Current occupational therapy scope of practice in the work-to-retirement transition process: An Australian study

Abstract

Background: Occupational therapists have skills to work with people considering or experiencing the transition from paid work to retirement.

Aim: The aims were to explore: 1) occupational therapists' experiences and perceptions in working with people transitioning to retirement; 2) current scope of practice of occupational therapy in the work-to-retirement transition; and 3) factors influencing current scope of practice of occupational therapy in the work-to-retirement transition.

Methods: Qualitative semi-structured interviews with Australian occupational therapists were thematically analysed.

Results: Fourteen Australian occupational therapists were interviewed. Three overarching themes (12 sub themes) emerged: 1) occupational therapists' application of a contemporary occupational paradigm; 2) current approaches adopted by occupational therapists are add on, stylistic and talk based; and 3) contextual challenges and opportunities encountered by occupational therapists.

Conclusion/Significance: Occupational therapists use enablement skills (e.g. coach; collaborate) and consider various professional reasons (e.g. engagement in meaningful occupation; health responsibility) when addressing the transition from work to retirement. Overcoming barriers to service provision (e.g. funding; lack of role clarity) will facilitate a more comprehensive service provision to enable health and well-being of older adults.

Key words

occupational transition; occupational therapy; scope of practice; work and retirement; population ageing

Introduction

Retirement is a key life stage in contemporary society, and can impact positively or negatively on a person's well-being. Life satisfaction can be maintained, decline or increase in retirement [1]. However, little is known about the scope of practice of occupational therapy in the work-to-retirement transition [2] despite the profession's focus on engagement in meaningful occupation to enable health and well-being [3] and that the cessation of work and commencement of retirement activities results in occupational changes in a person's life.

With an ageing population and subsequent changes to retirement and pension systems, there is an increase in the old-age to working-age ratio (number of people older than 65 years of age per 100 people of working age of 20 to 64 years) from an average of 20 in 1980 to an average of 31 in 2020 for Organisation for Economic Co-Operation and Development (OECD) member countries [4]. The normal retirement age (age eligible for all retirement pension benefits) is currently 65 years in Australia, Denmark and Sweden, 66 years in the United States and 67 years in Norway. The normal retirement age is expected to rise to 67 years in Australia and the United States and 74 years in Denmark [4]. No change in the normal retirement age for Norway and Sweden is expected [4].

"A profession's scope of practice can be defined as the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within a profession are educated, competent and authorized to perform" [5,p.3]. A person's attainment of full scope of practice occurs through skills taught prior to graduation as well as through ongoing experience, supervision and professional development [5]. Scope of practice for occupational therapy is expressed in general terms rather than a list of treatment modalities to enable the range of practice within the profession to be reflected and in order for the profession to grow [5]. Professional judgement is therefore required to determine whether practice is within the scope of practice of occupational therapy [5]. Scope of practice in

Australia is influenced by university education and training; competency standards; the registration board (Occupational Therapy Board of Australia); the professional association (Occupational Therapy Australia); laws; personal circumstances and experience; and employer expectations [3].

Occupational therapy scope of practice relates to who occupational therapists work with, what occupational therapists are able to do and where occupational therapists work [3]. Occupational therapists work in a wide range of practice areas. In 2017, there were 17,025 occupational therapists employed in Australia with principal scope of practice being rehabilitation (19%), paediatrics (18.8%), aged care (17.3%), mental health (12.1%), other (9.3%), disability (8.9%), occupational health (6.8%), hand therapy (3.4%), neurological (2.9%) and driving assessment (0.4%) [6]. Occupational therapists work with clients (individuals, groups, communities and societies) across the lifespan in settings such as the community, home, hospitals, workplaces and schools to enable engagement in meaningful occupation [3]. Enablement skills (adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage and specialize) guide client-centred enablement in occupational therapy [7].

The scope of occupational therapy practice continues to expand in response to needs and opportunities at local, national and global levels [8]. Within the workplace environment, occupational therapists have an established role with assisting people to return to work [9]. Emerging areas of occupational therapy practice within the workplace environment include enhancing well-being with well employees [9]. Aged care is the third highest practice area for Australian occupational therapists [6]. Population ageing has highlighted the importance of enabling older adults to maximize their capacity and capabilities which has resulted in a focus on quality of life and preventative health [8].

Occupational therapists can use their occupational perspective of health and humans to assist persons going through the work-to-retirement transition [10]. The necessity of occupation for health is the underlying philosophical view of occupational therapy practice [11]. Occupational therapists have the ability to work with people in the work-to-retirement transition to enable health and well-being including engaging older adults in meaningful occupation. A literature review by Papageorgiou et al. [12] exploring "… how occupation may influence participation and may prevent or reduce social isolation in community dwelling older adults aged 60 years and over" [12,p.23] found a "…positive relationship between occupation, social participation and the prevention of social isolation amongst community dwelling older adults ..." [12,p.37] supporting the importance of occupation for health and wellbeing as people age.

Little is known about the scope of practice of occupational therapists in the work-to-retirement transition. A literature review exploring occupational therapy in the work-to-retirement transition in Australia found no empirical studies on the occupational therapy role with all studies exploring workers' and retirees' perceptions and situating findings within the potential role of occupational therapy (e.g. retirement activity planning; use of group and individual programs) [2].

Interviews with Australian retirees exploring their experiences of work and retirement have previously been undertaken with findings indicating scope of practice in the work-to-retirement transition could include: 1) enabling older workers to remain in the workforce; 2) finding balance between work and other activities; and 3) retirement activity planning [13,14]. Jonsson [15] completed a longitudinal study in Sweden which involved multiple interviews with people as they transitioned from work into retirement which highlighted the importance of engaging occupations and achieving occupational balance in retirement. Brown [16] proposed that occupational therapists are well positioned to support people

transitioning from work-to-retirement earlier than expected due to progressive health conditions such as multiple sclerosis. No studies were found on services occupational therapists are actually providing to people in the work-to-retirement transition. Therefore, the aims of this study were to explore, in an Australian setting: 1) occupational therapists' experiences and perceptions in working with people transitioning to retirement; 2) the current scope of practice of occupational therapy in the work-to-retirement transition; and 3) factors influencing the current scope of practice of occupational therapy in the work-to-retirement transition.

Materials and Methods

Study Design

A qualitative study was undertaken to explore the current scope of practice of Australian occupational therapists working with people in the work-to-retirement transition. A thematic analysis study approach allowed flexibility in analysis to explore themes driven by the data (inductive) and to more specifically articulate current scope of practice and factors influencing current scope of practice (theoretical) [17]. Findings reported in this paper form part of a larger study which also explored potential scope of practice of occupational therapy in the work-to-retirement transition in Australia.

Participants

Australian occupational therapists were recruited via: 1) advertising through Occupational Therapy Australia including through occupational rehabilitation, aged care and mental health special interest groups; 2) through the research team's networks; 3) Facebook ([NAME REMOVED FOR BLIND PEER REVIEW] page and the primary researchers' page); 4) [NAME REMOVED FOR BLIND PEER REVIEW]; and 5) snowballing where

participants were asked to pass the study information onto other occupational therapists. A purposeful sampling technique was also used to include occupational therapists from a range of practice areas as it was anticipated there would be a paucity of occupational therapists specifically working in the work-to-retirement transition area and that occupational therapists in occupational rehabilitation, aged care and mental health may have worked with people around retirement age. Inclusion criteria was:

1) Previous or current registered occupational therapist working in Australia (minimum of two years experience). Two years experience was considered by the authors to be enough time to develop a significant corpus of experiences to enable reflection on being able to discuss scope of practice of occupational therapists when working in the work-to-retirement transition; and
2) Working with/have worked with people transitioning to retirement or are interested in assisting people in the work-to-retirement transition.

Data Collection

Interviews were completed between August 2018 and December 2018 and were conducted by the first author via video link or telephone. Interviews were chosen as an appropriate data collection technique because they align with a thematic analysis approach [17], while enabling flexibility in the exploration of the interview questions asked [18]. Interview duration ranged from 20 minutes to one hour. Ethics approval was obtained from [DETAILS REMOVED FOR BLIND PEER REVIEW]. Written consent including for audio recording of interviews was obtained from participants prior to commencement of the interview.

A semi-structured interview guide and a demographic questionnaire were developed by the research team. Findings from previous research studies involving interviewing retirees

to explore their experiences during the work-to-retirement transition process [13,14] and from a review of the literature [2] supported the development of the semi-structured interview guide. The semi-structured interview guide explored the questions of: 1) What are your experiences and perceptions of working with people around retirement; 2) Have you previously or are you currently working with people transitioning from work-to-retirement? What was/is your role?; and 3) What role do you think occupational therapy could have in working with people transitioning from work-to-retirement? To provide context the following demographic information was collected from participants via a questionnaire: age, gender, time working as an occupational therapist, postgraduate qualifications, postcode of current work location, current setting of occupational therapy practice, current and previous areas of occupational therapy practice experience, if participants had previously or currently worked with people around retirement and if participants had previously or currently worked in a role assisting people in transitioning from work to retirement.

Based on previous research [2,13,19,20], the work-to-retirement transition was deemed to have three stages: 1) Preparation (retirement intention and decision and preparation whilst still working); 2) Transition (transitioning from worker to retiree i.e. actually ceasing work and retiring); and 3) Retirement (where continual adjustment is occurring in retirement and retirement roles and activities are undertaken). A pilot interview was completed with one of the research team members who met the study inclusion criteria. A definition of the work-to-retirement transition stages was not included within the pilot interview to avoid biasing the participant to what this area of practice involved. However, in subsequent interviews a definition of the work-to-retirement transition stages was included at the end of the interview to enable participants to discuss how these proposed stages fit within the role of occupational therapy whilst limiting bias.

Following the pilot, an option of "academia" for current setting of occupational therapy practice was also added to the demographic questionnaire as the participant had written academia under 'other'. The pilot interview also identified that the participant had answered 'yes' to the question "have you previously or currently worked with people around retirement" and 'no' to the question "have you previously or currently worked in a role assisting people in transitioning from work to retirement". In subsequent interviews, participants were asked to provide their reasoning for their response to these questions if they were not answered the same.

During the interview with the second participant recruited to the study, follow up questions were utilised in response to the participant's answers including where referrals could come from and who could employ occupational therapists when discussing the potential role of occupational therapy. These questions were included in subsequent interviews. As only minor changes were made during the pilot phase, findings from participants used as part of the pilot process were included in the analysis.

Data Analysis

The six phase thematic analysis approach by Braun and Clarke [17] was utilized as a guide to explore the current scope of practice of occupational therapy in the work-to-retirement transition. This involved: 1) data familiarization; 2) initial coding; 3) theme search; 4) theme review; 5) theme definition and naming; and 6) report production [17]. An inductive approach derived general themes from the data [17]. A theoretical approach enabled articulation of scope of practice in terms of who, what, where and when and factors influencing scope of practice by using information from the general themes [17].

Interview recordings were transcribed verbatim by a transcription company and the first author reviewed the transcripts in conjunction with the recording to check for accuracy.

Analysis was completed by the first author using NVivo version 11 as a data management tool. Analysis checking was completed by all other authors by checking a sample of un-coded and coded transcripts against the sub-themes and reviewing the themes, sub-themes, themes description and results write up. A 'critical friend' approach enabled the first author to critically discuss and reflect on the analysis with the other authors during the analysis process [21]. Consensus on the analysis between authors was achieved. No new sub-themes emerged after participant ten. Data collection and analysis occurred concurrently noting analysis was finalized after the 14 interviews had been conducted.

Data related to current scope of practice if it: 1) referred to occupational therapists' experience of actually working with people in the work-to-retirement transition and not speculation on what an occupational therapist could do; or 2) related to the occupational therapists' personal experience around the work-to-retirement transition. Personal experiences were included as an occupational therapist's perspective such as knowledge, experience, theory and skill informs scope of practice. Occupational therapy's unique professional lens not only informs working life but also personal life, as values and philosophical principles underlying the occupational therapist's practice would remain inherent within the person in all situations.

The theme *transition perspective* relates to a lens/viewpoint that occupational therapists bring when working with people. This theme included information on how occupational therapists view workers and retirees and not what they are specifically doing with them. Subsequently, information from this theme was not included in the analysis for current scope of occupational therapy practice related to who, what, when and where and factors influencing current scope of occupational therapy practice.

To assist in protecting participant identity, a randomly generated alphabet letter is allocated to each participant when using quotes and demographic information is not linked to individual participants.

In the results, the term "participants" does not refer to all participants but is used in a general sense. For effect, where only one participant was referred to this was acknowledged. Conversely, if all participants were referred to this was also acknowledged.

Results and Discussion

Fourteen Australian occupational therapists, two males and twelve females, participated in this study. The age of participants ranged from 31 to 65 years. Participants had worked as an occupational therapist between 10 and 43 years. All except one participant, who was from the State of New South Wales, worked in the State of Queensland. The current setting of occupational therapy practice included private practice, academia, government, community, hospital, not for profit and retired. Collectively, participants' scope of practice experience captured all practice areas of rehabilitation, paediatrics, aged care, mental health, disability, occupational health, hand therapy, neurological and driving assessments from the Australian occupational therapy workforce analysis [6].

Three overarching themes, *occupational therapists' application of a contemporary occupational paradigm* (Table 1), *current approaches adopted by occupational therapists are add on, stylistic and talk based* (Table 2) and *contextual challenges and opportunities encountered by occupational therapists* (Table 3) were identified and collectively captured 12 sub-themes.

Occupational therapists' application of a contemporary occupational therapy paradigm

A contemporary occupational therapy paradigm encompassed occupational therapy's focus on occupation and the relationship to health and well-being. There were six sub themes (Table 1).

[INSERT TABLE 1 HERE]

Transition perspective

Participants saw the work-to-retirement transition as one of many normal occupational transitions in life, but experiences and influencing factors could vary between people. A loss of meaningful occupation in retirement was common. This could be attributed to the loss of a productive role particularly when the person had focused on work and a lack of clear and sustainable interests prior to retirement. Loss of meaningful occupation was perceived to impact on health (e.g. development of a cognitive impairment or dementia; decline in mental health). A sense of loss when ceasing work was likened to a grief process and loss of meaningful occupation could cause tension between the retiree and their spouse.

Participants associated planning for retirement activities with a better work-to-retirement transition experience. Planning was described in terms of activities in the long and short term, establishing non-work activities prior to retirement and considering opportunities for activities and social connectedness when determining where to live in retirement. However, there were limited opportunities to plan for retirement activities and lack of finances and functional ability could limit engagement in retirement activities. Participants felt that retirees having a utopian ideal of retirement was common and a poor retirement experience may need to occur before people were ready to understand the relevancy of activity planning. Activity levels for a fulfilling retirement were suggested to vary with some people not wanting a life full of activities. An ongoing productive role (e.g. using work

related skills such as carpentry in retirement; volunteering) could have a positive impact on retirement. Spending more time with grandchildren may be desired or 'forced' upon the person because of the expectation to look after grandchildren. Research, exploring the impact of taking care of grandchildren on meaningful occupation and well-being of grandmothers, identified that caring for grandchildren could positively impact well-being whilst not disrupting other meaningful occupations [22]. However, more involved care needs of grandchildren could negatively impact well-being and engagement in meaningful occupation [22]. Although positive benefits are associated with taking care of grandchildren, further research is required on experiences of retirees who feel 'forced' to look after grandchildren and how their perspective on taking care of grandchildren influences their well-being and engagement in meaningful occupations in retirement.

Valuing lived experience

Not being retired was seen as inauthentic due to a lack of firsthand experience of the work-to-retirement transition. However, participants could be seen to reflect on other experiences including anecdotal experiences of people outside of the work environment. *"... I've got a lot of people in my life relating to my involvement with church who are all at retirement age, and they're sharing their plans and dreams ..." (E).* Reflecting on other occupational transitions such as retirement from driving also helped contextualize the work-to-retirement transition.

One participant had previously been involved in a specific program for retirees and also identified as a new retiree although they were still registered as an occupational therapist. The participant noted that an occupational therapist brings their own experience when working with clients and the more life experience they have, the easier it is to understand the client. The participant felt that the concept of not working may be more

challenging for a new graduate occupational therapist than an occupational therapist who is older and more experienced.

Firsthand experience provides one means to understand a practice area but occupational therapists can also draw on other knowledge sources to provide services. Threshold concepts within occupational therapy such as evidence based practice (practice informed by research evidence, clinical experience, practice context and client's individual circumstances); clinical reasoning (framework to guide thinking); client-centered practice (seeing the client as unique and an expert in their own life); and occupation (importance of meaningful occupation and its relationship to health and well-being) can be used by occupational therapists to guide practice [23] including within the work-to-retirement transition.

Enabling wellbeing for occupation

Participants facilitated physical and mental health and wellbeing to support occupational performance. Understanding a person's physical capacity including through using a Functional Capacity Evaluation enabled the participant to consider: 1) the impact of functioning on maintaining independence in the future; 2) alternative employment the person was suited to when the person was unable to perform their current job; and 3) supports needed to manage any difficulties. The importance of self-care to enable engagement in meaningful and purposeful occupations was also recognized. *"... so that you're able to engage in the occupational roles that give you a sense of purpose and meaning ... rather than just be so knackered by the time they retire that it becomes more of a sort of like recovery phase" (D).*

In relation to mental health, participants used the Life Satisfaction Index, coping strategy questionnaires, K10 and the Depression Anxiety Stress Scales (DASS).

Psychoeducation around mental health was offered, including providing information on the importance of "the big five for mental health" (i.e. connect; be active; take notice; keep learning; and give) [24] and around healthy sleep habits. Dealing with past psychosocial experiences could also facilitate a positive retirement experience. *"... they grew up with a work ethic ... their mums and dads were 'you have to work or you are useless', then it's going to play out big time when they retire, because when they stop working you know, I'm useless" (E)*. Participants provided social isolation and loneliness programs for older adults, linking people into groups, facilitating referrals to other services for home support and enabling community connection by visiting the person at home. The impact of the retiree's mental health on their relationships with their partner and the relationship of being a workaholic to mental and physical well-being and how to transition into retirement by gradually reducing work so people don't 'fall in a heap' were also addressed.

Participants worked with other health professionals to improve physical and mental health to enable participation in retirement occupations. This included working with a physiotherapist to improve range of motion for walking or a psychologist for counselling around goals.

Collaborating for work engagement and cessation

Participants maximized pre-retirees' engagement and involvement with work in later life and facilitated the cessation of work and commencement of retirement. Participants were involved in keeping experienced older workers in the workplace as they were seen as valuable resources. Referrals were received from employers who were wanting to maximize the involvement of workers who had decided to retire but were *"disengaged from the workplace" (D)* (i.e. not engaged in their work). Participants were involved in gradually transitioning people into retirement through identifying suitable duties the person could

perform prior to transitioning to complete cessation of work. Return to work could be a primary goal in occupational rehabilitation, however, when the client was wanting to retire, the participant could be involved in making sure the person was well enough to make a retirement decision by referring for an independent medical examination. Participants discussed retirement when completing medical termination assessments to assist an employer to determine whether a person was suited to returning to work after injury.

Literature also supports keeping older workers in the workforce including as part of a retirement transition pathway which can involve facilitating person-job fit. Lahlough et al. [25] explored fit between job demands (i.e. physical and psychological demands of the work) and the individual's abilities (referred to as demand-abilities fit) with French senior executives and found demand-abilities fit positively influenced bridge employment (a retirement transition pathway where alternative employment upon retirement from a main career job is undertaken). Perera et al. [26] explored work exit decisions of older workers in Australia and found: 1) older workers who experienced increased workload and pace left the workforce, with an intention of returning, including when attempts to negotiate reduced workloads and flexible work options failed; and 2) older workers changed jobs if there was a misfit between their skills and the job. Perera et al. [26] recommended the use of job redesign and flexible and supportive work practices to assist in retaining older workers in the workforce.

In Sweden, Hovbrandt et al. [27] explored incentives to keep people aged 65 years and over in the workforce, identifying 'prerequisites' that needed to be met before deciding to work past 65 years of age being overcoming health problems and the ability to manage work, family and other occupations. They also identified 'driving forces' for choosing an extended working life including wanting to be challenged, being in a team and improving personal finances [27].

In our study, one participant was previously involved in a corporate setting where they assisted people in planning for retirement to enable quality of life to be maintained. Their role within the wellness and safety risk sector involved mitigating the risk of injury and therefore workers' compensation claims, people accessing insurances and superannuation, and maintaining intellectual knowledge within the workplace (i.e. passing the individual's work knowledge onto others before they retire). Scope of the position allowed for the provision of counselling and career assessment, connecting people with financial assistance and connecting people with opportunities to assist goal achievement.

Participants also identified working with people who were being medically discharged from the Defence Force in a case management role to provide social and welfare support. Retirement was identified as a complete cessation of work or could include a view to seek work in the civilian workforce. *"It's not true retirement per se because they're being medically discharged, but it is the hope that they will find another job" (A)*. A range of retirement definitions are also evident in the literature demonstrating the diverse and complex nature of the work-to-retirement transition. Retirement definitions identified within occupational therapy and social science research include: 1) complete cessation of paid work [2,28] ; 2) reduction of work hours [2,28]; 3) intermittent work [2]; 4) receiving a retirement income [28]; 5) leaving a main employer [28]; and 6) career change in later life [28].

Participants' involvement with people medically discharging from the Defence Force included connecting people to services outside of the Defence Force and working with other people such as doctors, nurses, allied health, the workplace and community based stakeholders. Participants also provided vocational counselling.

Filling the occupational void

Replacing work activities with other meaningful activities was a core part of participants' practice regardless of the stage of the work-to-retirement transition. Referrals were received when people were approaching retirement and involved assisting people to clarify what they wanted for the remainder of their working life and to find purpose once they stopped working. Participants also saw people when lack of purpose and meaning in retirement occurred and re-engaged people in meaningful and purposeful activity, including connecting people with community activities related to productivity such as volunteering.

Participants used exploration of interests and time use/activity profiles. A weekly planner was used prior to retirement to identify activities people enjoyed and gaps in time use that would need to be filled in retirement. Understanding personal preferences and how this relates to the structure of their time use was evident. *"Are they somebody who enjoys a lot of leisure time, or being really busy, or how do they normally structure their day …" (A)*. Participants considered what activities a person did as a child to assist in identifying retirement activities, for example, considering a person's activities when they were *"ten or eleven years old … before they start to think about what the world might think about their activity choices … they've got enough capacity to be able to … express their preferences … and then putting that in the context of other things they've done in their life, and their activity pattern …" (E)*.

Participants considered a variety of factors when structuring activities for retirement. A mix of physical, emotional, cognitive, social and spiritual factors were considered in activity profiles. Congruency and enabling flow with the environment, roles and activities and choosing activities that people can continue to participate in when function declines was considered. Therapeutic use of activity occurred, that is, *"…use an activity to get them to the point where they can actually then engage in the process of changing their activity structure" (E).* Participants met with family members to discuss the transition into non work activities.

One participant had previously provided workshops as part of financial planning sessions which included education on designing sustainable activity patterns; neuroscience relating to states of overutilization in work and underutilization in retirement and congruency of activities with a partner.

The engagement of people in meaningful retirement activities relates to occupational therapy's core focus on meaningful occupation [3]. The importance of engagement in meaningful occupation is also highlighted by Roberts and Bannigan [29] through their qualitative metasynthesis. Roberts and Bannigan [29] explored meaning attributed to engagement in occupations that people want to engage in (autotelic occupations) where the importance of occupation to achieving fulfilment, restoration, identity and social, cultural and intergenerational family connection was identified. The importance of occupation for health and well-being, and the philosophical view of occupational therapy being that occupation is necessary for health [11], highlights the importance and suitability of occupational therapy continuing to be involved in engaging people in meaningful activities as part of the work-to-retirement transition.

"Planting" for life

One participant helped people establish their home and community for retirement. They considered where to live when looking at moving in retirement, including physical and mental deterioration that would occur as one ages in retirement and the long term impact of decisions of where they decide to live. Features of the house (e.g. accessibility for mobility equipment) when buying or building a house and location within the community to shopping centers, bus stops and other important facilities, ideally within walking distance, were considered. The risk of social isolation when moving location was also discussed.

Current approaches adopted by occupational therapists are add on, stylistic and talk based

Current approaches of add on, stylistic and talk based encompassed the way in which occupational therapists are currently providing services in the work-to-retirement transition. There were three sub-themes with all three sub-themes being inter-related and not mutually exclusive (Table 2). For example, the use of conversations (*talk based therapy*) could be used as part of a coaching approach (*stylistic approach with no recipe*); and a coaching approach (*stylistic approach with no recipe*) could be used when having discussions around the work-to-retirement transition which arose from working with clients in the course of other work (*add on approach*).

[INSERT TABLE 2 HERE]

Add on approach

The provision of occupational therapy services in the work-to-retirement transition could occur in the course of the participants' "usual work". Service provision occurred as a result of the holistic nature of occupational therapy (i.e. exploring multiple aspects of a person and their life) in the form of conversations. Occupational rehabilitation practice could have a primary aim of return to work following injury but the clients' personal choice of retirement was involved. Completing medico-legal or medical termination assessments resulted in conversations around retirement when debriefing the person on the assessment results. Working in the mental health area with older people led to a discussion around work and retirement in the process of getting to know the person's interests. Services in the private hospital day rehabilitation setting for the work-to-retirement transition were triggered by the client's goals and not through referral. The implicit nature of the work, as it is attached to other roles, meant that some participants did not realise the extent of services related to the

transition of work-to-retirement they were performing or did not define it as a current work role. *"I haven't worked in a specific role in retirement, but I have helped people with that area" (N).*

Participants identified that other people do not consider referring to occupational therapy for work-to-retirement transition services and referral was often related to injury or illness resulting in a last minute (crisis) referral. Referrals from general practitioners were generic only specifying "occupational therapy". This resulted in conversations about retirement with clients occurring weeks after the first consultation. Participants also received referrals from general practitioners due to the person experiencing anxiety and depression. Through consultation with the client the participant then identified mental health issues were secondary to a poor work-to-retirement transition experience.

An 'add on approach' relates to the threshold concept of client-centered practice through tailoring occupational therapy services to include the work-to-retirement transition based on the client's needs [23]. Although an 'add on approach' is appropriate to occupational therapy practice, a more targeted service may result in more comprehensive service provision and better client outcomes. However, further research into this is required.

Stylistic approach

Participants used a variety of tools to guide practice in the work-to-retirement transition. Participants tailored services to the individual based on the client's goal, driven by client centeredness and the person's circumstances (e.g. reason for retirement; if their partner was still alive). The client's approach to retirement was also considered by the participant. *"… are they ready to take that, make that adaptation … of looking at life in a totally different way … or are they the person that needs to just keep doing" (W).*

Some participants did not identify a specific occupational therapy model to inform practice. Other participants noted that their practice may be guided by occupational therapy models including Model of Human Occupation (MOHO), Person Environment Occupation (PEO), Occupational Performance Model of Australia (OPMA) and Kawa. The bio-psychosocial model and the FLAGS model to identify bio-psychosocial risk factors that can impede recovery [30] were used when working with the Defence Force as it was a practice requirement. One participant used an occupational wellbeing model which they had devised themselves. One participant referred to specific theories: continuity theory and gerotranscendence theory.

The lack of specific assessments used was also apparent in participants' practice. Many participants did not use standardized assessments due to a personal choice or as a result of a lack of awareness of specific assessments.

Participants also mentioned a number of other approaches used to guide practice. This included psychoeducation, coaching including discussing values, a positive focus, motivational interviewing, the PACE technique from the Dyadic Development Practice, positive psychology, social model more than the medical model, Acceptance Commitment Therapy (ACT), solution focused therapy, mindfulness, problem solving, therapeutic use of activity, therapeutic use of self and health promotion. A combination of approaches was typically used. Determining the approach based on the fit with the client was also discussed. Case management was also used as a result of the type of work (e.g. occupational rehabilitation) participants were involved in. Further work is required to understand how these approaches assist occupational therapy in the work-to-retirement transition.

The use of a variety of tools (models, assessments and approaches) suggest occupational therapists should tailor work-to-retirement transition services to meet the individual needs. This supports the use of the threshold concepts within occupational therapy

of clinical reasoning, client-centred practice and occupation [23]. When working in the work-to-retirement transition occupational therapists should consider the client's unique needs and use clinical reasoning to determine the most suitable tools to use to enable meaningful occupation within the work-to-retirement transition. However, further research is recommended to assist in determining which tools are more appropriate to enable clearer guidance for occupational therapy practice in the work-to-retirement transition.

Talk based therapy

Conversations, including through using interviews, enabled participants to get to know the person. One participant had also conducted research using focus groups to explore perspectives around retirement. Conversation was used to explore time use as a follow up from using other tools such as a weekly planner. Conversations about retirement were had in the course of usual work. *"So I do medico legal work as well, so the conversation about, you know, retirement from work, or looking at non-paid work options for them within their abilities comes up as a stepping stone down from full workforce …" (J).* Approaches such as coaching and psychoeducation meant that interactions with clients were based on conversation.

Contextual challenges and opportunities encountered by occupational therapists

Contextual challenges and opportunities faced by occupational therapists encompass the barriers and facilitators to occupational therapy service provision in the work-to-retirement transition. There were three sub-themes (Table 3).

[INSERT TABLE 3 HERE]

Lack of practice clarity

Participants experienced a lack of clearly defined role boundaries, specific process, procedures or programs and a knowledge base to guide occupational therapy practice in the work-to-retirement transition. Participants did not usually receive referrals specifically for the work-to-retirement transition and worked before and after the work-to-retirement transition (i.e. within the occupational rehabilitation or the aged care sector) due to funding structure. When asked about their work in the work-to-retirement transition some participants discussed their current work around occupational rehabilitation and the aged care sector indicating some confusion around what was involved in the work-to-retirement transition practice area. Discussions within occupational rehabilitation and related fields included: medical discharge from the Defence Force which not only related to complete cessation of work but also when the goal was to transition into civilian work; medico-legal assessments in relation to care needs with people who had retired; and within the compensation space including worker's compensation and life insurance when clarifying a person was no longer fit to perform their job.

Discussions around the aged care sector also covered a variety of areas and were often related to a deterioration of health. This included working within older person's mental health; Department of Veteran's Affairs including focusing on social isolation and loneliness for those aged in their 70's and 80's; end of life planning; and community based rehabilitation (e.g. neurological conditions) with people who had already retired. However, working within the aged care sector provided insight into the client's retirement. *"... I'm seeing the end of how their retirement has panned out for them" (K).*

A limited knowledge base around the work-to-retirement transition was directly and indirectly evident within participants' discussions. One participant acknowledged having a lack of knowledge and skill set around what makes a healthy retirement and there is no

specific process, procedure or program to work from within the work-to-retirement transition. *"We've identified that there's something key happening, but we don't really know how it works" (W).* Participants were also seen to draw on other knowledge bases and experiences to contextualize the work-to-retirement transition including retirement from driving; programs related to retirement (e.g. Men's Shed); and student projects to engage older people in the community and within retirement centers.

The occupational therapist role (defining the role of occupational therapy and understanding the diversity of the occupational therapy role) is a threshold concept within occupational therapy [23] highlighting the need to improve clarity of occupational therapy practice in the work-to-retirement transition.

Promoting of occupational therapy

A lack of understanding by others of the role of occupational therapy was evident. It was recognized that people do not seek out occupational therapy, potentially through a lack of knowledge or understanding, until *"something goes wrong" (D)*. Medical practitioners did not refer clients for occupational therapy in relation to retirement and often referrals were not specific only indicating 'occupational therapy'. This could be attributed to a lack of understanding of the profession which led to participants becoming involved in the work-to-retirement transition only when triggered by a client's goals. This lack of understanding of occupational therapy by others is also reported within the literature [31,32] and can occur as a result of a medical model focus within the health care system [32] and lack of a strong professional identity [31].

Participants also promoted work-to-retirement transition services. The use of synergistic relationships as a marketing strategy had previously being used. This involved providing time for free to a financial planning company to run educational sessions for them.

"I'm doing marketing, you know, by presenting myself and my expertise, and people have personal engagement with that, if it resonates, then they will actually access what I have to offer" (E). The promotion of occupational therapy in the work-to-retirement transition was also evident in the education of occupational therapy students about the occupations of older adults, including retirement. The lack of promotion of occupational therapy services in the work-to-retirement transition and the barriers to this were also recognized. *"... I haven't put it on my website for my private practice as one of the things I do ... Maybe I should review that, but I feel like I want a little bit more cred before I do that" (W).*

Where's the money?

Participants experienced a lack of specific funding for occupational therapy services in the work-to-retirement transition. This resulted in some participants working with people before or after the transition (i.e. occupational rehabilitation and aged care). This meant that funding could be seen to occur through the participants' usual course of work (i.e. work related to other practice areas such as occupational rehabilitation and aged care) and could even be seen as 'free' or being funded inadvertently by other sources. This lack of funding (or funding through usual course of work) meant there were limitations to service provision. There was often no funding to look at occupational opportunities or for evaluation. In occupational rehabilitation there was often no funding to set people up in retirement activities once a retirement decision was made or when findings indicated the person did not have the abilities to continue working. Participants noted identifying what benefit occupational therapy can provide when working with people in the work-to-retirement would enable justification for funding.

There were some specific funding schemes participants were accessing. This included Better Access to Mental Health when working with people who were experiencing poor

mental health (e.g. depression and anxiety) during retirement. The Department of Veterans' Affairs funding occurred when working with clients under a mental health banner (e.g. for social isolation and loneliness support). Participants working with people medically discharging from the Defence Force and working in Older Persons Mental Health were funded by the government. Short term funding provided by the government for a research centre allowed one participant to run an educational and research project with people nearing retirement and those who had retired. Funding from workplaces to support employees in the last phase of their working life also occurred. *"… they've expressed some sort of desire to plan toward their retirement to their employer or they have sort of just disengaged from the workplace and their employer is wanting to sort of maximize their involvement for the period of time that they're left there" (D).* One participant was funded by the workplace they worked in as part of an engagement strategy in the corporate sector to reduce insurance costs which involved providing services internally as well as contracting to other organisations. A participant working in a private hospital in day rehabilitation was able to provide services through private health insurance funding to work towards client goals which could revolve around retirement. Providing initial services for free (e.g. educational services in financial planning sessions) was used by one participant to obtain clients who then may be able to pay for services through funding schemes (e.g. Better Access to Mental Health or private health insurance).

Allied health, such as occupational therapy, has a role within acute health services and preventative care within the community, however, funding challenges within the Australian health care system provide a barrier to service provision [33]. This is in line with findings from this study where lack of funding limited occupational therapy services including a preventative focus and exploration of meaningful activity. The aging population will place increasing demand on the health care system [33], however, the Australian health care

system's medical model and acute care approach [33] limits the provision of occupational therapy services to facilitate health and well-being in the work-to-retirement transition. A more clearly defined scope of practice of occupational therapy in the work-to-retirement transition will assist in advocating for funding.

Implications for practice

Occupational therapy practice in the work-to-retirement transition experience was discussed in relation to current scope of occupational therapy practice in terms of who, what, where and when (Table 4) and factors influencing current scope of practice (Table 5). Findings from this study identified a *lack of practice* clarity. Utilization of all enablement skills, besides advocacy, by occupational therapists in 'what' they do in the work-to-retirement transition emerged from the interviews. This demonstrates that occupational therapists can be involved in enabling engagement in meaningful occupation for people in the work-to-retirement transition through: addressing self-care; facilitating occupational performance capacity; consideration of retirement timing; addressing the impact of retirement on relationships; gradual reduction of work into retirement; establishing home and social connections for retirement; enabling and structuring meaningful and sustainable retirement activities; connecting and referring people to other services; addressing past psychosocial experiences impacting on retirement activities; psychoeducation around mental health; and enabling work activities in later working life (Table 4). Application of research findings to enablement skills assists in providing clarity on occupational therapy practice in the work-to-retirement transition. Further research is required to elucidate the scope of occupational therapy practice in this transition. Improving practice clarity may enable occupational therapists to identify themselves as a key provider in the work-to-retirement transition facilitating *promoting of occupational therapy.* This may increase others' understanding of

occupational therapy and subsequently increase referrals. Increased referrals may enable a more targeted service and not just an *add on approach*.

[INSERT TABLE 4 HERE]

Occupational therapists worked with a variety of clients (e.g. workers; retirees) and other stakeholders (e.g. health professionals; workplaces) in various sectors (e.g. occupational rehabilitation; ageing) and settings (e.g. home; workplace) at various stages of the work-to-retirement transitions process (Table 4). Occupational therapists used a range of tools, (models, assessments and approaches) (*stylistic approach)* when working with people in the work-to-retirement transition process which supports the use of the threshold concepts within occupational therapy of clinical reasoning, client-centred practice and occupation [23]. Further research could assist in determining if particular tools are more suited to working with particular clients and other stakeholders (who), sectors and settings (where) and stages of the work-to-retirement transition (when). However, regardless of the tools used and the who, where and when of occupational therapy, enablement skills and application of threshold concepts can underpin occupational therapy practice in the work-to-retirement transition. This can assist occupational therapists in enabling engagement in meaningful occupation and occupational balance within the work-to-retirement transition concepts which Jonsson [15] also highlighted as important in his study.

Professional reasons to provide work-to-retirement transitions services such as engagement in meaningful occupation; health responsibility (occupational therapists' are concerned with people's health and well-being); and client-centeredness (Table 5) further support the suitability of occupational therapy to support people within the work-to-retirement transition. However, this study found a lack of understanding of occupational therapy by others can cause a delay in referral resulting in an *add on approach* when a crisis

arises. Occupational therapy can continue to provide services when the opportunity arises within a wide range of practice areas, however, a more clearly defined and recognized role would assist in a more proactive approach.

[INSERT TABLE 5 HERE]

Limitations

Most participants were not specifically working in a role or providing services directly related to the work-to-retirement transition. At times, this resulted in discussion of work related to other areas (e.g. occupational rehabilitation and aged care) when discussing the work-to-retirement transition creating the potential for information to be indirectly related to the work-to-retirement transition. At times, it was also unclear whether participants were discussing their current practice or generally what they thought the work-to-retirement transition involved. However, this study provides an initial discussion and insight on the scope of occupational therapy practice within the work-to-retirement transition, which can be seen as a bridge between occupational rehabilitated and aged care, which needs to be further elucidated.

Findings from this study are from Australia. All but one participant were from the State of Queensland with most participants located in Townsville or Brisbane. Attempts were made to recruit people from throughout Australia. Occupational therapists in other states and cities and countries may have a different experience related to occupational therapy scope of practice in the work-to-retirement transition. However, given the profession's focus on enabling meaningful occupation [3] and the necessity of occupation for health [11] it is possible for similarities to exist in scope of practice of occupational therapy in the work-to-

retirement transition between Australian occupational therapists and occupational therapists in other locations such as Denmark, Norway, Sweden and the United States. Further research is required to explore the similarities and differences between countries.

Conclusion

This study highlights the suitability of occupational therapy in promoting health and well-being in the work-to-retirement transition due to the profession's focus on meaningful occupation and the importance of occupation for health and well-being. The use of the who, what, where and when framework, enablement skills and threshold concepts in occupational therapy to contextualize occupational therapy practice in the work-to-retirement transition can assist in guiding practice. More clearly articulating the scope of practice of occupational therapy in the work-to-retirement transition, both within and outside the profession, may assist in the promotion of the profession and obtaining funding for service provision. Ultimately, this may result in an earlier and more comprehensive intervention to enable health and well-being in older adults for successful retirement.

Disclosure of interest

The authors report no conflict of interest.

Table 1. Current occupational therapy scope of practice themes: Occupational therapists' application of a contemporary occupational therapy paradigm

Theme	Sub-theme	Description	Quote
Occupational therapists' application of a contemporary occupational therapy paradigm	Transition perspective	Occupational therapists' perspective of the work-to-retirement transition experience based upon their experience of working with people in this occupational transition or through other people they know who have experienced this occupational transition.	*"… it's not a dysfunction, it's a point of change in someone's life and I guess that's why a lot of people who come to see me feel relieved that it's not being seen as a, some sort of dysfunction, but really just a normal transition phase" (D).*
	Valuing lived experience	Feeling like the occupational therapist understands the work-to-retirement transition experience and the relationship to occupational therapy to be able to work with people in this occupational transition.	*"I've seen people in my own life sort of struggle with structure and boredom and, you know, how to apply themselves to other roles once they lose that sort of very strong and dominating role of employment" (G)*
	Enabling wellbeing for occupation	Performance capacity domains (physical, psychological, emotional, social and cognitive) that occupational therapists draw upon and promote when working with people in the work-to-retirement transition to enable engagement in meaningful occupation.	*"In my experience a lot of the time and a lot of the work that we do is, you know, is really about just supporting somebody's wellbeing, both physical and mental" (N)*
	Collaborating for work engagement and cessation	Working alongside pre-retirees to maximize their engagement and involvement with work in later life and/or facilitating the transition away from work into cessation of work and commencement of retirement.	*"… they want me to assess them, can they do their job or not. I guess some people aren't necessarily always going to be looking at full retirement. Often sometimes I'll be trying to, you know, help suggest for them new careers. But sometimes really, when, you know the 82 year olds, retirement baby retirement" (J)*
	Filling the occupational void	Replacing work with other meaningful activities through identifying activities for retirement prior to retirement and/or re-engaging people in meaningful activities in retirement.	*"My work is around, often, assisting people to change that focus from what they're leaving behind to what they're moving towards, so identifying what that next phase of life could look like for them…" (D)*
	"Planting" for life	Helping people establish their home and community for retirement including considering where to live in retirement and establishing social connections.	*"… unless they're good people, people, they find themselves isolated because they don't realise how much their social world is connected to the place and the work that they've been doing … if you move, you've got to plan to go out in the community and make new friends" (E)*

Table 2. Current occupational therapy scope of practice themes: Current approaches adopted by occupational therapists are add on, stylistic and talk based

Theme	Sub-theme	Description	Quote
Current approaches adopted by occupational therapists are add on, stylistic and talk based.	Add on approach	Work-to-retirement transition practice arises in course of other work which results in opportunistic service provision when injury and illness arise but also results in lack of lead in time and restricted service provision creating a service gap.	"*You have those conversations anyway because they're approaching retirement, and that's what you factor in, and then you talk about what they're planning to do, what they think it might be like and all that sort of stuff, just because we should, it's part of our overall health responsibility" (W)*
	Stylistic approach with no recipe	Using clinical reasoning to select tools (models, assessments and approaches such as problem solving and coaching) or choosing not to use specific tools when working with people in the work-to-retirement transition	*"… in my experience as an OT I haven't found that one approach on its own has ever been the absolute be all and end all to solve everything. So I will usually be guided a little bit by the patient that I am seeing …" (A).*
	Talk based therapy	Use of conversation and discussion when working with people in the work-to-retirement transition	*"And so via I guess getting to know the whole person, their retirement, and then it would be a natural progression to talk about their retirement, and then what they did after retirement …" (K)*

Table 3. Current occupational therapy scope of practice themes: Contextual challenges and opportunities encountered by occupational therapists

Theme	Sub-theme	Description	Quote
Contextual challenges and opportunities encountered by occupational therapists	Lack of practice clarity	Lack of specific process, procedure or program, lack of knowledge bases and lack of clearly defined role boundaries to guide occupational therapy practice in the work-to-retirement transition resulting in a practice gap and drawing on other experiences to contextualize this occupational transition.	*"... it's either you're working or you're retired, there's never a, 'Are you transitioning through retirement,' or, 'How can we support you in that through retirement'. I would say that's an area that's not sort of very well addressed within OT" (A)*
	Promoting occupational therapy	Other people's understanding of occupational therapy and communicating and promoting occupational therapy and the role of occupational therapy in the work-to-retirement transition process to other people.	*"I think a lot of the time a GP sends us a referral because they want to look like they're doing something but actually have no idea what we can do" (N)*
	Where's the money?	Funding for occupational therapy services in the work-to-retirement transition and the impact on occupational therapy service provision in this occupational transition.	*"It kind of gets to the point where you clarify they can or can't work, if they can't, our job is done even though there could be a lot more done in the transition to retirement phase" (M)*

Table 4. Summary of current occupational therapy scope of practice: Who, what, where, when

Who	What	Where	When

Client
• Workers
• Worker to retiree
• Retirees
  • Voluntary
  • Due to redundancy
  • Due to poor health
 	
Other stakeholders
• Financial planners
• Health professionals
• Workplaces
	• Address self-care as precursor to engagement in meaningful and purposeful occupations in retirement
	• Facilitate occupational performance capacity (physical, psychological, emotional, social and cognitive)
	• Address the impact of retirement on relationships
	• Variety of assessment, models and approaches used
	• Drawing on similar knowledge bases
	
	Adapt
	• Suitable work duties
	Coach
	• Vocational counselling
	• Retirement timing
	• Establishing home and social connections for retirement
	• Congruency of retirement activities with environment and other activities
	• Sustainable retirement activities when function declines
	Collaborate
	• Other health professionals - improve health for retirement occupations
	• Client - work and retirement planning, goals and activity needs
	• Tailoring service to the individual
	• Use of conversations and discussions with the client
	• Drawing on lived experience (personal and professional)
	• Synergistic relationships with financial planners
	Consult
	• Other health professionals
	Coordinate
	• Case management
	• Connect people with other services
	• Referral to other health professionals
	Design/Build
	• Gradual reduction of work into retirement
		Sectors
		• Occupational rehabilitation
		• Ageing
		• Mental health
		
		Settings
		• Day rehabilitation (private hospital)
		• Home/community
		• Workplace
			• Prior to retirement
			• In process of retiring
			• Post retirement (once ceased work) e.g. when lack of meaningful and purposeful occupation occurs
			• As opportunity arises (during conversation) in course of other work
			• As a result of ill health /crisis point in retirement
			• As a result of mental health issues that are secondary to a poor work-to-retirement transition

- Structuring retirement activities

Educate

- Impact of past psychosocial experiences on retirement
- Psychoeducation around mental health
- Sessions around activity structure

Engage

- Explore interests and time use
- Enable meaningful retirement activities
- Enable work activities in later working life
- Enable social engagement

Specialise

- Research older people's perspectives of retirement
- Educate occupational therapy students about occupations of older adults including retirement activities

Table 5. Factors influencing current occupational therapy scope of practice

Professional reasons to provide work-to-retirement transition services	Systemic barriers to providing work-to-retirement transition services
• Importance of meaningful occupation • Enable engagement in meaningful occupation at the end of working life and in retirement to facilitate quality of life • Holistic service provision • Health responsibility • Client centeredness – to enable client's to achieve their goals	Funding • Lack of specific funding • Indirect funding • Lack of outcome measures to justify funding Referrals • Lack of referrals specifically for occupational therapy service provision in the work-to-retirement transition Service provision • Lack of clear roles boundaries, programs and knowledge bases to guide practice • Lack of specific assessment, models and approaches used • Lack of opportunity for evaluation Promotion • Lack of other people's understanding of occupational therapy and occupational therapy in the work-to-retirement transition process • Lack of occupational therapist confidence to advertise work-to-retirement transition services

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