

PERCEIVED NEEDS OF RETIREES
FOR
PRERETIREMENT PLANNING PROGRAMS

BY

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A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF EDUCATION

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and Natural Sciences
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To my late parents, Katherine and William Kirwan, (who never formally retired), I dedicate this thesis.

ABSTRACT

The purpose of this thesis is to determine the nature of the content for preretirement programs, based on assessment of preretirement planning needs as perceived by a sample of 17 people, retired one to five years. Data were collected in face-to-face interviews, based on an interview schedule.

Retirement literature indicates inadequate preparation for retirement. Preretirement programs are limited in availability and scope, and often fail to reflect retirees' perceived needs and have little success in reaching those most in need. Early retirement and increased life expectancy magnify this problem.

Keeping in mind the non-random nature of the sample, results suggested that although the majority of respondents were satisfied with retirement, about 71% had concerns at time of retirement. All participants saw a need for retirement preparation which should start early in life. Employer sponsored preretirement programs were advocated by the majority, and about 53% of respondents felt that retirees should be involved in planning and implementation of such programs. The foregoing results support the literature findings.

A pattern of overall high retirement satisfaction combined with high health and social network scores, and adequate income, seems to confirm the importance of these

factors in retirement satisfaction as identified in the literature. Regarding topics for preretirement planning, a majority of responses indicated that financial planning, health and leisure management are essential. A lower proportion, showed a need for information on social support/networks, relocation/housing, safety/security, individual needs, legal affairs and preretirement planning. In general, these topics are consistent with those suggested by the literature.

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CHAPTER 1

INTRODUCTION

This thesis was prompted by informal discussions with several recent retirees, who although they had looked forward to retirement, now experience disillusionment. One wonders whether, and to what extent these people planned for post retirement life, and if their expectations were realistic.

A 1984 study in the United States "identified that the average retirement age was 62 years or younger for 51% of the companies participating in the survey" (Dennis, 1986, p.30), whereas, this pattern was reported by only 23% of the companies in 1972. McPherson (1983) predicts that the number of people who retire early (before 65 years of age) will increase as we near the end of this century. This pattern of early retirement, in the opinion of Dennis (1986) is one of the main reasons for increased interest in retirement planning. In fact, Atchley (1982) detects a "growing separation of the concept of retirement from the concept of old age" (p.274) and thus to him, retirement primarily means leaving the workforce, and not progression into old age. Kieffer (1986) points to the increase since 1950, in the "average remaining life expectancy" (p.39), of people over age 60, (to 18 years for males and to 23 years for females), a factor which combined with early retirement, extends the length of retirement.

Previous research on retirement (Atchley, 1982; Canadian Governmental Report on Aging, 1982; Howard and Marshall, 1983; Levy, 1983), indicates that although most retirees adjust successfully to retirement, some retirees have adjustment difficulties related to factors such as low income, ill-health, lack of social support, use of leisure time, role loss, spousal relationships, socio-economic status (Kenny, 1978; Prentis, 1980) and stage of retirement (Atchley, 1976; Ekerdt, Bosse and Levkoff, 1985).

Furthermore, there is increasing support for the idea that preretirement planning facilitates transition to retirement (Atchley, 1976; Fuller and Redfering, 1976; Atchley, 1981; Howard and Marshall, 1983). Phillipson and Strang (1983) in exploring the benefit of preretirement education, are convinced of "its ability to give individuals a greater sense of confidence about their future life" (p.14). After taking part in a planning program, participants reported less concern about finance, social contact, boredom in retirement, and aging (Phillipson and Strang, 1983).

Roadburg (1988), stressing the importance of preretirement planning, states, "in a positive spirit we must plan so that the later years will indeed be years of true self-realization, creativity, stimulation, development, growth and self-respect" (p.167). Similarly, Monk (1981) believes that future preretirement planning programs "will be expected to provide guidelines for an enriched life experience" (p.97),

and explains that, "the quality of life concept is basically a subjective one, and it is determined by what people feel they need, value, or believe" (p.93).

Statement of Problem

The retirement literature indicates the following problems: inadequate preparation for retirement (Prentis, 1980; Harpaz and Kremer, 1981; Jones, Manion and McIntyre, 1983; Kalt and Kohn, 1975); limited availability and scope of preretirement programs, which often fail to reflect retirees' perceived needs (Kalt and Kohn, 1975; Atchley, 1976; Phillipson and Strang, 1983) and have little success in reaching those most in need (for example: women, unemployed, and lesser status employees) (Atchley, 1976; Atchley, 1981; Beck, 1984); and low priority by employers to offer preretirement programs (Kalt and Kohn, 1975; Atchley, 1981). The fact that the number of people who retire early (under 65 years) is increasing (McPherson, 1983; Dennis, 1986), combined with increased life expectancy (Kieffer, 1986), magnifies this problem.

Purpose of Study

The purpose of this study is to determine the nature of the content for preretirement programs, based on the assessment of preretirement planning needs as perceived by selected retirees.

Definition of Terms

What is retirement? Roadburg (1988) attempts to define this concept. For instance, people may be seen as retired when they no longer work. But such a definition does not consider those who leave a career and get a new part-time job. There is also a suggestion that retirement is not an absolute concept, but is based on the number of weeks employment in the prior year. Yet again, retirement can be viewed as multidimensional. The major problem in defining retirement, seems to relate to differences between objective and subjective perceptions of retirement. Thus Roadburg (1988) concludes that a self-definition may be appropriate. Dennis (1984) sees retirement as a "process" (p.190) by which people prepare for later life, and not the end of a working career. Atchley's model of retirement is that of a "social process" (McPherson, 1983, p.368) which "involves adaptive strategies by the individual and by society" (p.368). Retirement also may be perceived as a social role based on rights and duties (Dennis, 1984). For the purpose of this study, people who are no longer in the work force are considered to be retired.

Retirement preparation "addresses aspects of the role, places and events of retirement" (Dennis, 1984, p.191) and includes planning education and counselling of people in preparation for later life. Preretirement programs are known by several names: "retirement planning, preretirement education, preretirement counseling, and preparation for

retirement" (Glamser, 1981, p.244) and can involve individuals or groups.

Research Questions

Based on the literature, this study will examine two research questions. Findings related to these questions will help to determine the content for preretirement planning programs reflecting retirees' needs, and thus fulfil the purpose of the study.

(1) What are the differences between retirement satisfaction rating and:

- occupation,
- income category,
- length of time retired,
- living alone versus living with a partner,
- health rating,
- health index score,
- social network score, and
- attendance at a preretirement program.

(2) Do retirement needs differ related to:

- occupation,
- income category, and
- length of time retired.

Limitations

This study has several limitations. The sample is non-random, and thus may not be representative of the general population of retirees, and therefore not generalizable. Females and lower socioeconomic status groups are disproportionately represented, which further hinders generalizability.

A risk of selection bias exists, in that people who did not volunteer to participate, may differ from those who took part in the study. Nonattendees at preretirement programs, are underrepresented, so that comparison of retirement satisfaction of attendees versus nonattendees at such programs may be subject to bias.

With regard to the interview schedule, there is a possibility of misinterpretation, especially of general questions (Converse and Presser, 1989), which can affect instrument validity. In addition, circumstances allowed for only one pilot test, which although beneficial, is in the opinion of Converse and Presser (1989), inadequate.

CHAPTER 2

LITERATURE REVIEW

Research on retirement needs is limited, particularly that related to retiree perceived needs. Lower socio-economic status groups, and females are underrepresented. Furthermore, although several models of retirement emerge from the literature, a recognized theory of retirement to guide research is lacking. Based on the literature available, this review is organized around the following topics:

- retirement as a process,
- retirement satisfaction and length of time retired,
- perceived retirement needs,
- retirement needs and socio-economic status,
- need for preretirement education, and
- issues in preretirement education.

Retirement as a Process

Atchley's model of retirement consists of two preretirement stages, namely; a "remote" stage wherein the person sees retirement at a distance and makes financial plans, and may observe how parents or neighbours adjust to retirement, and a "near" phase which includes formal or informal planning by the retiree or the employer (McPherson, 1983, p.368). After retirement there is an initial "honeymoon" stage followed by a period of "disenchantment" (p.368). Later the retiree progresses through a

"reorientation" phase, which if satisfactory is succeeded by a period of "stability" and finally a "termination" phase, related to failing health or monetary resources (p.368). However, Atchley (1976) cautions that it is important to be aware, that not every person will experience all phases or in the same sequence or at the same age.

According to Atchley (1976), the honeymoon phase of retirement may be very short or last for years, depending on the person's resources and creativity in using them. Thus for some people, finances, health, family circumstances, for example, are limiting factors. On the other hand, as Atchley points out, there are little data on the disenchantment stage of retirement, because most research measures peoples' reactions prior to, or just after retirement, or across the total span of retirement. But it is known, that factors such as ill-health, lack of money, over involvement in one's job, few alternatives, other role losses along with retirement, and movement to a new community, predispose people to disenchantment. In other instances, disenchantment results from an unrealistic or vague concept of the retirement role (p.69).

People require a "reorientation phase" (Atchley, 1976), after the period of let-down, whether they experience a honeymoon phase or not. During this period, individuals often become involved in community groups. But, many may be on their own, and if they seek help, it is usually from family

and friends. Most people who enter the reorientation stage proceed to the stability phase (p.70). In the stability phase, life for the most part "is predictable and satisfying" (Atchley, 1976, p.70).

Retirement Satisfaction and Stage of Retirement

Ekerdt et al.(1985), used data from a cross-sectional Boston study to compare levels of life satisfaction and leisure activities during six month time intervals within the first three years after retirement. Results showed that compared to participants in the first six months of retirement, people who were retired 13 to 18 months had lower levels of general life satisfaction, saw themselves as less involved in physical activities and less optimistic about the future. Decreased levels of satisfaction and activity were less marked in those retired for 19 months or more. These patterns support the suggestion that the early postretirement phase is characterized by more enthusiasm than later stages, and that "some degree of letdown or reassessment is likely during the second year of retirement" (p.100).

Perceived Retirement Needs

In a study, by self-administered questionnaire, of 1235 white-collar working women's perceptions of retirement (Prentis, 1980), major areas of concern reported were: financial, health, use of time, boredom, loss of personal competence, loss of friends and business peers, aging and death, loneliness, and spousal relationships" (p.94). The

major factors considered in planning for retirement, in order of frequency were: financial, leisure use, interpersonal relationships, legal issues, new careers and aging.

Atchley (1976) found that adequate income for one's desired lifestyle is the most important factor to consider in retirement planning, because adapting to lowered income accounts for the greatest amount (40 percent) of difficulties. By comparison, only 22 percent of retirement adjustment problems relate to missing one's job (Atchley, 1976). Glamser (1981) suggests that health and finances are the main factors affecting retirement satisfaction, whereas retirees seldom miss their jobs. With regard to spousal relationships, retiring husbands tend to look forward to retirement and enjoy retirement, more than wives (Atchley, 1976). Atchley attributes this to the husband's greater involvement in domestic tasks following retirement, and how it is perceived. Such involvement is often viewed negatively by working class spouses. For couples, retirement tends to be welcomed by those with middle or upper socio-economic status and who are in good health (Atchley, 1976).

Howard and Marshall (1983) in an extensive analysis of retirement research, identified four major factors that facilitate successful retirement. These are: retirees' perceptions that they have adequate income, higher socio-economic status, existence of support groups to ease the transition to a new role, and good health.

Prentis (1980) indicated a lack of peer groups and hence an absence of "an environment of learning and support" (p.94) because of the limited contact between workers and retirees, leading to a knowledge deficit about the various aspects of retirement. It is feasible then, according to Prentis, that workers may benefit from the positive and negative experiences of retirees. In the words of Atchley (1976), "the informal socialization that grows out of observing retired people in action" (p.126), may be extremely important because "... direct experience with retired people allows people to identify both the prerequisites for playing the retirement role and the obstacles people encounter in the process" (pp.126-127).

Jones et al. (1983) in a study of retirement issues in three Texas cities, asked a total of 87 participants, who, in each city, attended a community workshop on preretirement planning, to identify and prioritize problems. Health care was the dominant issue in all three cities, followed by planning, in two cities. Transportation was the third important issue identified. In two of three cities, opportunities for community involvement by retirees, readily available financial and legal services and adequate housing were seen as major issues.

Retirement Needs and Socioeconomic Status

A needs analysis questionnaire prior to preretirement planning seminars, used by Kenny (1978), indicated differences

in perceived needs of higher professional level and managerial personnel, compared to lower status employees. The latter had more concerns about finances, and finding other work or sources of income, whereas for the former, such needs were lower on the list, relative to volunteer work, use of leisure time, and continuing personal development.

In the study by Prentis (1980), 57% of working women professionals, who also had incomes over \$25,000, perceived that they would miss their work, compared to 34% of those in non-professional occupations. As mentioned earlier, Atchley (1976) suggested that lower socioeconomic status may influence spousal relationships after retirement.

Need for Preretirement Education

Findings by Prentis (1980) point to inadequate preparation for retirement, in that only 42% of the working women respondents "indicated that they had done any serious planning for retirement" (p.92), although the majority felt that preretirement programs would be helpful. Research in Israel by Harpaz and Kremer (1981) noted that although older employees often lack information about their future, they make little effort to get it (p.214). A reason for failure to plan for retirement is suggested by Jones et al. (1983) who state that "retirement is a major role change, accompanied by severe role stress" (p.293), and hence people often respond by "avoidance" (p.293).

Levy (1983) believes that for many Canadians, the work role is the major social value in their life, and changing to other values and roles in retirement (for example, leisure) is often difficult.

Likewise, the Canadian Governmental Report on Aging (1982) indicates that although most retirees adjust successfully (based on life-satisfaction measures) to retirement, some people, especially those whose status and self esteem depends primarily on work and income, "more frequently report a lessened opportunity to see friends or relatives, develop social interests, choose neighbourhoods, or develop new friendships after retiring" (p.109).

Atchley (1981) views retirement planning as a means of facilitating the transition to retirement, especially with regard to income, health and lifestyle. Transition is influenced by factors such as employers' retirement policies, circumstances of retirement, and the confidence with which people approach retirement, and is affected positively through fulfilling financial, physical and psychological requirements (Atchley, 1981). Other researchers (Fuller and Redfering, 1976; Atchley, 1976; Howard and Marshall, 1983) endorse this belief.

Preparation for retirement is seen by Lumbard (1985) as a means to increase awareness of life changes related to retirement, and to provide knowledge and skills required to manage these changes. Research (Glamser and DeJong, 1975;

Glamser, 1981; Morrow, 1981; and Phillipson and Strang, 1983) also supports the efficacy of preretirement programs in providing information to participants and in motivating them to plan for retirement, but indicate a need for improved programs to enhance the retirement experience.

Issues in Preretirement Education

Identifiable problems related to preretirement education include: limited availability and scope of programs; increasing use of generic prepackaged information programs; little success in reaching individuals who are most in need, for instance: women, unemployed or sporadically employed, small firm employees, and retirees because of health problems (Atchley, 1976; Atchley, 1981); and low priority by employers with regard to providing preretirement programs (Kalt and Kohn, 1975; Atchley, 1981). Beck (1984), using data from a United States national survey, found that those likely to benefit most from preretirement education, for instance, low rank and low income workers, are less likely to have access to such programs.

Another important issue that has to be addressed is employees' perceptions of what they want from retirement education (Atchley, 1976). Such a need was also indicated by a British longitudinal study (Phillipson and Strang, 1983). Likewise, in an earlier study by Kalt and Kohn (1975), retirees perceived that company sponsored preretirement programs are necessary, and that a significant number of

programs do not include several topics that are important to them. Thus, Kalt and Kohn are confident that the efficacy of preretirement education may be increased by developing programs that reflect retiree perceptions.

Controversy exists about the nature of preretirement education, when it should start, and who should provide it. Prentis (1980), suggested that employees' perception of preretirement education is often limited to isolated counselling sessions, usually about finance. Also, the age (50-59) which employees suggested for the introduction of retirement programs differed from their opinions as to the correct age (30-39) to start planning.

Atchley (1976) believes that elementary and secondary school students ought to be introduced to the realities of retirement and to the need for retirement preparation. Later, (at about age 45), a formal program about financial planning and beneficial use of leisure, tailored to individual needs, should be provided. Immediately prior to retirement, a formal program ought to be offered, with focus on legal issues, health, housing, employment opportunities, as well as financial and leisure planning.

However, retirement preparation can also be informal, such as talking to others about retirement, contact with retirees, and mass media programs which include retired people. Furthermore, there is evidence that providing information and stimulating people to plan for retirement is

more effective than crisis prevention based on counseling (Atchley, 1976).

A need for community-sponsored retirement preparation programs to serve people whose places of employment do not provide such programs was found by Atchley (1976). On the other hand, most participants in Kalt and Kohn's (1975) mail survey, felt that companies should provide preretirement counselling programs for their employees. Three hundred and seventy-three retired academics (representing a response rate of 60.16%) in another mail survey (Kaye and Monk, 1984) further supported this belief. Perceived barriers to individual and community initiatives for preretirement planning, identified by Jones et al. (1983), in rank order, were: insufficient time, problems in obtaining program sponsors, scarcity of funds, lack of interest by potential participants, perceived inadequate knowledge on topic, lack of media support, lack of cooperation between potential resource people and few suitable facilities.

Summary

The literature suggests that retirement is a process that occurs in stages. Retirement satisfaction may vary depending on the length of time retired, and also seems to be influenced by factors such as: adequate income, good health, beneficial use of leisure time and social support/networks. Retirement planning appears to facilitate transition to retirement, and

attendance at preretirement programs, by providing information, is found to motivate preparation. There is support for the idea that employers should provide such programs and that they should start early.

Nevertheless, problems exist related to the nature, scope, availability and accessibility of preretirement education. Not least among such concerns, is the suggestion that it fails to reflect perceived needs of retirees. Increased life expectancy, growing numbers of early retirees, with resultant increasing relevance of retirement planning, calls for assessment of retiree needs, and in turn a review of existing preretirement programs.

CHAPTER 3
METHODOLOGY

The most salient factors in retirement adjustment, derived from the literature, formed the conceptual framework for this study (Appendix A). A needs assessment approach was used.

Subjects

Because random selection was not possible, a convenience sample of 17 retirees (12 males and five females) was obtained with the help of several individuals and agencies. Convenience sampling is a strategy of sampling that is "fast and convenient" (Patton, 1990, p.57).

The criterion of no longer in the workforce was used to identify retirees. In order to decrease the possibility of recall bias, and to elicit possible differences in experiences between early and later post retirement stages, subjects retired for at least one year and no longer than five years were chosen. Subjects were not so incapacitated as to render them housebound or totally dependent, so as to reduce the risk of a health bias. Where possible, spouses of sole breadwinners were included in the sample, because the perceived needs of such spouses may differ from those who were wage earners.

Instrumentation

The instrument used was an Interview Schedule (Appendix A), consisting of a combination of open and closed questions. The advantages and disadvantages of closed versus open questions discussed by Converse and Presser (1989) provided rationale for using such an approach. Although closed questions demand that people select from offered alternatives, rather than giving their own responses, their specificity reduces risk of misinterpretation. Open questions are preferred when lack of information prevents the writing of appropriate response categories, or when exploring sensitive areas of behavior. But, response categories, providing they have been appropriately structured, can more accurately elicit differences among respondents, than if people answer in their own words (Converse and Presser, 1989).

The Health Index questions were derived from the index of health practices in the Human Population survey of Alameda County (Berkman and Breslow, 1983). This survey, indicated an association between: common health habits such as cigarette smoking, alcohol consumption, physical exercise, regular eating, adequate sleep, and physical health status. Five health patterns were significantly related to mortality, and in rank order were: cigarette smoking, physical activity, alcohol consumption, obesity and hours of sleep (p.106). For the current study, the Health Index questions relating to

these five areas were used previously in the Canada Health Promotion Survey (Active Health Report, 1989).

There is evidence that social ties with other individuals and the wider community relate to health and well-being (Berkman and Breslow, 1983). In fact, Antonovsky (1979) believed that a "sense of coherence" (p.123) which may be a major determinant of health, could be facilitated by social networks. A sense of coherence is defined as:

a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and there is a high probability that things will work out as well as can be reasonably expected (Antonovsky, 1979, p.123).

Thus, a Social Network Index was constructed by Berkman and Breslow (1983) combining "measures of marital status, contacts with extended family and close friends, church membership, and other group affiliations" (p.44). An inverse relationship exists between the combination of these four kinds of social networks and mortality, which is independent of factors such as physical health, socioeconomic status, race, and use of preventive health services. Moreover, self-rated life-satisfaction and social networks together, is a stronger predictor of mortality than either alone (Berkman and Breslow, 1983). Social Networks Index questions were used in the present research, to compare self-reported retirement satisfaction and social networks score.

Canada's 1985 Health Promotion Survey, showed "a strong relationship between income and self-rated health, activity

limitations and happiness" (Active Health Report, 1989, p.18). Hence, in the present study, income was measured according to the Manitoba Heart Health Survey's four income categories. Questions on perceived health rating and independent living were also included in the interview schedule. A significant association has been shown to exist between subjective health ratings and health condition (Kar and Berkanovic, 1988).

Questions were pilot tested for timing to prevent "respondent fatigue, interview break-off and initial refusal" (Converse and Presser, 1989, p.62), as well as for meaning conveyed to respondents. "Testing the meaning of questions is probably the most important pretesting purpose" (Converse and Presser, 1989, p.56). A group of five volunteer retirees, who were not study subjects, participated in the pilot test. The pilot test was useful in establishing that the time of one hour allocated for the interview was realistic. It also enabled the investigator to clarify the objective of each question, based on responses and comments from the group.

Procedure

Following an initial telephone call by the researcher, a letter outlining the purpose and procedure of the study (Appendix B) was sent to each person who expressed interest in participation. In order to comply with ethical requirements for research, written informed consent (Appendix B) of all subjects was obtained. Also subjects were free not to answer specific questions during the interview, or

terminate their participation at any time. Anonymity of the participants and any institution involved, was protected, by omitting names from the research documents.

Data were collected by individual face-to-face interviews conducted by the researcher between June and September, 1991, at a time and place convenient to the interviewee. Fourteen of the interviews took place in the subjects' homes and lasted 30 to 45 minutes. Interviews "... allow us to enter the other person's perspective" (Patton, 1990, p.109). The researcher made brief notes during each interview, having first explained to the subject, that this was necessary for accuracy. When structured multiple-choice questions were asked, "show cards" (Converse and Presser, 1989, p.59) listing the choice of answers, were handed to respondents, to avoid repetition and to add variety to the format (Converse and Presser, 1989).

"The analysis of qualitative data is a creative process" (Patton, 1990, p.146) rather than being guided by rigid rules. After editing the collected information, content analysis was done. "Content analysis involves identifying coherent and important examples, themes, and patterns in the data" (Patton, 1990, p.149), and requires that data are classified. "Patterns, themes, and categories of analysis ... emerge out of the data" (p.150), that is, by inductive analysis "rather than being decided prior to data collection and analysis" (Patton, 1990, p.150).

In order to analyze the data, composite scores were given to indices. For the Social Network Index score (0-4), one point was given to each of the following four Social Networks measurements:

- Close friends and relatives.

Berkman and Breslow (1983) attest to the health benefit of having at least one confidant. Israel (1985) suggests that "the quality of interactions (e.g. emotional intensity, mutual sharing) rather than the quantity (e.g. size and frequency), is most significantly related to well-being" (p.76).

- Marital status - currently married.

"Those who are not married, whether single, separated, widowed or divorced, experience higher mortality rates than married people" (Berkman and Breslow, 1983, p.116).

- Church membership.

"Individuals who belong to a church have a better health record than those who do not" (Berkman and Breslow, 1983, p.126). Church membership is seen as "conceptually different from other types of associations" (Berkman and Breslow, 1983, p.126).

- Group membership.

In Berkman and Breslow's (1983) study, "membership in other than church groups was similarly related to mortality" (p.126).

For the Health Index score (0-5), 1 point was given to each of the following five health characteristics:

- Sleep (7-8 hours).

There is "an association between six or less or nine or more hours of sleep per night and increased mortality" (Berkman and Breslow, 1983, p.86).

- Body Mass Index (less than 27).

Body Mass Index (BMI) "is defined as weight (kg) divided by height (metres) squared" (Canadian Guidelines for Healthy Weights, 1988, p.6). A BMI of 27 or more indicates "increasing risk of developing health problems" (p.6).

- Engagement in active sports, swimming or taking long walks, gardening or doing physical exercises 3 or more times a week. Canada's Health Promotion Survey (1988), suggested a positive relationship between "regular (three or more times per week)" (p.156) exercise and health.

- Alcohol - not more than an average of two drinks per day. This amount is based on Canada's Health Promotion Survey (1988) health practice objective related to alcohol; that "by the year 2000, fewer than 4% of Canadian adults should average more than two drinks per day" (p.220).

- Never smoked cigarettes.

In Berkman and Breslow's (1983) study, present and past smokers had higher mortality rates than those who had never smoked.

"People with a score of 0-2 can be considered as following high-risk health practices; 4-5, low risk, and 3, intermediate" (Berkman and Breslow, 1983, p.214).

An Independent Living Score (0-4) was derived by giving 1 point for the ability to:

- walk without help
- drive a car
- use public transport, and
- absence of a health problem that interferes with daily life.

Based on the research questions, several comparisons were made. Addressing the possible influence of income or occupation on retirement satisfaction, income and occupation were compared with self-rated retirement satisfaction. Reflecting the suggestion by previous research that retirement satisfaction may vary with the length of time retired, retirement satisfaction rating also was matched with length of time retired. Retirement satisfaction of attendees versus non-attendees at a preretirement program was compared, based on earlier research support for the efficacy of such programs in facilitating transition to retirement.

To reflect the apparent importance of health in retirement, a possible association was sought between retirement satisfaction and health rating, and between retirement satisfaction and health index score. Health rating

was compared with health index score, to establish whether those with a high subjective health rating also had a high health index score and vice versa. Because of prior research support for the beneficial effect of social contact on life satisfaction, retirement satisfaction was compared with social network scores, and whether or not the person lived with a partner.

With regard to retirement needs, the retirement literature suggests possible differences in needs based on occupation, income or length of time retired. Hence, a comparison was made between the retirement needs of people in specified income and occupational categories, and between perceived needs at various times in retirement.

CHAPTER 4
RESULTS AND DISCUSSION

In order to reflect the purpose of the study and research questions posed, results and discussion will be organized under three main categories; Retirement Satisfaction, Retirement Needs, and Retirement Preparation.

To address research question number one, retirement satisfaction results will be subdivided, in order to identify possible differences related to: occupation, income, length of time retired, attendance at a preretirement program, health, social network and living alone versus with a partner.

In seeking answers to the second research question, "do retirement needs differ related to occupation, income or length of time retired?", retirement needs of respondents will be categorized according to these variables.

Retirement Satisfaction

On a retirement satisfaction scale (1-5), the majority (94%) rated 4-5. The remaining 6% rated 1, indicating a lack of satisfaction (Table 1). This supports previous research findings that most retirees adjust satisfactorily.

TABLE 1. Satisfaction with Retirement.

<u>Rating</u>	<u>Respondents</u>	
1	1	6%
2	0	0%
3	0	0%
4	7	41%
5	9	53%
<u>Total</u>	<u>17</u>	<u>100%</u>

Results: Majority (94%) rated 4-5 on satisfaction scale.

Note. Percentages expressed as a proportion of respondents, unless otherwise stated.

Note. In some instances percentages are approximate, as a result of rounding.

Retirement satisfaction and occupation.

In seeking possible differences between retirement satisfaction ratings and occupation (Table 2), a respondent with a rating of 1 (compared to ratings of 4 or 5 for the rest of the sample), had worked in a skilled trade. A possible factor in this difference is the fact that the individual with a rating of 1 also scored lower (2) than the majority on the health index and social networks (3), and had an invalid spouse. Thus the apparent difference in retirement satisfaction may not be related to occupation alone.

In summary, no differences were noted in retirement satisfaction ratings of managerial, professional, homemaker,

or foreman occupations. Nonetheless, because the sample was skewed in favor of professional and managerial occupations (Table 3), and 71% of the sample were male (Table 4) the finding must be interpreted with caution.

Retirement satisfaction and income.

Addressing possible differences between retirement satisfaction rating and income (Table 2), one participant indicating a lack of satisfaction with retirement (rating 1) was in a lesser income category (2) (\$12,000-24,999) than most of the other respondents, who were in categories 3 (\$25,000-49,999) or 4 (over \$50,000). In contrast, two other respondents in income category 2, had retirement satisfaction ratings of 4 out of 5. The respondent who rated 1 on retirement satisfaction scored only 3 out of 4 on social networks, compared to the majority score of 4, and 2 out of 5 on the health index score, as well as having a chronically ill spouse. Thus, factors other than income, such as social networks and health condition seem to be important considerations in retirement satisfaction. However, three respondents did not state their income, category 1 (under \$12,000) was not represented, the majority (nine) were in category 3, and only two were in income category 4.

In summary, the majority who rated highly on retirement satisfaction were in the higher income categories. Moreover, factors such as health and social networks also seem to contribute to satisfaction.

TABLE 2. Retirement Satisfaction Rating versus Occupation, Income, Gender, and Time Retired

Gender	Occupation	Income category (1-4)	Time retired	Retirement satisfaction rating (1-5)
M	Professional	3	2 yrs.	5
M	Management	Not stated	1 yr.	4
F	Office/ Clerical/ Sales	Not stated	1 yr.	5
F	Homemaker	Not stated	1 yr.	4
F	Professional	2	4 yrs.	4
M	Skilled Trade	2	2 yrs.	1
M	Foreman	3	5 yrs.	5
M	Management	4	3 yrs.	4
M	Management	3	2 yrs.	5
M	Management	3	5 yrs.	4
M	Management	3	3 yrs.	5
M	Professional	3	5 yrs.	4
F	Professional	2	4 yrs.	4
M	Professional	3	2 yrs.	5
F	Homemaker	3	2 yrs.	5
M	Management	4	1 yr.	5
M	Management	3	5 yrs.	4

TABLE 3. Occupation before Retirement

<u>Occupation</u>	<u>Respondents</u>	
Management	7	41%
Professional	5	29%
Homemaker	2	12%
Office/Clerical/ Sales	1	6%
Foreman	1	6%
Skilled trade	1	6%
Semi-skilled	0	0%
Unskilled	0	0%
<u>Total</u>	<u>17</u>	<u>100%</u>

Results: Majority (41%) - Managerial occupations.
0% - Semi-skilled and unskilled.

TABLE 4. Gender of Study Subjects

Male	12	71%
Female	5	29%
<u>Total</u>	<u>17</u>	<u>100%</u>

Retirement satisfaction and length of time retired.

Relating perceived retirement satisfaction and length of time retired (Table 2), 16 of the 17 participants rated highly (4 out of 5) for satisfaction, regardless of length of time retired. With regard to the respondent who indicated dissatisfaction with retirement, lower health index and social network scores, lower income than most of the sample and

spousal ill-health also were noted. Thus it was not clear whether the length of time retired was a factor.

In summary, the overall high level of retirement satisfaction and factors such as health, social networks and income obscured a possible relationship to the length of time retired.

TABLE 5. Number of Years Retired

<u>Length of Time Retired</u>	<u>Respondents</u>	
1 year	4	24%
2 years	5	29%
3 years	2	12%
4 years	2	12%
5 years	4	24%
<u>Total</u>	<u>17</u>	<u>101%</u>

Retirement satisfaction and health rating.

Examining retirement satisfaction rating and health rating (Table 6), the majority (15 out of 17) who saw their health as "good", "very good", or "excellent", also rated their retirement satisfaction highly (4 out of 5). Two people who had a health rating of "fair", had a retirement satisfaction rating of 4, whereas one respondent with a health rating of "good" (but with health index and social network scores of 2 and 3 respectively and income level 2), rated only 1 for retirement satisfaction.

In summary, on the whole those with high health ratings expressed high levels of retirement satisfaction, which supports the literature. However, other factors such as personal or spousal health, social networks and income may be influential.

Retirement satisfaction and health index score.

In regard to retirement satisfaction rating and health index score (Table 6), 16 out of 17 respondents had a health index score of 3, 4, or 5 and a retirement satisfaction rating of 4 or 5. One participant with a low health index score (2), also had a low rating (1) for retirement satisfaction. Here, one must again take into account that the respondent had a lower social network score (3), and a lower income (2) than most of the sample.

To summarize, in general, respondents with high retirement satisfaction had high health index scores, which is consistent with the literature findings.

TABLE 6. Retirement Satisfaction versus Health Rating, Health Index Score, and Social Network Score

Health Rating	Health Index Score (0-5)	Social Network Score (0-4)	Retirement Satisfaction Rating (1-5)
Good	3	3	5
Very good	4	4	4
Very good	4	3	5
Good	4	4	4
Very good	3	4	4
Good	2	3	1
Good	3	4	5
Fair	4	2	4
Good	3	3	5
Excellent	5	4	4
Very good	5	3	5
Fair	3	3	4
Very good	4	3	4
Good	4	3	5
Good	5	4	5
Very good	3	4	5
Excellent	4	4	4

In comparing Health ratings and Health Index scores (Table 6), 15 out of 17 participants rated their health either "good", "very good" or "excellent", and of those, 14 had health index scores between 3 and 5. This pattern appears to

support previous findings by Kar and Berkanovic (1988), that a significant association exists between subjective health ratings and personal health.

Nevertheless, one respondent who had a health rating of "fair" and a health index score of 3, also has a lower independent living score (3 out of 4), than the majority, who scored 4. By comparison, another participant who had a subjective health rating of "fair", had a health score of 4 out of 5, but had lower scores for Social Network (2), and independent living (3), than those whose health rating was "good", "very good", or "excellent". In addition this person lived alone.

In summary, findings appear to suggest that, as well as health index score and subjective health rating, factors such as social network, independence of living, and living with versus without a partner, may affect retirement satisfaction.

Retirement satisfaction and social network score.

Looking at retirement satisfaction rating and social network scores (Table 6), 16 subjects rated 4 or 5 on retirement satisfaction, and out of these, 15 scored 3 out of 4 for social network. One respondent with a social network score of 2, a subjective health rating of "fair" and who lived alone, rated 4 on the level of retirement satisfaction. Thus, there appears to be other confounding factors, such as in the latter instance, a higher income (4) than most of the sample.

In summary, overall, respondents with high social network scores had high retirement satisfaction, which attests to the importance of social contacts in retirement, as stressed in the literature. Moreover, it appears that variables such as income also must be taken into account.

Retirement satisfaction and living alone versus
with a partner.

Regarding retirement satisfaction and living alone versus with a partner (Table 7), a pattern was obvious, in that people who lived with a partner rated highly on retirement satisfaction. Both respondents who lived alone rated 4 out of 5 on satisfaction, which was comparable to the rating of persons living with a partner.

In summary, no difference was found in retirement satisfaction of those living alone versus with a partner. However, the sample was skewed toward cohabitation.

Retirement satisfaction and attendance at a
preretirement program.

There was no apparent difference in retirement satisfaction of attendees versus nonattendees at preretirement programs (Table 7). Two respondents who did not attend a program had retirement satisfaction ratings of 4, which were comparable to the high ratings (4 out of 5) of all except one of those who attended such a program.

In summary, there was no obvious difference between retirement satisfaction of those who participated in a

preretirement program versus those who did not. But, the skewed sample (Table 8), with 88% having attended a preretirement program, may prevent generalization.

TABLE 7. Retirement Satisfaction Rating; Living Alone versus with a Partner, Independent Living Score, and Attendance at a Preretirement Planning Program

Retirement satisfaction rating (1-5)	Living alone versus with partner	Independent living score (0-4)	Preretirement planning program
5	Partner	4	yes
4	Partner	4	yes
5	Partner	4	yes
4	Partner	4	yes
4	Partner	4	yes
1	Partner	4	yes
5	Partner	4	yes
4	Alone	3	yes
5	Partner	4	yes
4	Partner	4	yes
5	Partner	4	yes
4	Partner	3	yes
4	Alone	4	no
5	Partner	4	no
5	Partner	4	yes
5	Partner	4	yes
4	Partner	4	yes

TABLE 8. Attended Preretirement Planning Program

<u>Response</u>	<u>Respondents</u>	
Yes	15	88%
No	2	12%
<u>Total</u>	<u>17</u>	<u>100%</u>

Results: Majority (88%) attended preretirement program.

Retirement Needs

When respondents were asked "...what would have helped you to prepare?", the majority (60%) felt adequately prepared for retirement (Table 9), while the needs of the remaining 40% included financial, leisure and communication/relationships information. Nevertheless, when asked, "at the time of retirement did you have any concerns?", a majority (71%) answered yes (Table 10).

TABLE 9. Based on your Current Experience in Retirement, What would have Helped you to Prepare?

<u>Response</u>	<u>No. of responses</u>	
Was prepared	12	60%
Financial Planning	3	17%
Leisure Planning	3	17%
Communication/ Relationships	1	6%
<u>Total</u>	<u>19</u>	<u>100%</u>

Results: 60% felt adequately prepared for retirement.

Note. Percentages expressed as a proportion of responses.

Addressing the perceived needs of retirees (Table 9), 17% of responses indicated that more financial planning would have been helpful, and 17% showed a need for guidance regarding use of time, while 6% had a need for communication and relationships information. A similar pattern was seen when subjects were asked what areas they would advise retirees about (Table 11). Priority areas in which planning was deemed essential were: finance, leisure, and health, and a 4th area included; communication/relationships, emotional/psychological aspects, (such as meaningfulness of one's life, "quality of life", having a positive attitude to life without a job), and relocation.

TABLE 10. At the Time of Retirement did you have any Concerns?

<u>Response</u>	<u>Respondents</u>	
Yes	12	71%
No	5	29%
<hr/>		
Total	17	100%

Results: Majority (71%) had concerns at time of retirement.

TABLE 11. Areas of Advice for Retirees

<u>Response</u>	<u>No. of responses</u>	
Finance	13	39%
Leisure	9	27%
Health	5	15%
Relocation	2	6%
Communication/ Relationships	2	6%
Emotional/ Psychological	2	6%
<hr/>		
Total	33	99%

Results: In rank order based on number of responses.

Note. percentages expressed as proportion of responses.

With regard to concerns at time of retirement (Table 12), finance, health, and death of self/spouse predominated. A 4th category included: use of leisure time and missing people from work. Spousal relationship concerns were conveyed in terms such as: "infringing on my spouse's domain", ensuring enough "private time", preserving "my turf", not having "my own space", and loss of "identity". Concerns about death of self/spouse seemed to relate to poor health of the respondent or spouse. Of interest is the finding that nobody seemed concerned about missing their job, or lack of social networks.

TABLE 12. Concerns at Time of Retirement

<u>Concerns</u>	<u>Responses</u>	
Finance	8	28%
Health	5	17%
Death of self/spouse	4	14%
Spousal relationships	3	10%
Use of leisure time	3	10%
Missing people from work	3	10%
No concerns	3	10%
Social support/networks	0	0%
Missing job	0	0%
Total	29	99%

Results: In rank order based on number of responses.

Note. Percentages expressed as a proportion of responses.

Further retiree needs were reflected in the topics which respondents felt should be offered in preretirement programs (Table 13). Thirty-three percent considered financial information to be essential. Next in order (25%) were health and lifestyle topics (including nutrition and aging), while 16% saw leisure time management as important. Of lesser priority, were communication/relationships (6%) and legal affairs. Four percent of responses favored relocation information, including inadvisability of moving too soon after retirement, and housing options. Only 2% showed a need for

social networks or safety/security information, or emphasis on the importance of preretirement planning. Four percent of responses indicated that topics should be chosen according to individual needs.

TABLE 13. Retirement Topics

<u>Topics</u>	<u>Responses</u>	
Finances/Pensions/Benefits/Investments	17	33%
Health/Nutrition/Lifestyle/Aging/Insurance	13	25%
Time management/Leisure/Recreation/Clubs	8	16%
Communication/ Relationships	3	6%
Legal affairs	3	6%
Relocation/Housing	2	4%
Depends on individual needs	2	4%
Safety/Security	1	2%
Social networks	1	2%
Importance of preretirement planning	1	2%
<u>Total</u>	51	100%

Results: Topics in rank order based on number of responses.

Twenty-nine percent of participants believed that the early post retirement stage was too late to help people adjust to retirement (Table 14). However, 35% of respondents saw a need for social networks or peer counsellors, 12% considered joint planning by partners to be helpful, and a further 12%

felt that making changes gradually, was advisable. A minority (6%) identified a need for a lifestyle reassessment program six months after retirement, and for financial guidance (6%) (Table 14). A majority (71%) did not see a need for educational programs after retirement (Table 15).

TABLE 14. Topics for Early Post Retirement Stage

<u>Response</u>	<u>Respondents</u>	
Support network/ Peer counsellors	6	35%
Too late to do anything	5	29%
Joint planning by partners	2	12%
Make gradual changes, one at a time	2	12%
Offer program 6 months after retirement to reassess lifestyle	1	6%
Give information about finance if not done preretirement	1	6%
<hr/>		
Total	17	100%

Results: Majority (35%) - recommend support network/peer counsellors.

TABLE 15. Benefit of Retirement Program during First Years of Retirement

<u>Response</u>	<u>Respondents</u>	
Yes	5	29%
No	12	71%
Total	17	100%

Results: Majority (71%) not in favor of post-retirement programs.

In exploring topics suitable for a post retirement program (Table 16), the majority (33%) favored relationships/lifestyle. There was less interest (17%) in each of the following topics: finance, leisure, and social support, or in a needs assessment through group discussion. Overall, a much higher percentage of respondents (33% and 17% respectively) perceived a need for information on relationships and support networks for postretirees, compared to 6% and 2% respectively for those planning retirement (Tables 11 and 13).

To summarize, 71% of respondents had concerns at time of retirement. A majority category of responses indicated a need for financial planning, health, and constructive use of leisure. Of apparent lower priority were: communication/relationships and legal affairs, while a third minority category advocated safety and security, preretirement planning and social networks. Seventy-one percent of participants did not see a need for post retirement programs, but of those who

did, the majority felt a need for a social support/network involving peer counsellors, as recommended in the literature.

TABLE 16. Useful Post Retirement Topics

<u>Topic</u>	<u>Responses</u>	
Relationships/Lifestyle	2	33%
Finance	1	17%
Time management/Leisure activities(Travel,Hobbies)/ Services available	1	17%
Social support	1	17%
Discover needs through group discussion	1	17%
<u>Total</u>	<u>6</u>	<u>101%</u>

Results: Majority (33%) - Relationships/Lifestyle.

Note. Percentages expressed as a proportion of responses.

Retirement needs and occupation.

Matching perceived needs and occupational status (Table 17), no differences in perceived needs were noted between occupations, nor between homemakers and those who retired from the workforce. However, semi skilled and unskilled were not represented, skilled trade and foreman categories were disproportionally represented, and the proportion of homemakers was small.

In summary, allowing for study limitations, no occupational differences in retirement needs were found.

Retirement needs and income.

In general, retirement needs were similar across income categories (Table 17), in that financial planning, health maintenance, and constructive use of leisure time were seen as a priority by the majority.

In summary, income level did not seem to determine retirement needs.

Table 17. Retirement Needs and Occupation, Income, and Length of Time Retired

<u>Occupation</u>	<u>Income category</u>	<u>Length of time retired</u>	<u>Perceived retirement needs</u>
Management	3	2 yrs.	Finance, Health, Recreation.
Management	Not stated	1 yr.	Finance, Health, Leisure activities.
Office/ Clerical/ Sales	Not stated	1 yr.	Finance, Health, Leisure, Relocation, Spousal relationships, Social contacts, Legal affairs.
Homemaker	Not stated	1 yr.	Finance, Leisure, Spousal relationships, Health.
Professional	2	4 yrs.	Finance, Health, Spousal relationships, Social contact.
Skilled trade.	2	2 yrs.	Finance, Hobbies, Health, Legal affairs.
Foreman	3	5 yrs.	Finance, Health, Spousal relationships, Support from retirees.
Management	4	3 yrs.	Health, Finances, Legal affairs.
Management	3	2 yrs.	Finance, Health.

TABLE 17. (continued)

<u>Occupation</u>	<u>Income category</u>	<u>Length of time retired</u>	<u>Perceived retirement needs</u>
Management	3	4 yrs.	Leisure activities, Communication, Relationships, Support group.
Management	3	3 yrs.	Leisure activities, Finance, Relocation information.
Professional	3	5 yrs.	Lifestyle issues, (Quality of life), Relationships, Health, Aging myths, Finance, Housing, Safety/security, Peer counsellors.
Professional	2	4 yrs.	Psycho/emotional. Relationships, Housing options, Finance, Support groups (retirees).
Professional	3	2 yrs.	Health, Finance, Constructive use of leisure.
Homemaker	3	2 yrs.	Finance, Health, Hobbies.
Management	4	1 yr.	Leisure activities, Finance, Health.
Management	3	5 yrs.	Finance, Leisure activities, Social contact (retirees).

Retirement needs and length of time retired.

In comparing retirement needs and length of time retired (Table 17), a pattern was apparent in that the six people retired for 4 or 5 years, perceived a need for social support/networks including retirees as peer counsellors. Five out of the six saw a need for information on relationships. Of the 11 respondents retired for either 1, 2, or 3 years, only one indicated a need for social support networks, and two perceived a need for guidance concerning relationships. Regarding other perceived needs, namely: finance, health, leisure activities, relocation/housing, and legal affairs, there was no apparent relationship to length of retirement.

In summary, on the whole no differences were seen in retirement needs based on length of time retired. However, there was a suggestion that people retired 4 or 5 years saw greater need for social support/network involving retirees, and information on relationships, than those retired for a shorter period.

Retirement Preparation

As already stated, the majority (88%), attended a preretirement program. All preretirement programs were employer sponsored (Table 18). The majority (44%) felt, as in previous research, that the employer or company should provide such programs (Table 19). Twenty-six percent of responses indicated that seniors/retirees' agencies involving peer counsellors ought to provide programs. Apparent lower

priority was given to government (18%), continuing/adult education (9%), and schools (3%). All the respondents saw a need for preretirement programs (Table 20), which supports earlier research findings.

TABLE 18. Sponsor of Retirement Program

<u>Response</u>	<u>Respondents</u>	
Employer/Company sponsored	15	100%
<hr/> Total	15	100%

Results: 100% of programs attended were employer/company sponsored.

TABLE 19. Who should Provide Preretirement Programs?

<u>Response</u>	<u>No. of responses</u>	
Employer/Company	15	44%
Seniors/Retirees agencies/ Peer counsellors	9	26%
Government	6	18%
Continuing Education/Adult Education	3	9%
Schools	1	3%
<hr/> Total	34	100%

Results: Majority (44%), support employer sponsored programs.

Note: percentages expressed as a proportion of responses.

TABLE 20. Need for Retirement Planning Programs

<u>Response</u>	<u>Respondents</u>	
Yes	17	100%
No	0	100%
<hr/> Total	17	100%

Results: 100% of respondents saw a need for preretirement planning programs.

A wide range of opinions were elicited as to when preretirement planning should start (Table 21). The majority (about 50%), offered suggestions such as: two to 30 years ahead, (especially for finances), informal planning as early as possible and formal preparation closer to retirement, "before the children arrive", and "well before age 50". A 2nd group (18%) felt that planning should begin in school as part of a general lifestyle program, while a 3rd range (12%) opted for: at least one year ahead, a minimum of five years ahead, "the earlier the better", and at the time of "first job". The overall findings on the ideal time for start of preretirement planning support the views of Atchley (1976), that retirement preparation should start early in life.

In summary, 88% of participants attended a preretirement program. All respondents saw a need for such programs, and the majority advocated employer sponsored programs where possible. Twenty-six percent of responses indicated a need for involvement of retirees. There was a general consensus that preretirement preparation should start well in advance of retirement.

TABLE 21. When Preretirement Planning should Start.

<u>Response</u>	<u>Respondents</u>	
In school	3	18%
At least 1 year ahead The earlier the better,	2	12%
At time of "first job"	2	12%
Minimum of 5 years ahead	2	12%
About 10 years ahead, especially finances.	1	6%
25-30 years ahead for finances	1	6%
"Well before age 50" Initial program (finances) 10 years ahead.	1	6%
2nd session (more in depth) 5 years ahead.	1	6%
Informal planning, as early as possible.	1	6%
Formal preparation, closer to retirement.	1	6%
At least 2 years ahead	1	6%
"Before the children arrive"	1	6%
<hr/> Total	17	102%

Results: General consensus that planning should start well ahead of retirement.

Summary

The study results were organized under three main categories: Retirement Satisfaction, Retirement Needs, and Retirement Preparation. Ninety-four percent of respondents were satisfied with retirement, which supports the literature suggestion that most retirees adjust satisfactorily. Addressing research question number one and recognizing the study limitations, no differences were apparent between retirement satisfaction rating and occupation, length of time retired, living alone versus with a partner, or attendance at a preretirement program. However, there was a suggestion, that a combination of factors may contribute to satisfaction.

For example, comparison of retirement satisfaction with health, social networks and income, in a majority of instances, showed that those with high retirement satisfaction had high subjective health ratings and high scores for health and social networks, and had adequate income. This supports Berkman and Breslow's (1983) finding that health practices and social networks relate to well-being. This pattern also endorses the salience of health, social networks and income in retirement satisfaction as indicated in the literature.

With regard to retirement needs, about 71% of respondents had concerns at the time of retirement which supports the literature suggestion that transition to retirement may be stressful. Referring to research question

number two, no differences were apparent in retirement needs based on occupation, income or length of time retired. Nonetheless, a pattern was evident in the needs perceived by study participants in that the majority considered finance, health, and leisure management a priority in preretirement planning. This pattern supports the literature findings. A lower proportion of respondents indicated a need for information on communication/relationships, social support/networks, relocation/housing, safety and security, and legal affairs. Need for information on social support/networks and relationships was perceived as being a priority in the post retirement stage.

There was overall consensus that preretirement planning should start well ahead of retirement. Although the sample was biased in favor of attendees at preretirement programs, all the respondents, (as in prior research) saw a need for such programs, and the majority felt that programs should be company sponsored where possible.

A minority indicated the value of needs assessment in determining topics for preretirement programs. Nonetheless, the importance of reflecting retirees' perceived needs in preretirement programs, as stressed in the literature, is demonstrated by the fact that approximately 53% of participants recommended the involvement of retirees in planning and implementation of preretirement planning programs.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Despite the limitations of this study, patterns which evolved from the data, may have implications for planning and evaluating preretirement programs and for future studies.

For example, although 94% of respondents expressed satisfaction with retirement, 71% had concerns at time of retirement. This supports the literature suggestion that although most people adjust to retirement, transition can be stressful. As in prior research all study participants saw a need for preretirement programs, and the predominant feeling was that programs should be employer sponsored where possible, and should start well ahead of retirement. About 53% of respondents felt that retirees should be involved as peer counsellors in provision of preretirement programs, and as support groups during the early stages of retirement. The need for retiree involvement is also endorsed by the literature.

No differences were obvious between retirement satisfaction rating and occupation, attendance at a preretirement program, length of time retired, or living alone versus with a partner. However, there was a suggestion that a combination of factors may influence retirement satisfaction. For instance, comparison of retirement satisfaction and health, social networks and income, in a

majority of instances, indicated a pattern of high retirement satisfaction combined with high subjective health rating, high health index and social network scores and adequate income. This supports the literature findings. Moreover, findings suggested that factors such as spousal health and independence of living contribute to retirement satisfaction.

Although there was no apparent difference in needs related to income, occupation, or length of time retired, the priority preretirement planning needs identified (namely, finance, health and use of leisure time), and the need for social networks post retirement, support the literature findings. Regarding the nature of the content for preretirement programs, topics considered essential (Table 22), in general are consistent with the salient factors in retirement adjustment identified in the literature.

TABLE 22. Preretirement Program Topics

1. Financial planning
2. Health maintenance
3. Leisure management
4. Communication/Relationships, Legal affairs.
5. Relocation/Housing, Individual needs.
6. Safety/Security, Social networks,
Preretirement planning.

Recommendations

Based on the study results, the investigator makes the following recommendations:

- that the study be replicated using a random sample of retirees.
- that a larger sample be used, while attempting to have a more equitable distribution of gender, income, and occupation categories, and attendees versus nonattendees at preretirement planning programs.
- that the information obtained from this investigation be used by educators in planning, implementing and evaluating preretirement programs, which in turn may increase preretirees' awareness of retirement realities and the need for planning.

Finally, increased involvement by retirees in provision of preretirement education and support to fellow retirees, appears to be warranted. Indeed, this approach may be a first step toward fulfilling Monk's (1981) vision of the role of preretirement planning programs in "enhancing a person's quality of life" (p.93) and facilitating "personal growth" (p.93).

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APPENDIX A

CONCEPTUAL FRAMEWORK

<u>Salient factors in</u>	<u>Measure</u>
<u>retirement adjustment</u>	
- Financial	Income categories (Manitoba Heart Health Survey). Q. 8a, 38 (Interview).
- Health	Health Index (Canada Health Promotion Survey). Q. 3, 8b, 18-29 (Interview).
- Social support	Social Support Index (Berkman and Breslow) Q. 8f, 30-36 (Interview).
- Leisure	Q. 8d, 24 (Interview).
- Role loss	Q. 8c, (Interview).
- Spousal relationships	Q. 8e, 8g, 32, 33 (Interview).
- Socioeconomic status	(Manitoba Heart Health Survey, occupation categories).
- Stage of retirement	Q. 1, 9, 16, 17 (Interview).
- Preretirement planning.	Q. 4, 5. 10-15 (Interview).

Interview Schedule

Male___ Female___

1. To the nearest year, how long have you been retired?
2. What did you do before you retired?
 - (1) professional___ (2) management ___
 - (3) office/clerical/sales___ (4) foreman___
 - (5) semi skilled___ (6) unskilled___
 - (7) skilled trade___ (8) homemaker___ (9) other___
3. How would you rate your scale of satisfaction with retirement?

Not satisfied 1 2 3 4 5 Very satisfied
4. Based on your current experience in retirement what would have helped you to prepare?
5. If you were helping a person plan for retirement, what areas would you advise him/her about?
6. At the time of retirement did you have any concerns?
7. What were they?
8. Did you think about:
 - a. Income Yes___ No___ If yes, explain.
 - b. Health Yes___ No___ If yes, explain.
 - c. Missing your job Yes___ No___ If yes, explain.
 - d. Use of leisure time Yes___ No___ If yes, explain.
 - e. Spousal relationships Yes___ No___ If yes, explain.
 - f. Social support of family and friends Yes ___ No ___
If yes, explain.
 - g. Death of self or spouse Yes___ No___ If yes, explain.

9. What should be done in the early post retirement stage to help people adjust?
10. Did you attend a preretirement planning program?
(1) yes ___ (2) no ___
11. What kind of program?
12. Do you see a need for programs to help people plan for retirement? (1) Yes ___ (2) No ___
13. What kind of topics should be offered?
14. Who should provide preretirement programs?
15. When do you think preretirement planning should start?
16. Would retirement programs during your first years of retirement have been helpful? (1) Yes ___ (2) No ___
17. What kind of topics would have been useful?
18. In general, compared to other persons your age, would you say your health is:
(1) Excellent ___ (2) very good ___ (3) good ___
(4) fair ___ (5) poor ___
19. How many hours of sleep do you usually get at night?
(1) 6 hours or less ___ (2) 7 hours ___
(3) 8 hours ___ (4) 9 hours or more ___
20. How often do you drink wine, beer, or liquor?
(1) never ___ (2) less than once per week ___
(3) once or twice a week ___ (4) more than twice per week

21. If you drink wine, beer or liquor, how many drinks do you usually have at a sitting?
- (1) one or two drinks ___ (2) three or four drinks ___
(3) five or more drinks ___
22. Have you ever smoked cigarettes, pipe or cigars regularly?
- (1) yes ___ (2) no ___
23. Do you smoke cigarettes, pipe or cigars at the present time?
- (1) yes ___ (2) no ___
24. Here is a list of things that people do in their free time? How often do you do any of these things?
- a. Swimming or taking long walks
- (1) daily ___ (2) three or more times weekly ___
(3) Once or twice weekly ___
(4) less than once weekly ___ (5) Never ___
- b. Golf or bowling (1) daily ___
- (2) three or more times weekly ___
(3) once or twice weekly ___
(4) less than once weekly ___ (5) never ___
- c. Doing physical exercises
- (1) daily ___ (2) three or more times weekly ___
(3) once or twice weekly ___
(4) less than once weekly ___ (5) never ___
- d. Working in the garden
- (1) daily ___ (2) three or more times weekly ___
(3) once or twice weekly ___
(4) less than once weekly ___ (5) never ___

25. Are you able to:
- a. walk without help (1) yes ___ (2) no ___
 - b. drive a car (1) yes ___ (2) no ___
 - c. use public transport (1) yes ___ (2) no ___
26. Have you any health problems that interfere with your daily life? (1) yes ___ (2) no ___
27. If yes, explain.
28. How tall are you?
29. How much do you weigh?
30. Are you currently married, separated, divorced, widowed, or never married?
31. If separated, divorced or widowed, how long?
32. How many close friends do you have? (people that you feel at ease with, can talk to about private matters and can call on for help).
- (1) one ___ (2) two ___ (3) three to five ___
 - (4) six to nine ___ (5) ten or more ___ (6) none
33. How many relatives do you have that you feel close to?
- (1) one ___ (2) two ___ (3) three to five ___
 - (4) six to nine ___ (5) ten or more ___ (6) none ___
34. How many of these friends or relatives do you see at least once a month?
- (1) one ___ (2) two ___ (3) three to five ___
 - (4) six to nine ___ (5) ten or more ___ (6) none ___
35. Do you belong to any of these kinds of groups?
- a. Church (1) yes ___ (2) no ___
 - b. Social or recreational group (1) yes ___ (2) no ___

- c. Commercial group or professional association
(1) yes ___ (2) no ___
- d. A group concerned with children (such as PTA or Boy Scout Group)? (1) yes ___ (2) no ___
- e. A group concerned with community betterment, charity or service? (1) yes ___ (2) no ___
- f. Any other group (1) yes ___ (2) no ___ (3) If yes; what kind? ___
36. Do you live: (1) alone? ___ (2) with a partner? ___
37. Is your partner retired? (1) yes ___ (2) no ___
38. Is your current or family income level:
(1) Under \$12,000 ___ (2) \$12,000-24,999 ___
(3) \$25,000-49,999 ___ (4) over \$50,000 ___
(5) respondent refused to answer ___

APPENDIX B

206-3030 Pembina Highway,
Winnipeg, Manitoba
R3T 4K4

January 28, 1991.

Dear

I am a graduate student at the University of Manitoba, Faculty of Education, conducting an investigation for a Master's thesis on retirement. The purpose of this research is to obtain information about the needs of retirees with regard to preretirement planning.

In order to acquire such information, I need volunteers who are willing to participate in an interview for about one hour. During the interview, your views will be sought regarding retirement planning, based on your retirement experience. You will also be asked personal questions related to health, relationships, and income.

You are free not to answer specific questions during the interview, and you may terminate your participation at any time.

Confidentiality will be maintained throughout the investigation. The final report containing anonymous quotations, will be available to all participants at the end of the study.

You may not benefit personally from this study but it may increase knowledge about the needs of retirees and help in planning future preretirement educational programs.

If you would like to participate in this study, please sign the attached consent form, and I will collect it at the time of interview. I will gladly answer any questions, and can be contacted by phone at 269-2125.

Thanking you.

Yours sincerely,

Elizabeth C. Kirwan

Encl.

CONSENT FORM

Project Title: Perceived Needs of Retirees
for
Preretirement Planning Programs

Investigator: Elizabeth C. Kirwan

THIS IS TO CERTIFY THAT I,-----

(Print Name)

HEREBY agree to participate as a volunteer in the above named project. I hereby give permission to be interviewed. I understand that the information may be published, but my name will not be associated with the research.

I also understand that I am free not to answer specific questions during the interview, and I may terminate my participation at any time.

Participant

Researcher

Date.