retirement: a social psychological process. *Activities, Adaptation and Aging*. 2006;31(1):41–54.
12. Sarkisian CA, Hays RD, Mangione CM. Do older adults expect to age successfully? The association between expectations regarding aging and beliefs regarding healthcare seeking among older adults. *J Am Geriatr Soc*. 2002;50:1837–1843.
13. Sarkisian CA, Prohaska TR, Wong MD, Hirsch S, Mangione CM. The relations between expectations for aging and physical activity among older adults. *J Gen Intern Med*. 2005;20(10):911–915.
14. Sarkisian CA, Shunkwiler SM, Aguilar I, Moore AA. Ethnic differences in expectations for aging among older adults. *J Am Geriatr Soc*. 2006; 54:1277–1282.
15. Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs*. 2008;62(1):107–115.
16. Fleming V, Gaidys U, Robb Y. Hermeneutic research in nursing: developing a Gadamerian-based research method. *Nurs Inq*. 2003;10(2): 113–120.
17. Gadamer HG. *Truth and Method*. 2nd revised ed. London: Continuum Publishing Company; 2004.
18. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 6th ed. Oxford Oxford University Press; 2009.
19. World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. Seoul; 2009. <http://www.wma.net/en/30publications/10policies/b3/index.html>. Accessed May 3, 2011.

20. Motenko AK, Greenberg S. Reframing dependence in old age: a positive transition for families. *Soc Work*. 1995;40(3):382–390.
21. Gilligan C. *In a Different Voice. Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press; 1993 [1st ed 1982].
22. Meleis AI, Sawye LM, Im E-O, Hilfinger Messias DK, Schumacher K. Experiencing transitions: an emerging middle-range theory. *ANS*. 2000;23(1):12–28.

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