Promoting Health and Well-being During the Work-to-Retirement Transition: An Occupational Perspective

Jackie Belinda Eagers

BOccThy; MPH (Health Promotion)

James Cook University

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Statement of Contribution of Others

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2	Eagers, J., Franklin, R., Yau, M., & Broome, K. (2018). Pre-retirement job and the work-to-retirement occupational transition process in Australia: A review. *Australian Occupational Therapy Journal*, 65 (*4*), 314–328. https://doi.org/10.1111/1440-1630.12452	Eagers designed the study under the supervision of Franklin. Eagers performed the literature review search. Decisions on articles to include/exclude were made by Eagers in consultation with Franklin for any articles where there was uncertainty. Thematic analysis was completed by Eagers and checked by Franklin. Eagers wrote the first draft of the paper, including all figures and tables, with revision and editorial input provided by Franklin, Broome and Yau.	Name: Prof. Richard Franklin Signature: Name: Prof. Matthew Yau Signature: Name: Dr Kieran Broome Signature:

| 4 | Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2019). The experiences of work: Retirees' perspectives and the relationship to the role of occupational therapy in the work-to-retirement transition process. *Work*, *64*(2), 341–354. https://doi.org/10.3233/WOR-192996 | Eagers designed the study under the supervision of Franklin, Broome and Yau. Eagers collected the data. Eagers completed the analysis, which was checked by Franklin, Broome and Yau. Eagers wrote the first draft of the paper, including all figures and tables, with revision and editorial input provided by Franklin, Broome and Yau. | Name: Prof. Richard Franklin

Signature:

Name: Dr Kieran Broome

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Signature:

Name: Dr Kieran Broome

Signature:

Name: Prof. Matthew Yau

Signature: |

| 5 | Eagers, J., Franklin, R., Broome, K., Yau, M. A., & Barnett, F. (2020). Current occupational therapy scope of practice in the work-to-retirement transition process: An Australian study. *Scandinavian Journal of Occupational Therapy.* Advance online publication. https://doi.org/10.1080/11038128.2020.1841286 | Eagers designed the study under the supervision of Franklin, Broome, Yau and Barnett. Eagers collected the data. Eagers completed the analysis, which was checked by Franklin, Broome, Yau and Barnett. Eagers wrote the first draft of the paper, including all figures and tables, with revision and editorial input provided by Franklin, Broome, Yau and Barnett. | Name: Prof. Richard Franklin

Signature:

Name: Dr Kieran Broome

Signature:

Name: Prof. Matthew Yau

Signature:

Name: A/Prof. Fiona Barnett

Signature: |
| 5 | Eagers, J., Franklin, R., Broome, K., Yau, M. A., & Barnett, F. *Potential occupational therapy scope of practice in the work-to-retirement transition process: An Australian study* [Manuscript submitted for publication]. James Cook University. | Eagers designed the study under the supervision of Franklin, Broome, Yau and Barnett. Eagers collected the data. Eagers completed the analysis, which was discussed with Franklin, Broome, Yau and Barnett. Eagers wrote the first draft of the paper, including all figures and tables, with revision and editorial input provided by Franklin, Broome, Yau and Barnett. | Name: Prof. Richard Franklin

Signature:

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Signature:

Name: Prof. Matthew Yau |

Signature:

Name: A/Prof. Fiona Barnett

Signature:

Abstract

People are living longer, working longer and remaining active for longer in life creating opportunity for occupational therapy to work with older adults to engage them in meaningful occupations for health and well-being in work and retirement. However, a paucity of literature exists on the scope of practice of occupational therapy in the work-to-retirement transition. Other research has focused on the experience of workers and/or retirees, with findings used to discuss potential ideas for occupational therapy practice in the work-to-retirement transition.

The aims of this doctoral study were to: 1) explore how the experience of work influences the transition from work to retirement and the scope of practice of occupational therapy in the work-to-retirement transition process; 2) explore the scope of practice of Australian occupational therapists in supporting people through the work-to-retirement transition process to promote health and well-being; and 3) provide recommendations for the future application of occupational therapy practice in the work-to-retirement transition process.

This doctoral study used a qualitative approach and contained two phases: 1) experience of work, where interviews were conducted with retirees located in Townsville (a town in the state of Queensland, Australia), and 2) occupational therapy scope of practice, where interviews were conducted with Australian occupational therapists. Two preceding literature reviews (Chapter 2) were completed to assist in exploring: 1) the influence of work on retirement (Paper 1); and 2) occupational therapy involvement in the work-to-retirement transition (Paper 2). The findings from study phase one and study phase two were also used to provide recommendations for future application of occupational therapy in the work-to-retirement transition process.

The approach to this doctoral study was thematic analysis, as an independent approach within a qualitative descriptive methodology (Chapter 3).

Study phase one (experience of work—Chapter 4) provided insight, from the perspective of retirees, into the experience of work (Paper 3) and how work itself specifically influences the work-to-retirement transition process (Paper 4). The findings from study phase one were used to provide recommendations for future application of occupational therapy in the work-to-retirement transition through mapping findings to the Model of Human Occupation, including the model concepts, volitional processes and therapeutic reasoning questions for practice. From study phase one, it was identified that work does influence the work-to-retirement transition. This information was then incorporated into an interview question in study phase two (occupational therapy scope of practice) to explore occupational therapists' perspectives on how work may influence a person's retirement.

Study phase two (occupational therapy scope of practice—Chapter 5) identified current (Paper 5) and potential (Paper 6) occupational therapy scope of practice in the work-to-retirement transition. Key findings included that occupational therapists are currently working within the work-to-retirement transition to enable engagement in meaningful occupation, however, practice often occurs in the course of other work that occupational therapists perform. Findings on potential occupational therapy scope of practice in the work-to-retirement transition echoed and extended on findings from the study on current occupational therapy practice: occupational therapists can enable engagement in meaningful occupation within the home, community and workplace. The findings from study phase two led to the development of a diagrammatic model outlining the potential scope of practice of occupational therapy in the work-to-retirement transition process, based on the 'who, what, when, where' framework; incorporation of enablement skills; and consideration of contextual influencing factors. A diagram situating the work-to-retirement transition within other occupational therapy practice areas and as its own unique practice area was also developed.

In conclusion, this is the first research to specifically explore current occupational therapy scope of practice in the work-to-retirement transition. This doctoral study also provides an outline of the potential scope of practice for the future application of occupational therapy in the work-to-retirement transition, including conceptualisation through diagrammatic representation, based on interviews with retirees on their experience of work, and interviews with occupational therapists on their current and perceived potential scope of practice in this area. It is recommended that these recommendations are validated.

List of Publications Included in the Thesis

Five publications in peer-reviewed journals have been published. The published papers are attached in Appendices C, D, E, F and G:

Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2016). A review of occupational therapy's contribution to and involvement in the work-to-retirement transition process: An Australian perspective. *Australian Occupational Therapy Journal*, *63*(4), 277–292. https://doi.org/10.1111/1440-1630.1230

Eagers, J., Franklin, R., Yau, M., & Broome, K. (2018). Pre-retirement job and the work-to-retirement occupational transition process in Australia: A review. *Australian Occupational Therapy Journal*, *65*(4), 314–328. https://doi.org/10.1111/1440-1630.12452

Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2019). The experiences of work: Retirees' perspectives and the relationship to the role of occupational therapy in the work-to-retirement transition process. *Work*, *64*, 341–354. https://doi.org/10.3233/WOR-192996

Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2018). The influence of work on the transition to retirement: A qualitative study. *British Journal of Occupational Therapy*, *81*(11), 624–632. https://doi.org/10.1177/0308022618766244

Eagers, J., Franklin, R., Broome, K., Yau, M. A., & Barnett, F. (2020). Current occupational therapy scope of practice in the work-to-retirement transition process: An Australia study. *Scandinavian Journal of Occupational Therapy*. Advance online publication. https://doi.org/10.1080/11038128.2020.1841286

One publication has been submitted to a peer-reviewed journal (*Australian Occupational Therapy Journal*) and is currently under review:

Eagers, J., Franklin, R., Broome, K., Yau, M. A., & Barnett, F. *Potential occupational therapy scope of practice in the work-to-retirement transition process: An Australia study* [Manuscript submitted for publication]. James Cook University.

List of Conference Presentations Resulting from Thesis

Three presentations based on work from this thesis have occurred at occupational therapy conferences. The published conference abstract for the first presentation is attached in Appendix H and for the third presentation is attached in Appendix I:

Eagers, J., Franklin, R., Broome, K., & Yau, M. (2015). The contribution of occupational therapy to the work-to-retirement transition process in Australia: A review of the literature. *Australian Occupational Therapy Journal*, *62*(S1), 69. https://doi.org/10.1111/1440-1630.12212_1

Eagers, J., Franklin, R., Broome, K., & Yau, M. (2016, October 28–29). *Occupational transitions: How do work-related factors influence the work-to-retirement transition process?* [Paper presentation]. Northern Territory/Queensland Division Occupational Therapy Conference: Practitioners of the Future, Brisbane, Australia.

Eagers, J., Franklin, R., Broome, K., Yau, M., & Barnett, F. (2021). A framework to guide occupational therapy scope of practice in the transition from work-to-retirement. *Australian Occupational Therapy Journal, 68*(S1), 160. https://doi.org/10.1111/1440-1630.12736

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ANZSCO	Australian and New Zealand Standard Classification of Occupations
AOSC	Australasian Occupational Science Centre
AOTCS	Australian Occupational Therapy Competency Standards
ASCO	Australian Standard Classification of Occupation
ATO	Australian Taxation Office
ILO	International Labour Organization
ISCO	International Standard Classification of Occupations
MOHO	Model of Human Occupation
NDIS	National Disability Insurance Scheme
NSW	New South Wales
OECD	Organisation for Economic Co-Operation and Development
OPMA	Occupational Performance Model (Australia)
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
WFOT	World Federation of Occupational Therapists
WHO	World Health Organization

Chapter 1 Introduction

1.1 The Thesis

This qualitative doctoral study explores the scope of practice of occupational therapy in the work-to-retirement transition in Australia to promote health and well-being. The life course contains a number of transitions that can be linked to life stages (Laslett, 1989; Rowland, 2012) and developmental stages (Cordier et al., 2017), and can influence daily life (Jonsson, 2010). The transition from work to retirement has been identified as a major occupational transition as a result of change, disappearance or replacement of occupation(s) in retirement (Jonsson, 2010). People are living longer, which is likely contributing to a longer working life (Australian Government, 2015), and people are remaining active longer because of health improvements (Australian Government, 2015). The World Health Organization's ([WHO], 2020b) work on ageing focuses on healthy ageing, which is about enabling people to participate in their desired occupations throughout their lives. The underlying occupational therapy philosophical view is the necessity of occupation (everyday activities) for health (Wicks, 2017). Therefore, the need for older adults to engage in meaningful occupation for health and well-being in work and retirement could increase creating an opportunity for occupational therapy in the work-to-retirement transition process to promote health and well-being, with the possibility of a preventive health focus in the context of healthy ageing. As such, the aims of this research were as follows:

1. To explore how the experience of work influences the transition from work to retirement and the scope of practice of occupational therapy in the work-to-retirement transition process

2. To explore the scope of practice of Australian occupational therapists in supporting people through the work-to-retirement transition process to promote health and well-being

3. To provide recommendations for the future application of occupational therapy practice in the work-to-retirement transition process to promote health and well-being.

1.1.1 Key Concepts Defined

A number of concepts are used in this thesis. Definitions of these terms are provided in Table 1. Further discussion of these terms are presented in this introductory chapter.

Table 1 Key Concept Definition

Term	Definition
Occupational therapy	"A client-centred health profession concerned with promoting health and well-being through occupation'" (World Federation of Occupational Therapists [WFOT], 2020a, para 1).
Scope of practice	'"The full spectrum of roles, functions responsibilities, activities and decision-making capacity which individuals within a profession are educated, competent and authorised to perform'" (Occupational Therapy Australia, 2017, p. 3).
Occupation/meaningful occupation	"Everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do" (WFOT, 2020a, para 2).
Work or job	Work or paid employment. Note: The term 'occupation' can be viewed in various ways. Occupation can be used to refer solely to a person's work or paid employment (Wilcock & Hocking, 2015). The Australian and New Zealand Standard Classification of Occupations (ANZSCO) is used in Australia to classify occupations (jobs) (Australian Bureau of Statistics [ABS], 2019). However, in this thesis, 'occupation' refers to the way occupational therapists view occupation (all the daily activities in which people participate). The terms 'work' or 'job', instead of occupation, are used to refer solely to work or paid employment to avoid confusion with the use of the word 'occupation' in occupational therapy.
Retirement	'"Complete cessation of paid work" (Eagers et al., 2016, p. 289).
Work-to-retirement transition stages — Preparation	"Retirement decision and retirement preparation (while still working)" (Eagers, Franklin, Yau, & Broome, 2018, p. 317).
Work-to-retirement transition stages — Transition	"Transition from worker to retiree (actually ceasing work to commence retirement)" (Eagers, Franklin, Yau, & Broome, 2018, p. 317).
Work-to-retirement transition stages — Retired	"Retirement itself where continual adjustment is occurring and retirement roles and activities are undertaken" (Eagers, Franklin, Yau & Broome, 2018, p. 317). Note: The work-to-retirement transition stages may not be linear.
Work-related practice/ occupational health/ occupational rehabilitation/ vocational rehabilitation	Occupational therapy practice in the area of work, which can include rehabilitative, preventive and/or vocational activities. Note: Terms may be used interchangeably.
Healthy ageing/active ageing	"Creating the environments and opportunities that enable people to be and do what they value throughout their lives" (WHO, 2020b, para 2). Note: Terms may be used interchangeably.

1.1.2 Thesis Overview

There were two phases to this doctoral study. Study phase one explored how the experience of work influences the transition from work to retirement. Data were collected through interviews with retirees. Study phase two explored the scope of practice of occupational therapy in the work-to-

retirement transition. In study phase two, data were collected through interviewing occupational therapists. The findings from study phase one (experience of work) and study phase two (occupational therapy scope of practice) were used to provide recommendations for the future application of occupational therapy in the work-to-retirement transition process.

This thesis is based on six papers. Two literature review publications are contained in Chapter 2. The thesis contains two publications related to study phase one (experience of work—Chapter 4) and two publications related to study phase two (occupational therapy scope of practice—Chapter 5). Table 2 presents a publication plan showing the relationship of publications to thesis chapters, study phases and research aims.

Table 2 Relationship of Publications to Thesis Chapters, Study Phases and Research Aims

Thesis Chapter	Paper Title	Journal	Research Aims
Literature Reviews			
Chapter 2	"Pre-retirement job and the work-to-retirement occupational transition in Australia: A review"	*Australian Occupational Therapy Journal* (published)	1
Chapter 2	"A review of occupational therapy's contribution to and involvement in the work-to-retirement transition process: An Australian perspective"	*Australian Occupational Therapy Journal* (published)	2
Phase One: Experience of Work			
Chapter 4	"The experiences of work: Retirees' perspectives and the relationship to the role of occupational therapy in the work-to-retirement transition process"	*Work* (published)	1, 3
Chapter 4	"The influence of work on the transition to retirement: A qualitative study"	*British Journal of Occupational Therapy* (published)	1, 3
Phase Two: Occupational Therapy Scope of Practice			
Chapter 5	"Current occupational therapy scope of practice in the work-to-retirement transition process: An Australian study"	*Scandinavian Occupational Therapy Journal* (advance online publication)	2
Chapter 5	"Potential occupational therapy scope of practice in the work-to-retirement transition process: An Australian study"	*Australian Occupational Therapy Journal* (manuscript submitted for publication)	2, 3
Recommendations for Future Application			
Chapter 6	Discussion, recommendations and conclusion	Thesis	3

This introductory chapter presents the research context of the doctoral study. Occupational therapy practice in the work-to-retirement transition is contextualised by discussing the relationship of occupation, and subsequently occupational therapy, to health and well-being; the occupational therapy scope of practice; and the literature around work, retirement and healthy ageing. Given that this thesis is based on publications, each paper contains its own introduction, methods, results, discussion and conclusion sections. Subsequently, each publication introduces background information and the literature around occupational therapy, work, retirement and healthy ageing relevant to the paper. Therefore, this chapter (Chapter 1) provides a broad introduction to occupational therapy, work, retirement and healthy ageing to situate occupational therapy in the work-to-retirement transition and clarify use of terms. More detailed information is included in the introduction of each paper to further contextualise the study contained within the paper with relevant background information and literature.

1.2 Research Context

This doctoral study was conducted in Australia. Australia contains six states—New South Wales (NSW), Queensland, South Australia, Tasmania, Victoria and Western Australia—and two mainland territories, the Australian Capital Territory and Northern Territory (Australian Government, n.d.). In study phase one, interviews were completed with retirees from the state of Queensland. In study phase two interviews were completed with occupational therapists from the states of Queensland and NSW.

1.2.1 Levels of Government in Australia

Various levels of government exist in Australia that can influence the transition from work to retirement. Three levels of government exist in Australia—federal, state/territory and local—with representatives at each level elected by the people aged 18 years and over who they govern (Australian Electoral Commission, 2020). Compulsory voting is in place in Australia (Australian Electoral Commission, 2020). The Prime Minister is the leader of the federal government (Australian Electoral Commission, 2020) and the responsibilities of the federal government include social security, industrial relations and currency (Australian Electoral Commission, 2020)—factors that can influence working life and retirement funds.

Australia's six states—NSW, Queensland, South Australia, Tasmania, Victoria and Western Australia—each contain their own state constitution and are able to pass laws (Australian Government, n.d.). The two mainland territories, the Australian Capital Territory and Northern Territory, have limited self-governing rights (Australian Government, n.d.). The Premier is the leader of the state government and the Chief Minister is the leader of the territory government (Australian

Electoral Commission, 2020). The responsibilities of state and territory governments include justice, consumer affairs, health and education (Australian Electoral Commission, 2020)—factors that can influence a good retirement life.

Local governments exist in the six Australian states and in the Northern Territory, and their powers are determined by the state/territory (Australian Government, n.d.). There are more than 500 local governments in Australia (Parliamentary Education Office, 2020). Local government encompass councils (cities or shires), with the Mayor or Shire President being the head of the council (Australian Electoral Commission, 2020). Local government can also be referred to as local councils (Australian Government, n.d.), municipalities or shires (Parliamentary Education Office, 2020). The responsibilities of local governments include public health and recreation facilities (Australian Electoral Commission, 2020)—factors that can also influence a good retirement life and subsequently health and well-being in later life.

Although the responsibilities of the various levels of government are stipulated in Australia the operation of these responsibilities is complex due to funding arrangements. All three levels of government in Australia receive revenue through taxes (Parliamentary Education Office, 2020). The state and territory governments also receive funding from the federal government and the local governments also receive funding from the federal and state/territory government with funding from the federal government provided on a conditional basis (Parliamentary Education Office, 2020). Subsequently, although services, such as health and education, are the responsibility of the state and territory governments, the federal government has power in how funds are spent and ultimately can influence the functioning of these services including those related to a good retirement life (Parliamentary Education Office, 2020).

1.2.2 The Australian Health System

The Australian health system encompasses public and private sectors (Department of Health, 2019a; Krassnitzer & Willis, 2016), providing various funding opportunities for occupational therapy services to support people in the work-to-retirement transition. Subsequently, the Australian health system encompasses all three levels of government, federal, state/territory and local, along with non-government stakeholders (Krassnitzer & Willis, 2016). The state and territory governments are responsible for public hospitals and other services (e.g. dental services) which are partially funded by the federal government (Krassnitzer & Willis, 2016). Local governments have responsibility for environmental health and community based health programs (Krassnitzer & Willis, 2016). Non-government stakeholders are also providers of health services along with private health insurance (Krassnitzer & Willis, 2016).

The public sector enables people to access health care through Medicare or public hospitals, either for free or through a low contribution payment (Department of Health, 2019a; Krassnitzer & Willis, 2016). Medicare is a government funded universal health care scheme that can be accessed by all Australian and New Zealand citizens, Australian permanent residents and people from countries where a reciprocal health care agreement is in place (Department of Health, 2019a). Public hospital services are provided for free under Medicare (Department of Health, 2019a; Krassnitzer & Willis, 2016). In other settings, if Medicare does not cover all the costs of health professionals, such as general practitioners and allied health, clients are required to contribute to the remaining fee for the service (Department of Health, 2019a). Subsequently, services for occupational therapy in the work-to-retirement transition could be fully or partially funded under Medicare.

Private health insurance is the funding scheme for the private sector of the Australian health system (Department of Health, 2019a; Keleher, 2016). Australians can take out private health insurance for an annual fee with a rebate, based on means testing, available from the Australian Government to assist in covering costs (Department of Health, 2019a). Private health insurance enables treatment as a private patient in hospital to be fully or partially covered, and general treatment for non-medical out-of-hospital services, such as dental and allied health, which are not funded by Medicare, to be partially funded (Department of Health, 2019a). Subsequently, services for occupational therapy in the work-to-retirement transition could be partially funded through private health insurance.

A number of other funding schemes for health care exist in Australia that occupational therapists can potentially use to support the health and well-being of people with disabilities or injuries as they transition from work to retirement. The National Disability Insurance Scheme (NDIS) provides funding for Australians aged between seven and 64 years with a permanent and significant disability to assist in achievement of the person's goals, such as volunteering, obtaining and sustaining employment, and participating in community activities (National Disability Insurance Scheme, 2020). Funding, from the government, is provided directly to the individual, who can then purchase supports and services to achieve their goals (National Disability Insurance Scheme, 2020), with providers, such as occupational therapists, assisting in the delivery of the supports and services (National Disability Insurance Scheme, 2019). There is potential for NDIS funding to be used for occupational therapy services if the participant's goals under NDIS relate to their work-to-retirement transition.

Australia has a number of funding schemes relevant to supporting people with injuries and disabilities in workplace settings. Workers' compensation provides funding to support injured

workers, including assistance with returning to work, with separate schemes relevant to each state and territory, and a Commonwealth scheme for national workplaces, such as the military (Safe Work Australia, 2021). JobAccess provides employment support, through government funding, for people with a disability, including funding of workplace modifications (Australian Government, 2021). There is potential for occupational therapists to use these funding schemes related to the work context when working with people who are seeking to remain at work in some capacity as part of their transition from work to retirement.

1.2.2.1 Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety (2021) in Australia has potential links to occupational therapy promoting health and well-being in retirement as people age. The Royal Commission was prompted by challenges in the aged care system, including, but not limited to, an ageing population, service demand, service delivery problems, substandard care and an under-resourced and under-skilled workforce. The Royal Commission commenced in October 2018, with the final report delivered in February 2021, providing an account of the current aged care system and recommendations for a new aged care system in Australia (Royal Commission into Aged Care Quality and Safety, 2021). The findings of the Royal Commission relevant to the work-to-retirement transition include that, although active involvement in the community assists people to remain living at home longer and social connection is required for a meaningful life, the current aged care system results in social isolation for many older people (Royal Commission into Aged Care Quality and Safety, 2021). Common themes identified based on community expectations for reform of aged care in Australia were: 1) dignity and respect; 2) control and choice; 3) relationships and connections to the community; and 4) quality of life and ageing at home (Royal Commission into Aged Care Quality and Safety, 2021). It was identified that a new aged care system is one component that can assist in supporting people to age well; other components include government strategies and policies around age-friendly communities and design of towns, and creating attitudes and beliefs about older people that are more positive (Royal Commission into Aged Care Quality and Safety, 2021). It was identified that work needs to be undertaken "to help people live a more active, healthy and engaged lifestyle as they age" (Royal Commission into Aged Care Quality and Safety, 2021, p. 81)—a key focus of occupational therapy that is relevant to the promotion of health and well-being in the work-to-retirement transition.

1.2.3 Retirement in Australia

This doctoral study was conducted within Australia, where an evolution in the retirement context has occurred. A compulsory retirement age at a national level has not existed in Australia

since 2004 (Patterson, 2004), with very few industries still requiring a worker to retire, such as the Queensland Police Service (Queensland Police Service, 2020). Legislation, in the form of the Age Discrimination Act (2004), is also in place in Australia which prohibits forcing a worker to retire due to their age. The transition pathway to retirement has also evolved and now encompasses not only complete cessation of paid work (Feldman, 1994), but also options for some work capacity (S. Kim & Feldman, 2000; Olesen & Berry, 2011; Ulrich & Brott, 2005). The absence of a compulsory retirement age and different transition pathways promotes variability in work-to-retirement transitions, necessitating tailoring of supports to the individual's needs to facilitate a positive transition.

Since 2004-05, the ABS has conducted a Retirement and Retirement Intentions Survey every two years, which provides insight into retirement trends, the factors influencing retirement and retirement income in Australia (ABS, 2020). The Retirement and Retirement Intentions Survey is targeted at people aged 45 years and over, with some exclusions including, but not limited to, permanent Defence Force members, overseas residents in Australia, people living in remote areas of Australia and people living in non-private households (e.g. retirement homes) (ABS, 2020). The Retirement and Retirement Intentions Survey is conducted within the Multi-Purpose Household Survey, with a sample of households in Australia selected to participate (ABS, 2006a). Survey results are calculated using weighting and benchmarking to allow population estimation (ABS, 2006a). Only people who are still living are calculated in the average retirement age (ABS, 2006a, Methodology). 'Retired from the labour force' is used to refer to "people who had previously worked and had retired from work or looking for work, and did not intend to look for, or take up, work in the future" (ABS, 2006a, Methodology).

The average retirement age in Australia is increasing. The average retirement age for all people aged 45 years and over in Australia increased from 52 years in 2004-05 (ABS, 2006a) to 55.4 years in 2018-19 (ABS, 2020) (Figure 1). The average retirement age for people aged 45 years and over in Australia who retired in the previous five years also increased from 60 years in 2004-05 (ABS, 2006a) to 62.9 years in 2016-17 (ABS, 2017a) (no data for 2018-19 were found) (Figure 2). An increase in retirement age means the needs of older workers may evolve, including consideration of alternative supports and transition pathways from work to retirement. In 2016-2018, life expectancy at age 45 was 82.4 years for males and 85.9 years for females, and at age 65 was 84.9 years for males and 87.6 years for females (Australian Institute of Health and Welfare [AIHW], 2020). Retirement at 62.9 years of age (the current average age of retirement in Australia for people who retired in the previous five years) could potentially mean a person is retired for approximately 25 years, precipitating the need to establish a healthy transition and sustainability of a good retirement life. Forty per cent of Australians aged 45 years and over were retired in 2018-19 (ABS, 2020). Although

the percentage of Australians retired has remained relatively unchanged since 2004-05, where 42% of Australians aged 45 years and over were retired (ABS, 2006a) (Figure 3), retirees still represent a large proportion of the population, hence the need to support this population to maintain healthy lifestyles into older age.

Figure 1 Change in Average Australian Retirement Age for All People Aged 45 Years and Over (Adapted from ABS, 2006a, 2008, 2009, 2011a, 2013a, 2016, 2017a, 2020)
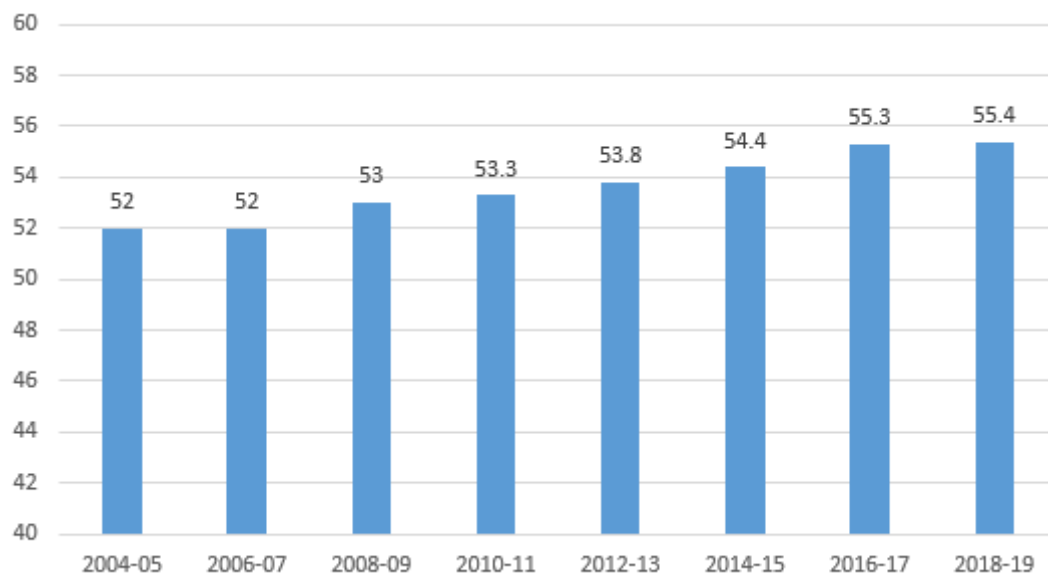
Figure 2 Change in Average Australian Retirement Age for People Aged 45 Years and Over Who Retired in Previous Five Years (Adapted from ABS, 2006a, 2008, 2009, 2011a, 2013a, 2016, 2017a)
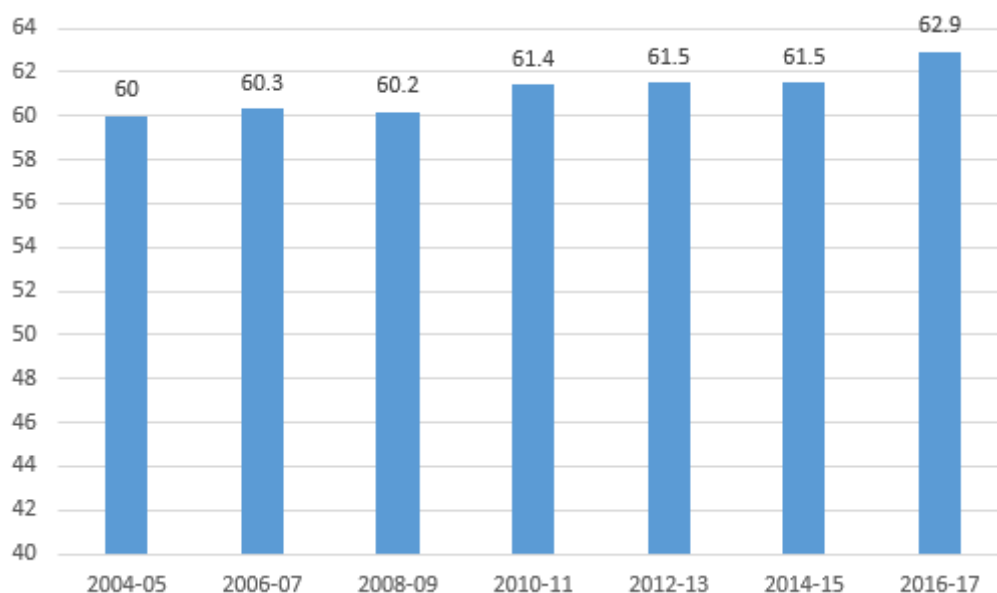
Figure 3 Percentage of Australians Retired Aged 45 Years and Over (Adapted from ABS, 2006a, 2008, 2009, 2011a, 2013a, 2016, 2017a, 2020)
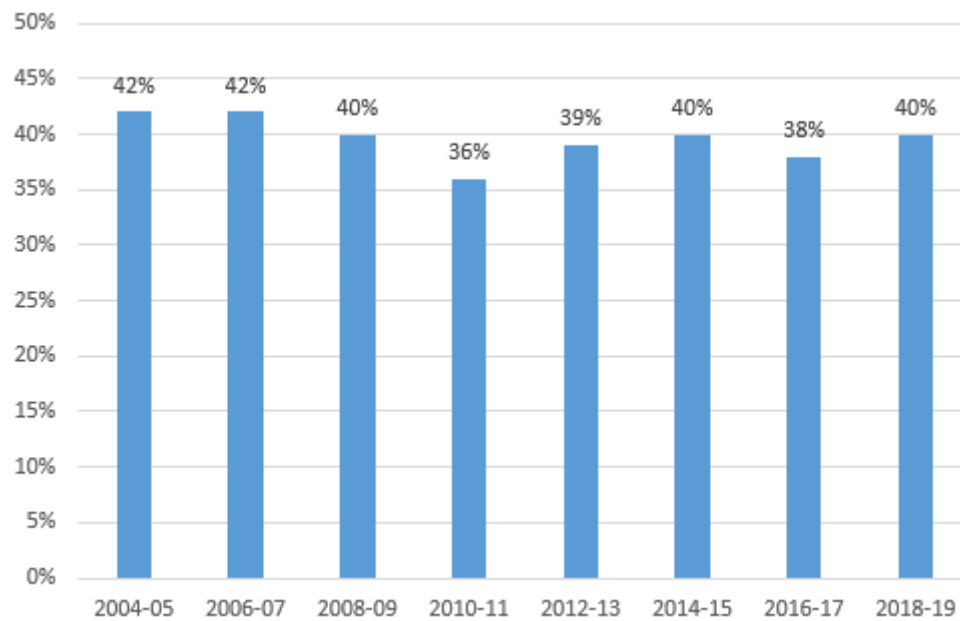
Eligibility ages to access retirement income sources are increasing. In 2018-19, the main source of income at retirement was the government age pension and then superannuation (ABS, 2020). Eligibility for the government age pension in Australia is based on age, residency requirements and means (income and assets) testing (Department of Social Services, 2019). The age at which the government age pension can be accessed has gradually increased: from 65 years of age in 2017 to 67 years of age by 2023 (Department of Social Services, 2019). Superannuation, colloquially known in Australia as 'super', is money contributed into a fund account by the employer for use during retirement (Australian Taxation Office [ATO], 2018). Mandatory superannuation was introduced in Australia in 1992 (Australian Prudential Regulation Authority, 2020) and subsequently the current generation of retirees may not have accumulated superannuation throughout their working life. Superannuation can be accessed when: 1) a person reaches preservation age and retires; 2) a person reaches preservation age and accesses a transition-to-retirement income stream while still working; or 3) a person reaches 65 years of age (even if they have not retired) (ATO, 2018). Preservation age is the age at which superannuation can be accessed and is based on date of birth and not pension age (ATO, 2018). The preservation age is currently increasing: from 55 years if born before 1 July 1960 to 60 years if born from 1 July 1964 (ATO, 2018).

Changing eligibility to access income sources in retirement may affect retirement, given the influence of finances on retirement. The most common reason for retiring in 2018 -19 was reaching retirement age or superannuation eligibility (46%), and the main influencing factor for people considering retiring was financial security (ABS, 2020). The increasing eligibility ages to access the aged pension (67 years) (Department of Social Services, 2019) and superannuation (60 years) (Department of Health, 2017) being higher than the average retirement age (55.4 years for all people

[ABS, 2020] and/or 62.9 years for people retired in the previous five years [ABS, 2017a]), and the decreased opportunity to accumulate superannuation until 1992 (Australian Prudential Regulation Authority, 2020), have the potential to impact occupational participation in work and retirement. People may be required to work longer to reach retirement income eligibility ages or to accumulate more superannuation prior to retiring. Alternatively, people may support themselves in retirement through self-funded finances if they retire before the eligibility age to access retirement income. Self-funded retirement may place the onus more on individuals to financially plan their retirement in the context of meaningful occupations that achieve a 'good life' so they can retire at the age they want, which may negatively impact engagement in meaningful occupation in later life. People may be forced to continue working when they no longer want to, or may be unable to engage in desired retirement occupations if ceasing work before they are eligible to access the aged pension and/or superannuation impacts finances to engage in retirement occupations.

Future generations of retirees may have different perspectives, experiences and needs than the current generation of retirees on which this doctoral study is based. Potential future influences on retirement financial situations and engagement in work and retirement occupations include recent events (e.g. the COVID-19 pandemic) or similar subsequent world events, further increases in eligibility ages to access retirement incomes sources, and further increase in the average retirement age. Although generational differences and economic factors are not the focus of this thesis, these factors are acknowledged, as they may mean that the work-to-retirement transition experience, and subsequently occupational therapy practice in this area, is continually evolving. Further information on the retirement context in Australia is provided later in Chapter 2 within the published literature reviews (Sections 2.2.1 and 2.3.1).

1.2.4 Phase One: Experience of Work—Research Context

In study phase one (experience of work), interviews were completed with retirees from Townsville. Townsville is a town located in the state of Queensland, Australia. In 2018-19, 40% of people aged 45 years and over in Queensland were retired (ABS, 2020). In 2016, Townsville had a population of 229,031 (50.1% male), with the median age being 36 years (ABS, 2017b). In 2016, people in Townsville were employed (based on ANZSCO) as professionals (17.7%), technicians and trade workers (15.1%), community and personal service workers (14%), clerical and administration workers (13%), managers (10.7%), labourers (10.5%), sales workers (9.4%) and machinery and operators and drivers (8.2%) (ABS, 2017b). Major employment industries were defence (5.3%), hospitals (5.2%), primary education (3%), supermarket and grocery stores (2.6%) and takeaway food services (2.4%) (ABS, 2017b).

1.2.5 Phase Two: Occupational Therapy Scope of Practice—Research Context

In study phase two (occupational therapy scope of practice), interviews were completed with Australian occupational therapists. In September 2020, there were 24,181 occupational therapists registered in Australia (Occupational Therapy Board AHPRA, 2020c), which is an increase of registered occupational therapists in Australia from 22,603 in September 2019, 17353 in September 2015 and 13611 in September 2012 (Occupational Therapy Board AHPRA, 2020c). The principal state where Australian occupational therapists worked was NSW (6678/27.62%), followed by Victoria (6240/25.81%), Queensland (4781/19.77%), Western Australia (3319/13.73%), South Australia (1863/7.70%), Australian Capital Territory (408/1.69%), Tasmania (344/1.42%) and Northern Territory (202/0.84%) (Occupational Therapy Board AHPRA, 2020c). In 2020, 90.6% of Australian occupational therapists were female and 9.4% were male (Occupational Therapy Board AHPRA, 2020c). In 2017, principal work settings of Australian occupational therapists were hospitals (20.3%), other community health care services (16.43%), group private practices (9.5%), outpatient services (7.8%), solo private practices (7.5%), disability services (7.4%), educational facilities (5.3%), residential aged care facilities (5.2%), rehabilitation/physical development services (5.2%) and other government departments or agencies (3.7%) (Department of Health, 2017). In 2019, 6783 occupational therapists were members of Occupational Therapy Australia—the professional body for occupational therapists in Australia (Occupational Therapy Australia, 2019). The diversity of the occupational therapy profession and increasing numbers of occupational therapists in Australia offer an opportunity for the profession to continue to grow, including developing expertise in the work-to-retirement transition.

1.3 Occupational Therapy in Promoting Health and Well-Being Overview

The focus of occupational therapy is enabling engagement in meaningful occupation (Broome & Kennedy-Behr, 2017). WFOT (2020a, para 1) defines occupational therapy as:

> A client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.
>
> In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring

> *meaning and purpose to life. Occupations include things people need to, want to*
> *and are expected to do.* (WFOT, 2020a, para 2)

Occupational therapists use an occupational perspective: "a way of looking at or thinking about human doing" (Njelesani et al., 2014, p. 234). A scoping review by Njelesani et al. (2014) identified that the term 'occupational perspective' was first used in 1953 and was in reference to paid work. In 1996, the term 'occupational perspective' was used in the occupational therapy and occupational science literature and evolved to include other occupations (everyday activities) besides work (Njelesani et al., 2014). Occupational science is related to the study of the human occupation (Yerxa et al., 1990).

An occupational perspective can be used to explore transitions. An occupational transition refers to major changes in a person's occupations as a result of change, disappearance and/or replacement of occupations in a person's life (Jonsson, 2010). Occupational transitions in healthy populations have been identified as being individual to the person and linked to life stages, being complex and challenging, involving adaptation, involving changes to roles and occupations, being influenced by the social environment (e.g. societal beliefs, economics and government systems) and personal factors (e.g. personality and expectations), influencing identity, and being affected by the level of control a person has within the transition (Crider et al., 2015). Factors facilitating positive occupational transitions in healthy populations include preparation, participation in occupations, and social supports (Crider et al., 2015). Factors that can be a barrier to positive occupational transitions in healthy populations include lack of social support, lack of skills, lack of education and multiple transitions occurring at the same time (Crider et al., 2015). The transition from work to retirement has been identified as a major occupational transition (Jonsson, Borell & Sadlo, 2000; Pettican & Prior, 2011), creating opportunity for occupational therapy involvement in facilitating positive work-to-retirement transitions and subsequently health and well-being in later life.

The occupational therapy profession holds a number of basic assumptions about occupation. There are two overarching assumptions identified by Dunton in 1919: 1) occupation is a basic human need; and 2) occupation can be therapeutic (Dunton, as cited in Polatajko et al., 2013). These basic assumptions about occupation have been added to in more recent times, with four basic assumptions underlying the previous two primary assumptions: 1) occupation affects health and well-being; 2) occupation organises time and structures living; 3) occupation brings meaning to life; and 4) occupations are idiosyncratic (Polatajko et al., 2013). A description of these four basic assumptions is provided in Table 3. For retirees, retirement results in the loss of the occupation of

work and a subsequent restructure of meaningful occupations relevant to the individual for health and well-being in retirement.

Table 3 Description of Four Basic Assumptions about Occupation (Adapted from Polatajko et al., 2013)

Basic Assumptions about Occupation	Description
Occupation affects health and well-being	Engagement in occupation can positively or negatively impact health and well-being. Engagement in meaningful occupation can facilitate health and well-being. Lack of opportunity to engage in occupation or too many competing occupations can negatively impact health and well-being.
Occupation organises time and structures living	Occupation can provide daily life with rhythm, resulting in formation of habits and routines, facilitating structure and organisation of life.
Occupation brings meaning to life	Occupation contributes to purpose in life, identity and connections with others.
Occupations are idiosyncratic	Occupation is a unique experience to the individual and variances in occupational engagement between people exist.

The use of the word 'occupation' in the literature in Western society, as it relates to being occupied, employed or engaged, can be seen from circa 1340 and relates to the history of occupational therapy (Reed, Smythe & Hocking, 2013). However, using a hermeneutic approach, a description of occupation and the relationship between occupation and health and well-being can be seen as far back as Ancient Greece (Reed, Smythe & Hocking, 2013). The meaning of occupation was associated with social structures (Reed, Smythe & Hocking, 2013). Leisure was regarded highly, with contemplation, philosophical thought and self-development reserved for the elite male (Reed, Smythe & Hocking, 2013). Hard labour, which was seen as detrimental to the mind, was considered lowly and performed by slaves (Reed, Smythe & Hocking, 2013). Over time, the meaning of occupation has evolved, demonstrating the culturally embedded nature of occupation (Reed, Smythe & Hocking, 2013). For example, because of the influence of the Catholic Church in the middle ages, good health was linked to moral actions, such as work, and idleness related to evil (Reed, Smythe & Hocking, 2013). The Moral Treatment Movement recognised the importance of engagement in occupation for people with mental health conditions in asylums (Reed, Hocking & Smythe, 2013). The world wars saw the use of occupation in the rehabilitation of injured soldiers (Reed, Hocking & Smythe, 2013). The predominance of a bio-medical perspective in the 1960s changed the focus to muscle strength, flexibility, endurance and changes in behaviour (Reed, Hocking & Smythe, 2013). A shift back to the focus of occupation as a component of health occurred in the late twentieth century (Reed, Hocking & Smythe, 2013).

The focus on occupation and health continues in the twenty-first century, with an occupational perspective of health described in terms of doing, being, belonging and becoming (Wilcock & Hocking, 2015). Wilcock's (1998, 1999) work initially focused on doing, being and becoming, with belonging included subsequently (Wilcock & Hocking, 2015). Hitch et al. (2014) completed a review and critical analysis of doing, being, becoming and belonging, and how these concepts have developed over time. 'Doing' relates to active engagement in meaningful occupations and developing the skills and abilities to engage in these occupations (Hitch et al., 2014). Occupations associated with doing include work, sleep, leisure, household chores and cultural customs (Wilcock & Hocking, 2015). 'Being' is making sense of oneself as an occupational and human being, and encompasses the meaning the person invests in life, and their unique physical, mental and social capacities and abilities (Hitch et al., 2014). Occupations associated with being relate to time out, reflecting, relaxing and sleeping (Wilcock & Hocking, 2015). 'Belonging' is related to connections with not only people, but also places, cultures, communities and times (Hitch et al., 2014). Belonging relates to the context in which the occupation occurs and relationships that are reciprocal, mutual and shared (Hitch et al., 2014). Occupations associated with belonging relate to occupations engaged in with/for others and occupations to establish friendships or connections to place (Wilcock & Hocking, 2015). 'Becoming' relates to a person's growth, development and change throughout life and encompasses goals and aspirations (Hitch et al., 2014). Occupations associated with becoming include occupations in which a person participates by themselves or with other people (Wilcock & Hocking, 2015).

Doing, being, belonging and becoming have relevance to occupational transitions and subsequently the work-to-retirement transition. The processes of change are also evident in the work-to-retirement transition, with cessation of work resulting in occupational changes in retirement. Doing, being, belonging and becoming have also been used to study occupational transitions, such as the transition of new mothers back into the workforce (M. Berger et.al., 2020) and transition to living in a new country (among women immigrants) (Gupta & Sullivan, 2013).

1.4 Occupational Therapy Scope of Practice

Occupational therapy is governed at global and national levels. WFOT (2020a) is the international body representing and setting practice standards for occupational therapists. Occupational Therapy Australia (2017) is the professional body for Australian occupational therapists. Only occupational therapists in some Australian states and territories were required to be registered prior to July 2012, at which point mandatory registration was introduced nationally (Occupational Therapy Board AHPRA, 2016). The Occupational Therapy Board of Australia oversees the registration

process and sets the minimum recency of practice requirements for Australian occupational

therapists (Occupational Therapy Board AHPRA, 2020b). Occupational therapists working in Australia

are required to abide by the professional behaviours documented in the Australian Occupational

Therapy Competency Standards (AOTCS) (Occupational Therapy Board AHPRA, 2020a). Competency

standards for Australian occupational therapists were introduced in 1994, with revised competency

standards developed in 2010, and the most recent revised competency standards, AOTCS,

implemented in January 2019 (Occupational Therapy Board AHPRA, 2020a). Evaluation of

occupational therapy competency standards in Australia over time has assisted in revision and

update as required, taking into account the evolving scope of occupational therapy (Occupational

Therapy Board AHPRA, 2020a; Rodger et al., 2009a, 2009b). As defined by the Occupational Therapy

Board AHPRA (2020b, p. 4), "scope of practice is the professional role and services that an individual

health practitioner is educated and competent to perform". Practice is:

> *Any role, whether remunerated or not, in which the individual uses their skills and*
> *knowledge as a health practitioner in their profession. Practice in this context is*
> *not restricted to the provision of direct clinical care. It also includes using*
> *professional knowledge (working) in a direct non-clinical relationship with clients,*
> *working in management, administration, education, research, advisory,*
> *regulatory or policy development roles, and any other roles that impact on the*
> *safe, effective delivery of services in the profession.* (Occupational Therapy Board
> AHPRA, 2020b, p. 4)

In relation to scope of practice, Occupational Therapy Australia (2017) notes that:

> *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 authorised to*
> *perform. Scope of practice is set by professional standards such as professional*
> *education and training, competency standards, codes of ethics, conduct and*
> *practice. Full scope of practice is attained with experience, appropriate*
> *supervision, and engagement in professional development. It does not necessarily*
> *reflect only those areas and skills which are taught pre-registration* (pp. 3-4).

Expression of occupational therapy scope of practice in general terms, rather than defining specific

tasks, allows the breadth of practice of occupational therapists to be reflected and for the profession

to develop (Occupational Therapy Australia, 2017). Scope of practice can be related to 'who'

occupational therapists work with, 'what' occupational therapists do and 'where' occupational

therapists work (Broome & Kennedy-Behr, 2017). Subsequently, the framework of 'who, what, where', along with 'when', is used in this study to assist in discussing scope of practice. 'When'— which is a common term associated with who, what and where—is also important in the work-to-retirement transition to understand the time point at which occupational therapy should be involved.

In 2017, the principal scope of practice of occupational therapists in Australia was rehabilitation (19%), paediatrics (18.8%), aged care (17.3%), mental health (12.1%), disability (8.9%), occupational health (6.8%), hand therapy (3.4%), neurology (2.9%) and driving assessment (0.4%) (Department of Health, 2017). Therefore, areas of practice are typically related to medical conditions or life stages, rather than the times of transition when people are reshaping their lives resulting in a reactive, rather than proactive, approach. Scope of practice can also be conveyed in terms of general scope of practice, which reflects the core activities of the profession and advanced scope of practice, encompassing a higher level of knowledge and skills obtained post-graduation (Occupational Therapy Australia, 2017). In 2017, 2,219 occupational therapists identified that their principal scope of practice included advanced scope of practice (Department of Health, 2017). General scope of practice provides a basis for all occupational therapists, whilst advanced scope of practice allows the profession to grow and diversify, creating scope for practice in new areas, such as the work-to-retirement transition.

The work-to-retirement transition has not been identified as a common principal scope of occupational therapy practice. Occupational therapy in Australia evolves, taking into account community needs, health and social care developments and new research (Occupational Therapy Australia, 2017), precipitating the need for new practice areas. Examples of emerging occupational therapy practice in Australia include community programs where men can socialise and engage in occupations (Men's Sheds), working with migrants and refugees, and programs to promote health and well-being for mothers with a child with a disability (Bourke-Taylor et al., 2017). Factors identified as influencing the occupational therapy profession, and subsequently practice areas, include an ageing population; increasing focus on health promotion and disease and disability prevention; increase in mental health conditions; and changing work practices, health issues and retirement (Bourke-Taylor et al., 2017). Therefore, as the occupational therapy profession evolves in response to these factors, there is possibility for occupational therapists to use their skills and knowledge related to occupation; the work-related, ageing and mental health practice areas; and health and well-being to incorporate the work-to-retirement transition in their practice to assist in healthy ageing. This doctoral study proposes that the work-to-retirement transition could bridge the work-related and aged care practice areas.

1.4.1 Occupational Therapy in Work Practice

Occupational therapy work practice has a relationship to the work-to-retirement transition. Work precedes retirement and subsequently has the potential to impact retirement. Occupational therapists also have the skills and expertise to work with older people in the workplace (Early et al., 2019; Evans et al., 2008). This doctoral study proposes that the work-to-retirement transition is situated after the work-related practice area. A number of concepts exist relating to occupational therapy practice in work. 'Occupational health' is used by the WHO (2020a) and encompasses working conditions and environmental hygiene. It has been defined as "the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations" (Stellman, as cited in James & Prigg, 2004, p. 60). Occupational health is identified as encompassing rehabilitative and preventive elements (James & Prigg, 2004). The Australian Government health workforce data on occupational therapy uses the term 'occupational health' (Department of Health, 2017); however, to date, no references regarding what this term encompasses have been found.

WFOT (2016) uses 'work-related practice', which is defined as "the provision of occupational therapy services that promote injury prevention and health promotion in the workplace or enable an individual affected by injury, illness or disability to return to work or to secure and maintain meaningful and productive employment" (p. 1). Occupational therapy work-related services may include assessment of the worker, workplace and job tasks; recommendations on workplace modifications, access and assistive technology; case management; training to reduce the risk of injury; health promotion programs; and other interventions, such as skill building, vocational training and work hardening (WFOT, 2016). Prior to the release of the work-related practice position statement in 2016, WFOT released a position statement on vocational rehabilitation, stating that: "Vocational rehabilitation refers broadly to the provision of various services to assist people to enter, re-enter, return to and/or remain in work" (Waddell et al., as cited in WFOT, 2012, p. 1). Occupational therapy services within vocational rehabilitation may include pre-vocational and vocational assessment; interventions, such as skill building, vocational training, work hardening and workplace modifications; case management; and health promotion programs (WFOT, 2012).

'Occupational rehabilitation' is another term used within occupational therapy work practice. A number of definitions of occupational rehabilitation exist, including "a managed process involving early intervention with appropriate, adequate and timely services based on assessed needs, and which is aimed at maintaining injured or ill employees, or in returning them to, suitable employment" (National Occupational Health and Safety Commission, 1995, p. 2). A second definition

of occupational rehabilitation is "the restoration of injured workers to the fullest physical, psychological, social, vocational, and economic usefulness of which they are capable, consistent with their preinjury status" (Workcover NSW, as cited in James & Prigg, 2004, p. 61). A third definition of occupational rehabilitation is to "assist in the prevention of workplace injuries, and plan strategies for successful return to work after an injury or illness (physical and/or mental)" (Occupational Therapy Australia, 2020a, para 2). Occupational rehabilitation focuses on returning injured workers to the pre-injury employer, and is distinguished from vocational rehabilitation as referring to "employment with a different employer, either with the same, modified or different work tasks" (Harrison & Allen, 2003, p. 141). Workplace rehabilitation, a similar concept to occupational rehabilitation, has been defined as "needs-based services provided to assist a worker to remain at or return to safe and suitable employment as early as possible" (icare, n.d., p. 1).

The term 'work practice' has also been used to collectively encompass occupational therapy practice in "occupational health and safety or injury prevention, and work rehabilitation" when exploring the characteristics of Australian occupational therapists in work (Deen et al., 2002, p. 219). Work practice preventive services have been identified as including body mechanics/back education, manual handling training and ergonomics (Deen et al., 2002). Work practice assessments have been identified as involving workplace assessment, job analysis, functional capacity evaluation, vocational skills, medico-legal and pre-placement screening (Deen et al., 2002). Work practice rehabilitation services have been identified as including suitable duties programs, job and/or workplace modification, case management, equipment prescription, pain management, vocational counselling, vocational rehabilitation skills training/development, and work hardening and/or work conditioning (Deen et al., 2002). From these findings, occupational therapy practice in work can be seen to encompass prevention, rehabilitation and vocational elements.

A change in occupational therapy work practice over time is evident. A historical overview of the largest vocational rehabilitation provider in Australia at that time (CRS Australia) identified that the initial beginnings of this government organisation were based on provision of vocational training and subsequent attainment of employment for people with a disability (O'Halloran, 2002). Over time, services provided evolved to include early intervention, injury prevention and workplace rehabilitation services (Department of Human Services, 2015). Practice of occupational therapists in work-related practice has also evolved from the treatment of injured workers only through occupational rehabilitation to also include preventive activities (Adam et al., 2010).

A relationship between occupational therapy work practice and retirement is evident despite the lack of clarity around concepts used to refer to occupational therapy practice in work. Some

definitions were difficult to obtain, with original sources unable to be found and subsequent citation of secondary sources. Definitions were also obtained from organisations that are no longer in operation (e.g. National Occupational Health and Safety Commission), as an alternative organisation had been established, yet a corresponding definition was unable to be sourced through the new organisation. Subsequently, the use of a concept could be outdated, although this has not been formally acknowledged. However, regardless of terminology, it is evident that a relationship exists between occupational health and work and retirement, and subsequently the work-to-retirement transition. The WHO (1994) states that occupational health relates to "sustainable socioeconomic development that enables workers to enjoy a healthy and productive life both throughout their active working years and beyond" (p. 4).

For this thesis, there is an acknowledgement that occupational therapists are already working in the work-related practice area, and it is hypothesised that there is a link between work and retirement. Moving from work to retirement is a transitional process, part of life stage development, which could be a challenging experience for some people. A smooth transition facilitates an uneventful or positive life stage development into older adulthood that continues to promote health and well-being as a person ages. Therefore, for the purpose of this doctoral study, terms such as work-related practice, occupational health, occupational rehabilitation and vocational rehabilitation may be used interchangeably when discussing scope of occupational therapy practice and may include rehabilitative, preventive and/or vocational activities. Using terms interchangeably will simplify use of literature referring to multiple terms and the focus on participants' report of occupational therapy practice in work, without the complication of determining the specific concept that practice includes. Future research may aim to clarify and consolidate these terms and their relationship.

1.4.2 Occupational Therapy Working with Older People

Occupational therapy practice in aged care has a relationship to the work-to-retirement transition. Retirement is associated with older age, and the older people with whom occupational therapists work have often retired. The impact of retirement can be evident in how older people structure their lives, with a link between role maintenance and life satisfaction (McKenna et al., 2007). This doctoral study proposes that the work-to-retirement transition is situated before the aged care practice area. According to Occupational Therapy Australia (2020b), "[o]ccupational therapists work with older people to maintain participation in the occupations of everyday life while living with a wide variety of disabilities resulting from disease, injury and aged related changes" (para 1). Occupational therapists work with older people with dementia (Rahja et al., 2018), with low vision

(S. Berger et al., 2013), with mental health conditions (Ceramidas, 2010), in acute care/inpatient rehabilitation settings (Timmer et al., 2015) and in falls prevention programs (Elliott & Leland, 2018). When working with older people, occupational therapists complete home assessments (Elliott & Leland, 2018; Rahja et al., 2018; Timmer et al., 2015), falls risk assessments (Elliott & Leland, 2018; Rahja et al., 2018) and functional and cognitive assessments (Rahja et al., 2018). Occupational therapists also prescribe assistive technology (Rahja et al., 2018), complete home/environmental modifications (Elliott & Leland, 2018; Rahja et al., 2018), provide education (Elliott & Leland, 2018) and refer on to other services (Rahja et al., 2018). When working with older people, occupational therapists can work with individuals or within population-based programs (Elliott & Leland, 2018).

Occupational therapists are also involved in preventive health programs for well older adults. An example is the Lifestyle Redesign® (formerly the Well Elderly Study) preventive occupational therapy program for independent living older adults (Clark et al., 1997; Clark et al., 2012). The aim of the Lifestyle Redesign study was to promote sustainable engagement in meaningful occupation (Clark et al., 1997; Clark et al., 2012). Topics in the program included the impact of everyday activity on health, time use and energy conservation, transportation use, home and community safety, social relationships, cultural awareness, goal setting and changes in routines and habits (Clark et al., 2012). The study identified that this preventive occupational therapy program had significant benefits in relation to bodily pain, vitality, social functioning, mental health and mental composite, with physical function and physical composite identified as marginally significant ($p < 0.10$) (Clark et al., 2012).

Occupational therapy's commitment to working with older adults, healthy ageing and use of preventive programs for older adults provides opportunity for occupational therapists to promote health and well-being in the work-to-retirement transition to assist in healthy ageing. In 2020, WFOT (2020b) submitted a statement to the WHO Regional Committees on ageing and health in support of WHO healthy ageing. In this statement, WFOT (2020b) noted that "occupational therapists promote health and well-being of older people by empowering and enabling participation in everyday occupations, thereby fostering functional ability across the life course" (p. 1). The WFOT (2020b) statement on ageing and health aligns with the call for the occupational therapy profession to promote an occupational perspective and occupation in relation to public health (Moll et al., 2013).

1.5 Healthy Ageing and the Work-to-Retirement Transition

Healthy ageing has a focus on occupation throughout life (WHO, 2020b), demonstrating a link to work and retirement (where occupation is engaged) and the work-to-retirement transition (where a change in occupation occurs). The WHO (2020b) now focuses on healthy ageing, rather than their previous focus on active ageing. For the purpose of this doctoral study on the work-to-

retirement transition process, and in the context of continuity theory (continuation of occupations as people age) (Atchley, 1999), healthy ageing is synonymous with active ageing.

A relationship between work and health exists. Work can be a negative or positive influence on physical, social and mental health (Wilcock & Hocking, 2015). In relation to health, it has been identified that:

1. Work provides meaning through shared purpose and activity within a social group.
2. Work increases the possibility of relationships beyond the immediate family or neighbourhood.
3. Work structures daily time. Leisure time is more valued when it is scarce.
4. Work assigns social status and clarifies personal attributes.
5. Work requires regular activity (Jahoda, 1982).

A relationship between retirement and health also exists. Retirement can be a positive or negative influence on life satisfaction (Heybroek et al., 2015) and physical and psychological health (Wang, 2007). Varying health experiences in retirement can be attributed to the cessation of work precipitating changes in the health benefits of work (meaningful occupation, daily structure, social standing, relationships and regular activity) (Jahoda, 1982). Choice and control in the retirement decision have been linked to good health and well-being in retirement (Quine et al., 2007) and enhanced life satisfaction (Newton et al., 2019; Noone et al., 2013). However, retirement may not always be a choice, as people may be forced to retire because of factors such as poor health and involuntary redundancy (Moffatt & Heaven, 2017; Quine et al., 2007). It is possible that low choice in the retirement decision may result in more profound impacts on health from loss of the occupation of work. Subsequently, people who experience this type of transition may need more support to facilitate a positive transition into retirement life.

A number of work and ageing theories can be related to healthy ageing and retirement. Atchley's (1989, 1999) continuity theory has been related to the retirement adjustment process (Wang & Shultz, 2010), work satisfaction and retirement choices (Lytle et al., 2015). Continuity theory promotes the continuation of patterns and behaviours as people age (Atchley, 1999). Continuity theory suggests that a healthy work-to-retirement transition would see people engage in similar occupations in retirement to those in which they engaged whilst working, including occupations that have a link to the work performed. Role theory has been related to retirement decision making, the retirement adjustment process (Wang & Shultz, 2010), retirement as a career stage and retirement choices (Lytle et al., 2015). Role theory focuses on role exit and role transition—factors associated with retirement (Wang et al., 2011). For retirees, this may involve

redefining roles in retirement. Dawis et al.'s (as cited in, Lytle et al., 2015) theory of work adjustment has been related to work satisfaction and retirement choices. In the theory of work adjustment, the worker and employer make career decisions considering the person and environment fit (Lytle et al., 2015). For workers who are retiring, identifying if a 'fit' exists between themselves and their work could aid in deciding whether to continue working or cease work. Workers may also consider their 'fit' with work and how they might achieve a similar 'fit' in retirement occupations.

Other theories related to the work-to-retirement transition also exist; however, they are in contrast to healthy ageing and the focus of occupational therapy on engagement in meaningful occupation. For example, disengagement theory has been related to retirement choices (Lytle et al., 2015). Disengagement theory is associated with a decline in social connections and involvement in life roles, with subsequent changes in relationships with others (Cummings et al., as cited in Lytle et al., 2015). From a disengagement theory approach, a healthy work-to-retirement transition would be characterised by a decrease in occupational participation in retirement.

Theories on stages of life also exist, which also have a relationship to occupational therapy promoting health and well-being in the work-to-retirement transition. Four stages of life have been identified (Laslett, 1989; Rowland, 2012). Laslett (1989) identified the First Age as "an era of dependence, socialisation, immaturity and education", the Second Age as "an era of independence, maturity and responsibility", the Third Age as "an era of personal fulfilment" and the Fourth Age as "an era of final dependence, decrepitude and death" (p. 4). The Third and Fourth Ages have been related to older adult life stages (Jonsson, 2011). The Third Age has been seen to have a relationship with healthy ageing (Rowland, 2012) and identified as beginning at retirement (Jonsson, 2011). Jonsson (2011) identified that Laslett's theory on the Third Age acknowledges that people actively engage in occupations in retirement because of the continued health and well-being that older people often experience, given that onset of disability, and subsequent onset of the Fourth Age, now occurs later in life. Jonsson (2011) noted that the Third Age "offers freedom from the responsibility of raising a family and earning a living, in order to pursue the fulfilment of one's lifelong dreams" (p. 36), and linked engaging occupations in retirement (occupations that are highly meaningful, are engaged in regularly, involve a commitment and are connected with a community) to achieving self-fulfilment.

Health promotion can also be applied to healthy ageing and the work-to-retirement transition, whereby "[h]ealth promotion is the process of enabling people to increase control over, and to improve, their health" (World Health Organization, 1986, p. 1). From an occupational perspective, occupation has health-promoting value and benefits and can be seen to be "protective

of health and well-being" (Moll et al., 2013, p. 113), and conversely to be "a risk factor for ill health and reduced well-being" (Moll et al., 2013, p. 114). Retirement precipitates changes in occupational engagement as a result of work cessation, subsequently impacting the health and well-being value associated with retirement occupations. Three levels of disease prevention are associated with health promotion (WHO, 1998). Primary prevention activities are aimed at preventing the onset of a disorder (WHO, 1998). Secondary prevention activities relate to early detection and subsequent intervention of an existing disease (WHO, 1998). Tertiary prevention activities aim to decrease the severity of an existing disease (WHO, 1998). In relation to occupational therapy in the work-to-retirement transition, health promotion relates to providing services prior to retirement to facilitate healthy transitions through to providing services in retirement when the onset of poor health occurs as a result of a poor transition. It has been recommended that occupational therapists incorporate the value of occupation as part of health promotion practices, as occupational engagement is an important part of public health (Moll et al., 2013).

1.6 Concluding Comments

This doctoral study situates the work-to-retirement transition between the occupational therapy work-related and aged care practice areas. Occupational therapy's focus on meaningful occupation and healthy ageing, as well as the relationship between occupation and health and well-being, places occupational therapy in a position to support people in the work-to-retirement transition. To assist in advancing the occupational therapy profession in the work-to-retirement transition, this doctoral study will explore, in an Australian context, how the experience of work influences the transition from work to retirement, and the scope of practice of occupational therapy in the work-to-retirement transition.

Chapter 2 Literature Review and Theoretical Lens

2.1 Chapter Overview

Chapter 2 contains two literature reviews to discuss the knowledge gaps and the need for this doctoral study by identifying: 1) the lack of literature and clarity on the scope of practice of occupational therapy in the work-to-retirement transition; and 2) how the experience of work, and ceasing work, relates to occupational therapy practice in the work-to-retirement transition. Theories and practice concepts used in occupational therapy are also discussed to assist in providing a theoretical lens and communicating the scope of practice of occupational therapy in the work-to-retirement transition. Finally, the research aims, study phases and thesis structure are presented.

2.2 Literature Review: Occupational Therapy in the Work-to-Retirement Transition

The relationship between work, retirement and healthy ageing creates an opportunity for occupational therapy in the work-to-retirement transition. This doctoral study proposes that the work-to-retirement transition can be situated between the work-related and aged care occupational therapy practice areas.

2.2.1 A Review of Occupational Therapy's Contribution to and Involvement in the Work-to-Retirement Transition Process: An Australian Perspective

This section is based on a publication (Publication 1) in the *Australian Occupational Therapy Journal*:

> Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2016). A review of occupational therapy's contribution to and involvement in the work-to-retirement transition process: An Australian perspective. *Australian Occupational Therapy Journal*, *63*(4), 277–292. https://doi.org/10.1111/1440-1630.1230

Publication 1 presents a review of the literature on occupational therapists' involvement in the work-to-retirement transition in Australia. The paper introduces the phenomenon of retirement, including definitions of retirement, the retirement context in Australia and the importance of active ageing (now healthy ageing). The findings identify a lack of literature pertaining to what occupational therapists are actually doing (current scope of practice). The studies explore experiences of workers/and or retirees and use findings to suggest the potential scope of practice of occupational therapy in the work-to-retirement transition. The retirement definitions and theories used within the work-to-retirement transition are also identified.

Publication 1 identifies the gap in the research and paucity of literature on occupational therapy's scope of practice in the work-to-retirement transition. Subsequently, a study exploring the scope of practice of occupational therapy in the work-to-retirement transition from the perspective of occupational therapists was developed. This paper also assists in the formulation of a retirement definition and stages of the work-to-retirement transition for use in this doctoral study. The stages of the work-to-retirement transition are used to conceptualise findings in the literature review exploring pre-retirement job and the work-to-retirement transition (Section 2.3.1) in study phase one (experience of work—Chapter 4) and study phase two (occupational therapy scope of practice—Chapter 5). This paper also assists in summarising existing theory used to conceptualise findings in studies on occupational therapy in the work-to-retirement transition. The Model of Human Occupation (MOHO) and continuity theory are confirmed as relevant to the work-to-retirement transition and subsequently used in this doctoral study.

The paper has been reformatted to be consistent with thesis formatting and is contained below. The published paper is also attached in Appendix C.

2.2.1.1 Introduction

Retirement from work is an occupational transition, causing change in daily life patterns (Blair, 2000). Work provides people with identity, financial benefits, structure to daily life, and social networks (Jonsson, Josephsson, & Kielhofner, 2000; Kendall, 1996). Changes associated with retirement can precipitate both positive and negative impacts on a person's everyday occupational life (Jonsson & Andersson, 1999; Jonsson et al., 2000). An occupational transition is "… a major change in the occupational repertoire of a person in which one or several occupations change, disappear and/or are replaced with others" (Jonsson, 2010, p. 212). Understanding occupational therapy's current and potential involvement in a successful work-to-retirement transition process is important to enable people to establish healthy retirement life habits.

Retirement is a complex phenomenon which is influenced by socio-economic and cultural factors (ABS, 2013a). This is reflected in the lack of clear definitions in the literature. Traditionally, retirement involved the transition from full time work to complete cessation of paid work due to reaching the end of a person's working life (Feldman, 1994). Over time the concept of retirement has evolved, with retirement definitions now including complete cessation of paid work (Butterworth et al., 2006; Scherer, 2002) or allowance of some work capacity whilst still being considered retired (Olesen & Berry, 2011). Bridge employment (i.e. continuing to work after retirement from a full time career position) provides another possible retirement pathway adding to the complexity of retirement (S. Kim & Feldman, 2000; Ulrich & Brott, 2005). To address this issue studies have used participant self-identification to determine retirement status (Kendig et al., 2013; Noone et al., 2013) highlighting the individualistic nature of the work-to-retirement transition.

Although there is no one clear retirement definition, retirement from work has been seen as a broad three stage process: retirement preparation; worker to retiree transition; and adjustment to retirement (Hewitt et al., 2010; Jonsson & Andersson, 1999). However, it is uncertain if this is a linear process occurring gradually. Either way (if it is linear or not) it is likely the work-to-retirement transition process is unique to each individual requiring an understanding of how it can be tailored to the individual.

The absence of a compulsory retirement age in Australia also promotes retirement as a flexible construct as it precipitates a more heterogeneous retirement experience among Australians. Abolishment of a compulsory retirement age began to be implemented in Australia in the 1990's influenced by the *Queensland's Anti-Discrimination Amendment Act 1994* and the *Equal Opportunity Act 1995* in Victoria (Borowski et al., 1997). Commonwealth legislation was later enacted including the *Public Service Act* in 1999 and the *Abolition of Compulsory Age Retirement (Statutory*

Officeholders) Act 2001 (Patterson, 2004). It was not until the *Age Discrimination Act 2004* that abolishment of a compulsory retirement age at a national level was fully implemented (Patterson, 2004).

Although there is no compulsory retirement age in Australia, absence from work from 45 years or later has been used as an age indicator for retirement in both Australian (ABS, 2013a; Butterworth et al., 2006; Carey, 1999; Olesen & Berry, 2011; Ong, 2009) and international retirement research (Scherer, 2002). In 2012-13, 39% of Australians aged 45 years and over were retired with the average retirement age in the last five years being 61.5 years (males 63.3 years; females 59.6 years) (ABS, 2013a). This substantial number of retirees in Australia highlights the need to understand how to best facilitate the work-to-retirement transition process to sustain a healthy retirement population.

With an ageing population (ABS, 2013c), retirement in Australia, including the age at which people retire, is likely to change further adding to the complexity of this phenomenon. It is anticipated the number of Australians aged 65 and over will have more than doubled by 2054-55 (Australian Government, 2015). It is also anticipated the number of people aged 65 and over who are in the workforce will increase from 12.9% in 2014-15 to 17.3% in 2054-55 (Australian Government, 2015). This increase is related to Australians living longer and improvements in health resulting in older people remaining active and continuing to participate in the workforce for longer (Australian Government, 2015). This calls for understanding of the work-to-retirement phenomenon to enable health and well-being in this population.

Research on the impact of the work-to-retirement transition on health (physical and psychological) has found both positive and negative impacts (Wang, 2007). Retirement planning and bridge employment have been associated with minimal changes in psychological well-being during the work-to-retirement transition (Wang, 2007). Retirees employed in physically demanding or stressful work prior to retirement have being found to have positive changes in psychological well-being (Wang, 2007). This individualistic work-to-retirement transition experience is likely to precipitate the need for the transition process to be tailored to each individual.

Active healthy ageing (i.e. optimising health, participation and security for enhanced quality of life) (WHO, 2013) is important to sustain a healthy society. To enable active healthy aging, continual engagement in meaningful occupation is required (Chilvers et al., 2010; WHO, 2013). This calls for further elucidation of meaningful occupation for those in the work-to-retirement transition process.

Occupational therapists are well positioned to help address active ageing in the work-to-retirement process due to their focus on enabling people to participate in everyday life through the use of occupation (Christiansen & Townsend, 2010). Engagement in occupation can assist in promoting physical, mental and social health and well-being (Wilcock & Hocking, 2015). Preventative occupational therapy through lifestyle redesign and enabling meaningful occupation in independently living well older adults has been shown to be beneficial to physical and mental health (Clark et al., 2001; Clark et al., 2012; Hay et al., 2002). Occupational therapists' use of an occupational perspective to look at what people do (Njelesani et al., 2014) and to consider the purpose and meaning in occupational performance (Jonsson, 2000) may also assist them in understanding the work-to-retirement transition process.

The importance of active ageing highlights the need to support people in this major occupational transition: work-to-retirement. Occupational therapy has the potential to support people within this process including enabling continual engagement in meaningful occupation. Therefore, the aim of this review is to explore occupational therapy's contribution to and involvement in the work-to-retirement transition process in Australia by:

1. Describing an occupational perspective of the work-to-retirement transition process;
2. Describing the scope of practice of occupational therapists (i.e. "… the areas that a professional may practice in, and the specific tasks that they might perform" ((Broome, 2015, p. 211)) in the work-to-retirement transition process;
3. Describing theory that has been utilised to guide occupational therapy research on retirement; and
4. Comparing, evaluating and providing a working definition of retirement within occupational therapy research

2.2.1.2 Methods

An integrative literature review was utilised for the purposes of methodological analysis and concept review drawing on both the empirical and theoretical literature (Whittemore, 2005; Whittemore & Knafl, 2005). This is similar to other methodologies used recently in occupational therapy research (Crider et al., 2015; Haracz et al., 2013; Kessler & Graham, 2015; Pettersson et al., 2012). Integrative literature reviews allow for the inclusion of both qualitative and quantitative research (Whittemore, 2005; Whittemore & Knafl, 2005), assist in addressing new or emerging topics (Torraco, 2005) and are relevant to evidence based practice (Whittemore & Knafl, 2005). Thus an integrative literature review is appropriate for exploration of the work-to-retirement transition process as it allows for inclusion of all research types to explore the current evidence on this

emerging area of occupational therapy practice. Whittemore and Knafl's (2005) five stage framework of problem identification, literature search, data evaluation, data analysis and presentation was utilised as a systematic approach to this integrative literature review.

2.2.1.2.1 Searches

A systematic approach was undertaken using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to search the literature (Moher et al., 2009) (Figure 4). CINAHL, Expanded Academic ASAP, Informit, Medline, OT Seeker, OTDBASE, PsychInfo, Scopus and Social Sciences Citation Index databases were searched for literature related to the contribution to and involvement of occupational therapy in the work-to-retirement transition process. Searches were conducted in July 2015 and covered journal articles published from 1994 to June 2015. Search terms used depended on database functionality. Search terms were related to retirement (retir*), occupational therapy and occupational perspective (occupation*; activit*) and Australia (austral*; Queensland; Victoria; New South Wales; Tasmania; Northern Territory).

2.2.1.2.2 Inclusion/Exclusion Criteria

In line with PRISMA guidelines, inclusion and exclusion criteria were applied. Articles were included if:

- Participants were Australian. However, not all articles clearly indicated if participants were from Australia. In these instances, assumptions were made on participants' nationality based on a number of other factors including: location of author(s); location of ethics committee; and where advertisements were placed for participant recruitment;

- The researchers' discussed retirement from an occupational therapy perspective or the scope of practice of occupational therapists; and

- The research was published from 1994 to June 2015 in a peer reviewed journal in English. This time limit was applied to coincide with the evolution of abolishment of a compulsory retirement age in Australia.

Due to the variability of retirement definitions in the literature, no one definition of retirement was applied.

Articles were excluded if:

- The focus was not specifically on retirement from work. For example, retirement from driving and the transition to living in retirement villages were excluded. Even though

these topics relate to the concept of retirement, they are not a work-to-retirement

transition; or

- The focus was on the elderly/ageing population, however, there was no specific focus on

  retirement.

Decisions to exclude articles were made by the first author (JE) in consultation with the

second author (RF) for any articles where there was uncertainty (Figure 4).

Figure 4 Literature Review Search Flowchart

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┌──────────────────────────────┐        ┌──────────────────────────┐
│ Articles located from database│───────▶│ Exclusion of articles    │
│ searches (n=1597)            │        │ through title search,    │
└──────────────────────────────┘        │ removal of duplicates and│
              │                          │ removal of articles not  │
              ▼                          │ within date range        │
┌──────────────────────────────┐        │ (n=1433)                 │
│ Potentially eligible articles │        └──────────────────────────┘
│ after title screening, removal│
│ of duplicates and removal of  │        ┌──────────────────────────┐
│ articles not within date range│───────▶│ Exclusion of articles    │
│ (n=164)                       │        │ through abstract review  │
└──────────────────────────────┘        │ (n=59)                   │
              │                          └──────────────────────────┘
              ▼
┌──────────────────────────────┐        ┌──────────────────────────┐
│ Articles eligible after       │───────▶│ Exclusion of articles    │
│ abstract review (n=105)      │        │ through full text review │
└──────────────────────────────┘        │ (n=97)                   │
              │                          └──────────────────────────┘
              ▼
┌──────────────────────────────┐
│ Articles eligible after full  │
│ text review (n=8)            │
└──────────────────────────────┘
              │
              ▼
┌──────────────────────────────┐
│ Articles located from review  │
│ of reference lists of eligible│
│ articles (n=0)               │
└──────────────────────────────┘
              │
              ▼
┌──────────────────────────────┐
│ Total articles included in    │
│ literature review (n=8)      │
└──────────────────────────────┘
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2.2.1.2.3 Analysis

Both critical appraisal and thematic analysis of the included studies were undertaken as per previous occupational therapy research (Haracz et al., 2013). Given the predominance of qualitative articles, the McMaster University Guidelines and Appraisal forms for Qualitative Research (Version 2.0) (McMaster University, 2008) were used. This tool has previously been used in occupational therapy research (Haracz et al., 2013; Thomas et al., 2011). The critical appraisal was completed by the first author (JE) and checked by the second author (RF) to critically appraise the eight studies for methodological quality. A scoring system was not utilised as the intention was to determine a description of the quality of the studies to assist in understanding the research and to guide future research. Instead, limitations derived from the application of the critical appraisal tool were included as part of the findings (Table 4).

Thematic analysis (inductive and theoretical) was manually conducted by the first author (JE) in consultation with the second author (RF). A random sample selection of articles were checked by the other two authors (KB and MY) resulting in all authors agreeing with the analysis. Inductive thematic analysis determines themes driven by the data (Braun & Clarke, 2006). Inductive thematic analysis was undertaken to determine: a) an occupational perspective; b) the scope of practice of occupational therapists; and c) retirement definitions used in occupational therapy research. Theoretical thematic analysis allows themes to be derived from theoretical concepts (Braun & Clarke, 2006). Theoretical thematic analysis was undertaken to determine theory utilised to guide occupational therapy research on retirement.

The thematic analysis guidelines by Braun & Clarke (2006) were utilised by: 1) writing initial ideas on the article during the first read; 2) generating initial codes from data extracts by highlighting text within the article and recording in a table; 3) searching for themes (and sub themes) within the coded data using the table (and mind maps) to show a visual representation of the link of codes to themes; 4) combining, reviewing and refining themes to ensure reflection of the overall data; and 5) defining and naming themes and subthemes

Table 4 Description of Included Studies

Study	Study Design	Participants			Study Purpose	Study Identified Findings (Thematic)	Limitations (McMaster Critical Appraisal)
		Description	Location - Australia	Retirement Stage			
Hewitt et al. (2010)	Narrative inquiry; Semi structured interviews	n=4 (1 male, 3 female); aged 61 to 71	Not clearly indicated (possibly Victoria)	Retired 2 to 4.5 years	"To examine older people's experience of retirement based on active pre-retirement planning to enable their engagement in meaningful occupations outside their worker role once retired" (p. 10)	1) Environmental influences; 2) The planning process; 3) Retirement experiences: the outcome of planning	Insufficient indication of: 1) data redundancy; 2) assumptions and biases of researcher
Hillman & Chapparo (2002)	Descriptive; Semi structured interviews	n=13 males; significant level of disability following a stroke; aged 67 to 84	Not indicated	Retired prior to stroke	"To investigate self-perceived occupational role performance following retirement in the presence of significant disability" (p. 303)	1) Development of work roles; 2) Occupations viewed as work; 3) Workful elements of occupational performance	Insufficient indication of: 1) purposeful sampling; 2) data redundancy; 3) participant consent; 4) data collection site; 5) role of researcher and relationship with participants; 6) assumptions and biases of researcher; 7) data collection detail (e.g. length of interviews, interviewer training)
Howie et al. (2004)	Narrative inquiry; Semi structured in-depth interviews	n=6 (2 male, 4 female); aged 78 to 87	Not clearly indicated (possibly Victoria)	Not in the paid workforce	"To examine how engagement in creative occupations informed six older retired people's occupational identities" (p. 446)	1) Relational practices 2) Changing self-awareness; 3) Enduring qualities; 4) Reflective processes	Insufficient indication of: 1) data redundancy; 2) data collection site; 3) role of researcher and relationship with participants; 4) assumptions and biases of researcher; 5) data collection detail (e.g. length of interviews, interviewer training)
Oakman & Howie (2013)	Focus groups (to explore issues raised in a survey	n=42 (37 male, 5 female); aged 40 to	Melbourne, Victoria	Working	"To explore older workers plans for retirement and examine potential influences	1) Personal influences; 2) Organisational influences; 3,)Legislative influences	Insufficient indication of: 1) study design; 2) data redundancy; 3) ethics approval and participant consent; 4) data collection site; 5)

	previously implemented)	66); public sector employees (non-physical job)			on their decision to leave the paid workforce" (p. 391)		role of researcher and relationship with participants; 6) assumptions and biases of researcher; 7) data collection detail (e.g. length of focus groups, training of facilitator)
Pepin & Deutscher (2011)	Phenomenology; Semi structured interviews	n=5 (4 males, 1 female), aged 61 to 68	Victoria	Retired between 6 and 15 months	"To explore the lived experience of retirement and consequent changes in roles, identity and occupational adaptation from the perspectives of retirees living in Victoria, Australia" (p. 420)	1) Time structure and meaningful occupations; 2) Ageing and performance capacity; 3) Role changes; 4) Emotional adjustment to retirement; 5) Preparation for retirement	Insufficient indication of: 1) data redundancy; 2) role of researcher and relationship with participants; 3) assumptions and biases of researcher
L. Wiseman & Whiteford (2009) †	Life history; Interviews	n=3 males; farming background	Riverina Region, NSW	Not indicated	"To discuss the saliency of a life history approach in illuminating occupational phenomena and the relationships between them" (p. 105). Utilised selected findings from a larger study on retirement of older rural men.	1) Gradual transition; 2) Maintaining connection	Insufficient indication of: 1) participant description; 2) data analysis
L. Wiseman & Whiteford (2007)	Life history; Interviews	n=unknown; male; over 65 years of age	Riverina Region, NSW	Not indicated	"To discuss life history from methodological and epistemological perspective as well as highlighting its particular utility in enhancing understanding of complex occupational phenomena" (p. 110). Utilised narrative extracts from a larger study on retirement of rural men	None indicated specifically related to retirement (focus was on utilisation of life history)	Insufficient indication of :1) sample size; 2) participant description; 3) data analysis

| Wythes & Lyons (2006) | Phenomenology; Semi structured interviews | n=7 males; aged late 50s to late 60s; | New England area of NSW | Retired (previously farmers) | To explore the retirement experiences of a small group of rural men who, in retirement, have left the land | 1) Significance of the land; 2) Centrality of relationships; 3) Being 'involved' in life | Insufficient indication of : 1) theoretical perspective; 2) data redundancy |

† Some information on study design, participants, data collection and data analysis obtained from related article by L. Wiseman and Whiteford (2007)

2.2.1.3 Results

There were eight articles, all qualitative, which were included in this review (Figure 4). All studies were cross sectional in design. All but one study was conducted with participants who had already retired. Study participants were from Victoria and New South Wales, however, there was one study where the location of participants was not indicated. Three studies specifically looked at retirement for rural Australian males (Table 4).

The critical appraisal of all the included studies, in particular the limitations, is provided in Table 4. The top three areas of insufficient information were: 1) data redundancy; 2) assumptions and biases of researcher; and 3) role of researcher and relationship with participants.

2.2.1.3.1 Occupational Perspective

All eight articles gathered information on peoples' perceptions or experiences related to the work-to retirement transition process. Thematic analysis identified three overarching themes: 1) *retirement intention influences*; 2) *retirement preparation*; and 3) *retirement roles and activities*. *Retirement intention influences* relates to intrinsic and extrinsic factors which can influence a person's decision to retire. *Retirement preparation* relates to activities undertaken to assist in retirement readiness. *Retirement roles and activities* relates to what people do in retirement. Twenty sub themes were identified. There were three sub themes (*financial*; *interests and activities*; and *social connections*) which occurred under multiple sub themes. (Table 5)

Table 5 Work-to-Retirement Transition Process Occupational Perspective

Theme	Sub-theme	Definition	Description
Retirement intention influences	Other people	Consideration of other people's opinions and needs	Includes: lifestyle desires of partner (L. Wiseman & Whiteford, 2009); wife recommending husband retire due to concerns about his health (Wythes & Lyons, 2006).
	Wanting to work	Wanting to continue to work	Includes: wanting to work even though financially been in a position to retire (Oakman & Howie, 2013); a desire to utilise skills and expertise at work (Oakman & Howie, 2013); being determined not to retire even when health and ability to work is declining (L. Wiseman & Whiteford, 2007).
	Financial	Been in a position financially to be able to retire	Includes: consideration of impacts of reducing to part time work on final superannuation (Oakman & Howie, 2013).
	Job satisfaction and job control	Having job satisfaction and job control	Includes: flexible work arrangements to enable a gradual transition (Oakman & Howie, 2013).
	Health	Declining health	Includes: needing to care for a partner (Oakman & Howie, 2013) or partner's declining health (Wythes & Lyons, 2006); own health (and age) impacting on ability to work (Oakman & Howie, 2013; L. Wiseman & Whiteford, 2009; Wythes & Lyons, 2006).
Retirement preparation	Gradual transition	Use of a process to gradually transition from a work-to-retirement lifestyle to assist in adapting to retirement	Includes: gradually reducing work hours and responsibilities (Pepin & Deutscher, 2011; L. Wiseman & Whiteford, 2007; L. Wiseman & Whiteford, 2009; Wythes & Lyons, 2006); maintaining established connections (people and places) while establishing new connections (L. Wiseman & Whiteford, 2007; L. Wiseman & Whiteford, 2009.
	Financial	Financial planning for retirement	Includes: organisation of finances and knowing retirement finances available to assist in selection of retirement activities (Hewitt et al., 2010); understanding pension plans and other financial matters (Pepin & Deutscher, 2011).
	Education	Accessing resources to understand retirement needs	Includes: understanding what to do and who to consult (Pepin & Deutscher, 2011).
	Interests and activities	Identification of interests and activities to undertake in retirement	Includes: developing new interests and activities as well as reigniting past leisure interests. Also includes trialling proposed activities (where able to around other commitments). Consideration may be given to: activities that promote physical and mental stimulation; transferable work skills. (Hewitt et al., 2010)
	Social connections	Establishing social connections	Includes developing new social connections in preparation for retirement (Hewitt et al., 2010).

	Influences to undertake planning	Influential factors in the decision to plan for retirement	Includes: from other people (advice and from observations and reflection on others' retirement transition experiences) and a desire to ensure social connections and a range of activities and interests in retirement (Hewitt et al., 2010).
	No preparation	No retirement planning undertaken	Includes: 'drifting' along through life including into retirement (L. Wiseman & Whiteford, 2007).
Retirement roles and activities	Maintaining work connections	Engagement in activities that maintain a connection with pre-retirement work activities	Includes: continuing to attend events where work related activities previously occurred (L. Wiseman & Whiteford, 2009); continuing to engage in activities related to past paid work roles and skills (Hillman & Chapparo, 2002). May be a positive (e.g. maintaining identity) (L. Wiseman & Whiteford, 2007) or a negative (e.g. engaging in work related occupations that hold no meaning due to circumstances beyond one's control) (Pepin & Deutscher, 2011) or due to feeling obligated to (Hillman & Chapparo, 2002).
	Marital Relationships	Retirement can change marital relationship dynamics which may require a period of adjustment	Includes: role of husband, in particular, can change (e.g. as domestic tasks, previously completed by wife, may now be shared (Pepin & Deutscher, 2011); being in closer proximity to spouse more frequently (Wythes & Lyons, 2006); having separate interests from partner to assist in ensuring own independence and identity (Hewitt et al., 2010).
	Financial	Financial planning continues into retirement	Includes: ongoing organisation of finances (Hewitt et al., 2010).
	Disruption	Non work activities can be disrupted as a result of retirement and due to other events in retirement	Includes: loss of work activities impacting on other activities (e.g. retiring from farming necessitates a move off the land thus leisure activities and lifestyle previously associated with living on a farm are also impacted) (L. Wiseman & Whiteford, 2009; Wythes & Lyons, 2006). Change in living location/social situation can impact roles (Hillman & Chapparo, 2002). Participation in roles may be impacted however the outcome may be more important than the method of participation (Hillman & Chapparo, 2002). Activities can be disrupted due to own health (Hewitt et al., 2010; Hillman & Chapparo, 2002) or partner's health (Hewitt et al., 2010; Hillman & Chapparo, 2002; Wythes & Lyons, 2006) and other circumstances (e.g. financial changes) (Hewitt et al., 2010)
	Social connections	Importance of social connections in retirement	Includes: valuing and using social connections (Hewitt et al., 2010); social connections assisting in retirement adjustment and satisfaction (Wythes & Lyons, 2006).
	Interests and activities	Ongoing identification of and engagement in retirement interests and activities	Includes: regularly reviewing and updating retirement interests and activities (Hewitt et al., 2010); a combination of previous and new activities to provide meaningful retirement and assist in adapting to retirement (Pepin & Deutscher, 2011); utilisation of previous work knowledge and skills (Hillman & Chapparo, 2002); engagement in creative occupations help shape sense of self (Howie et al., 2004);

		consideration of health in selection and engagement in activities such as using activities (e.g. exercise, volunteer work) to maintain health (physical and mental) (Pepin & Deutscher, 2011)
Time use	Establishing new routines and structure in time use in retirement	Includes: filling day with non work (e.g. leisure) activities (L. Wiseman & Whiteford, 2009; Wythes & Lyons, 2006); more flexibility in time use in retirement compared to when working (Pepin & Deutscher, 2011); to ensure purpose in retirement and assist in adjustment to retirement (Hewitt et al., 2010; Pepin & Deutscher, 2011).
Family Commitments	Role of grandparent in retirement	Includes: as an activity in itself and an influencing factor on other retirement decisions (e.g. living location) (Pepin & Deutscher, 2011)

2.2.1.3.2 Scope of Practice of Occupational Therapists

No articles on the current scope of practice of occupational therapists were found. However, three articles discussed the potential occupational therapy approaches to the work-to-retirement transition process. It was determined that occupational therapy has the potential to be involved in *enabling retirement planning and implementation* through *enabling occupational performance* and *assessment and intervention approaches.*

2.2.1.3.2.1 Enabling Occupational Performance

The importance of meaningful occupation in retirement was evident in all three articles. Potential occupational therapy approaches included: enabling client identification of interests and activities (Hewitt et al., 2010; Pepin & Deutscher, 2011); involvement in implementing meaningful occupations (Hewitt et al., 2010) including assisting in time use planning and restructuring (Pepin & Deutscher, 2011); and supporting, planning and building of occupational identities through meaningful creative occupations (Howie et al., 2004).

The importance of understanding role change in retirement (e.g. grandparent and spouse) was also highlighted (Pepin & Deutscher, 2011). Pepin and Deutscher (2011) also noted the importance of understanding emotional, social and financial impacts on self (retiree) and others.

2.2.1.3.2.2 Assessment and Intervention Approaches

Utilisation of individual and group programs (Hewitt et al., 2010) and multidisciplinary programs (Pepin & Deutscher, 2011) were recommended. Pepin and Deutscher (2011) also identified that programs should occur throughout the various stages of the retirement transition whilst Howie et al. (2004) noted that traditional health services and community environments could both be suitable implementation settings.

2.2.1.3.3 Theory

There were six articles which utilised a theory to contextualise the study findings. Four theory themes were identified: *occupational therapy*; *ageing*; *identity*; and *work*. *Occupational therapy* models utilised were Kielhofner's MOHO (Hewitt et al., 2010; Pepin & Deutscher, 2011); Chapparo and Ranka's Occupational Performance Model (Australia) (OPMA) (Hillman & Chapparo, 2002); and Hillman's Model of Occupational Role Performance (Hillman & Chapparo, 2002). Authors of the included studies acknowledged a number of *ageing* theories have been identified in the literature with potential relevance to the work-to-retirement transition process. However, Atchley's continuity theory was the only *ageing* theory actually identified as relevant (Hewitt et al., 2010; L.

Wiseman & Whiteford, 2009). *Identity* was discussed in relation to Krause's Identity Theory (Hillman & Chapparo, 2002); Charmaz's The Self as a Habit (Howie et al., 2004); and Atchley's identity continuity (Howie et al., 2004). *Work* related to the "work ability" and "job demands-job control" models (Oakman & Howie, 2013).

2.2.1.3.4 Retirement Definition

One study (Hewitt et al., 2010) utilised a specific retirement definition. Seven studies (Hewitt et al., 2010; Howie et al., 2004; Oakman & Howie, 2013; Pepin & Deutscher, 2011; L. Wiseman & Whiteford, 2007; L. Wiseman & Whiteford, 2009; Wythes & Lyons, 2006) contextualised the concept of retirement to their study. Thematic analysis identified three retirement definition concepts: *complete cessation* (no longer working in any paid capacity), *gradual transition* (a gradual reduction in work hours and/or responsibilities) and *intermittent worker* (periods of work followed by periods of non-work e.g. short term contractual or consultancy work) (Table 6).

Table 6 Retirement Definition and Application (From Included Studies)

Study	Retirement Definition Utilised by Authors	Utilisation of 'Retirement' in Inclusion Criteria	Context Provided by Authors on Retirement Definitions (Background Literature and Findings)	Retirement Definition (Thematic Analysis) †
Hewitt et al. (2010)	"… the period following an individual's complete withdrawal from participation in the paid workforce" (p. 9)	"Fully retired for two to five years (semi-retired individuals were excluded)" (p. 11)	Introduction: Concepts used to define retirement populations include age, income from age pension and amount of paid work undertaken.	Complete cessation
Hillman & Chapparo (2002)	None indicated	None indicated	None indicated	NA
Howie et al. (2004)	None indicated	"Not in the paid workforce" (p. 448)	None indicated	Complete cessation
Oakman & Howie (2013)	None indicated	None indicated	Introduction: Evolution of retirement from concepts around working or not working to a variety of new patterns such as gradual reduction in work; transitional work (bridge employment); and short term contractual or consultancy work with periods of non-work Findings: Employees wanting employers to offer flexible work arrangements (e.g. reduced hours) to assist in retaining mature age workers (increasing 'work ability"')	Complete cessation Gradual transition Intermittent worker
Pepin & Deutscher (2011)	None indicated	"Having fully retired from paid employment during the previous 18 months" (p. 420)	Introduction: "Termination of the worker role" (p. 419) Findings: Phased retirement (slowing decrease work hours and responsibilities)	Complete cessation Gradual transition
L. Wiseman & Whiteford (2009)	None indicated	None indicated	Introduction: Meaning of retirement varies between cultures and socio-economic environments Findings: Gradual change in what one is doing (tapering off)	Gradual transition
L. Wiseman & Whiteford (2007)	None indicated	None indicated	Findings: Maintaining connections	Gradual transition

| Wythes & Lyons (2006) | None indicated | "Retired and terminated their association with the land" (p. 4) | Findings: 1) moving from full time farming to full time retirement away from the land; 2) 'easing out of farming' | Complete cessation Gradual transition |

† Description of themes: Complete cessation = no longer working in any paid capacity; Gradual transition = a gradual reduction in work hours and/or responsibilities;

Intermittent worker = periods of work followed by periods of non-work (e.g. short term contractual or consultancy work)

2.2.1.4 Discussion

The aim of this integrative literature review was to explore occupational therapy's contribution to and involvement in the work-to-retirement transition process in Australia. Eight articles were identified all of which were a qualitative cross sectional design. The review explored a number of areas: occupational perspective, scope of practice of occupational therapists, theory and retirement definitions.

2.2.1.4.1 Occupational Perspective

The three occupational perspective themes identified (*retirement intention influences*; *retirement preparation*; and *retirement roles and activities*) potentially have a relationship to the broad three stage work-to-retirement transition process (i.e. *retirement preparation*; *worker to retiree transition*; and *adjusting to retirement* (Hewitt et al., 2010; Jonsson & Andersson, 1999)). The authors propose the following relationships: 1) *retirement intention influences* TO *retirement preparation*; 2) *retirement preparation* TO *retirement preparation* AND *worker to retiree transition*; and 3) *retirement roles and activities* TO *adjusting to retirement*.

There were common sub themes (*financial*; *interests and activities*; and *social connections)* under more than one theme demonstrating the interrelatedness of the issues between the stages of the work-to-retirement transition process. This demonstrates the potential need to provide ongoing support to people in the work-to-retirement transition process to ensure people not only develop but maintain healthy retirement habits. The consistency of sub-themes in the work-to-retirement transition process also has relevance to Atchley's continuity theory where consistency in thoughts, patterns, behaviour and social arrangements occurs within older adults despite life changes (Atchley, 1999).

Understanding an occupational perspective is only one facet in the work-to-retirement transition process. For example, a vast amount of literature exists on the financial aspects of retirement including self provision (Ong, 2009), the global financial crisis (Humpel et al., 2010; Kendig et al., 2013) and retirement income of women (Jefferson, 2009). However, an understanding of the occupational context along with financial aspects has the potential to be beneficial in determining whether people will have the financial means available to them to meet their occupational requirements in retirement.

2.2.1.4.2 Scope of Practice of Occupational Therapists

Although all articles looked at perceptions or experiences of the work-to-retirement transition process, no published peer reviewed journal articles were identified in this literature

review search on current occupational therapy approaches. Given the work-to-retirement transition process is a major occupational transition this gap in the peer reviewed literature needs to be rectified.

However, a report and conference publication on a retirement program in Australia which was developed and conducted by an occupational therapist and which adopted an occupational perspective were identified outside of this literature review search (Wicks, 2006a, 2006b). This project supports occupational therapy's province in enabling people to continue to engage in meaningful occupation to assist in facilitating active ageing of retirees. The 'Do it Now' project was conducted between October 2005 and June 2006 with 171 residents (pre-retirees and retirees) aged 55 years and over living in Shoalhaven, NSW (Wicks, 2006b). The project purpose was to provide education about the importance of planning for retirement including engagement in occupations (Wicks, 2006a, 2006b). Findings from follow up telephone interviews with participants post cessation of the program indicated this program was effective in educating participants on the importance of engaging in meaningful occupations to promote health and well-being with some participants having increased their engagement in meaningful occupations (Wicks, 2006a, 2006b). The 'Do it Now' project has the potential to form the basis of future occupational therapy programs.

From this literature review, it was identified there is potential for occupational therapists to be involved in the work-to-retirement transition process. Findings confirmed the importance of enabling meaningful occupation. However, there was a lack of specific detail on how occupational therapists would actually be involved. For example, although it was noted occupational therapy approaches include enabling engagement in meaningful occupation through interest and activity identification and time use planning, the specifics around how occupational therapy should implement this were not identified. Likewise, the use of multidisciplinary programs was recommended, however, detail on what this should constitute (e.g. who is involved; the focus of occupational therapy) was not discussed. It is possible occupational therapists could work alongside financial planners to assist people to identify meaningful retirement occupations that are within a person's financial means.

2.2.1.4.3 Theory

Theory can assist in guiding occupational therapists in their practice. One ageing theory and three occupational therapy models were identified in this literature review. Atchley's continuity theory in relation to the work-to-retirement transition process is also supported by Jonsson's et al. (2000) work in Sweden and with Cole and Macdonald's (2011) research on volunteering in retirement in the United States. Continuity theory "allows individuals to adapt and compensate for loss with

'little sense of discontinuity' (p. 12)" (Atchley, 1999). With the aim of occupational therapy to enable engagement in meaningful occupation, there is a link to continuity theory as a smooth transition into retirement occupations is desired from both perspectives. The theory posits a reshaping of identity based on new forms of occupation replacing previous forms of work.

Jonsson (1993) also utilised Kielhofner's MOHO as the basis for a model of studying the retirement process. This model allows an occupational therapy approach to explore the work-to-retirement transition process using occupational therapy's unique perspective on occupation to understand the whole person. MOHO assists in using an occupation focused perspective, prioritising a person's needs and looks at a person holistically, including adaptation over time (Kielhofner, 2008). Consideration could also be given to other theory outside of the core occupational therapy domain. For instance, the Stages of Change Model enables identification of the stage of change a person is in allowing interventions to be tailored to suit an individual's current need to enable progression through a transition period (Scaffa, 2009). This approach may allow occupational therapists to work with people in the various stages of the work-to-retirement transition process. Integrating theory, such as MOHO and Stages of Change, may allow occupational therapists to work with people in various transition stages whilst focusing on their core domain: enabling occupation.

2.2.1.4.4 Retirement Definition

No one definition of retirement was identified in this literature review. Retirement concepts such as gradual transition and intermittent work coupled with periods of non work, as well as complete cessation of paid work, were identified in this review. This diversity of retirement definitions is also evident within the published literature. Concepts such as some allowance to work (Olesen & Berry, 2011), bridge employment (S. Kim & Feldman, 2000; Ulrich & Brott, 2005) and self-identification of retirement (Kendig et al., 2013; Noone et al., 2013) makes retirement a complex construct to define and thus report and compare research findings.

The complexity of defining retirement is likely to be further complicated by an ageing Australian population where remaining in the workforce to a later age is likely to occur (Australian Government, 2015). Changes in government policy can present barriers to retirement which means older workers may continue to remain in the Australian workforce. Policy has been implemented to increase the qualifying age for the age pension from 65 years to 67 years by 2023 (Department of Human Services, 2014). Future policy will propose a further gradual increase to the pension age to 70 years with this progression commencing in 2017 (Australian Government, 2015). A substantial number of people receiving the age pension, 70 per cent of people of age pension age received this pension in 2013-14 (Australian Government, 2015), calls for support to not only assist people in the

work-to-retirement transition process but also enable older adults to remain in the workforce; both within the scope of practice of occupational therapists due to their current role in vocational rehabilitation and understanding of meaningful occupation.

Facilitating older adults to remain in the workforce in a job that matches their capacity is important to not only the worker but also the labour force where workforce shortages are anticipated due to population ageing (Oakman & Howie, 2013). Whilst older workers are likely to have an increase in physical limitations that occur with age they can also have a wealth of work experience and skills to offer (Oakman & Howie, 2013). This has relevance to the work ability model and the job demands-job control model which both consider the relationship between a worker's capacities and the job demands (Oakman & Howie, 2013). Work ability (match between worker's capacity and job demands) has been found to influence when a person retires (Oakman & Howie, 2013). A reduction of work hours for older workers to increase work ability can influence their decision to remain in the workforce (Oakman & Howie, 2013).

Flexible work arrangements for older workers have the potential to add to the complexity of the work-to-retirement transition process. Older workers' transitions may involve some form of change to work hours and/or a change in work including the possible tailoring of work duties to meet their abilities. This tailoring of the work-to-retirement transition process to suit an individual's needs is likely to lead to complex retirement transitions which vary amongst individuals, but which may ultimately provide more person centred retirement options.

To assist in addressing the complexity of defining retirement and undertaking research within this area, the authors of this paper propose a retirement definition to be used in occupational therapy research. This definition considers currently used definitions and the process of retirement: retirement preparation; worker to retiree transition; and adjusting to retirement (Hewitt et al., 2010; Jonsson & Andersson, 1999). It is proposed that a definition of retirement is "complete cessation of paid work" with the concepts of gradual transition and intermittent worker as well as changes in work duties seen as other stages of retirement (potentially part of the worker to retiree transition stage). It is hoped that providing a clear definition will allow for easier discussion of future research within occupational therapy and assist in facilitating occupational therapy's approach within the work-to-retirement transition process.

2.2.1.4.5 Future Research

Further research on the work-to-retirement transition process is required within occupational therapy. Future research should consider exploring experiences of people in other areas of Australia, besides Victoria and New South Wales, and include people in various stages of the work-

to-retirement transition process. Longitudinal research has the potential to explore changes, particularly as people transition through the various work-to-retirement stages. Research comparing retirement experiences of sub-populations (e.g. gender; age; income level; living location; pre-retirement job) may provide further insight on the retirement phenomenon in Australia.

Elucidation of the scope of practice of occupational therapists through further research on any programs and publication of findings is vital to assist the profession as a whole in establishing their approach in the work-to-retirement transition process. Research on multidisciplinary retirement programs may explore who could be involved in providing services and what these services would target. As the work-to-retirement transition is a complex process which incorporates social, financial and individual factors, it warrants a multidisciplinary approach in research and service provision. This could include the prospect of occupational therapy working with financial planners. Validation of theory, such as MOHO and the Stages of Change Model, to guide occupational therapy practice in an Australian work-to-retirement transition process context and to the concurrent use of these theories in this context is also required.

Research should incorporate quantitative, not just qualitative, methods. Whilst qualitative methods allow in depth insight into people's experiences, a quantitative approach could provide further understanding of the retirement experience and occupational therapy service provision by allowing comparison between sub-populations. A quantitative method could also help to identify and define constructs and variables to measure intervention effectiveness or successful retirement.

Further research is recommended to validate the retirement definition proposed within this paper. Further research into defining (both naming and describing) the stages of the work-to-retirement transition process is also required. Consideration should be given to the relationship between the stages of this process to the occupational perspectives themes identified within this paper and the occupational therapy approach within the process. Exploration of whether this process is linear or whether it is a more flexible construct where there is movement back and forth between stages or skipping of stages is also needed.

2.2.1.4.6 Limitations

To be included in this study articles needed to relate to occupational therapy. It is possible articles which were contributed by occupational therapists, which were unable to be identified as a contribution from occupational therapy via the search strategy (use of specific search terms; snowballing), were not obtained. The authors tried to make the search terms as inclusive as possible, however, if alternative words and forms were used a different result may be obtained.

As there were no studies on the current scope of practice of occupational therapists, the scope of practice of occupational therapists relied on information obtained through discussions and conclusions within the studies, not through empirical evidence. Although this information should be interpreted with caution, it does provide a basis for further research within this area to verify the potential contributions of the profession in enhancing the work-to-retirement transition.

2.2.1.5 Conclusion

There is potential for occupational therapy to contribute to active healthy ageing in the work-to-retirement transition process. Occupational therapists can assist people to establish healthy retirement life habits. However, there is limited information on Australian occupational therapy's contribution to and involvement in the work-to-retirement transition process in the peer-reviewed literature. Research from an occupational perspective has provided insight into retirement experiences in some sub populations in Australia. Further understanding of: 1) the Australian retirement experience; 2) the scope of practice of occupational therapists in this area; and 3) the use of theory to guide practice will assist occupational therapy in establishing their role in this field. The complexity around the work-to-retirement transition process in light of people remaining in the workforce to a later age also needs to be considered. Utilisation of clear and consistent definitions of retirement and the work-to-retirement transition process will also assist in understanding research.

2.2.2 Updated Literature Search on Occupational Therapy in the Work-to-Retirement Transition

A search of the literature was completed in May 2021 to capture: 1) Australian literature published since the literature review on occupational therapy in the work-to-retirement transition in Australia was completed in July 2015; and 2) international literature on occupational therapy in the work-to-retirement transition published since 1994. A search for empirical studies contained in peer-reviewed journals was conducted using the databases of CINAHL, Informit, Medline, PsycInfo, Scopus and Social Sciences Citation, using the search terms 'retir*' and 'occupational therap*'. Given that the focus of this doctoral study was ultimately scope of practice, this literature search only focused on the scope of practice (current and potential) of occupational therapists in the work-to-retirement transition and did not include a review on the occupational perspective (workers' and retirees' perceptions and experiences of the work-to-retirement transition), theory or retirement definitions.

The search identified 12 relevant journal articles: one qualitative study in Australia and 11 international studies (qualitative and/or quantitative) encompassing England, Scotland, Singapore, Slovenia, Sweden and the United States. A summary of the studies is provided in Table 7. No studies directly engaged with occupational therapists as participants to explore the scope of practice and direction of the profession. All studies were based on research with workers and/or retirees.

In Australia, Goods and Millsteed (2016) conducted a qualitative study to explore the perception of retirement of ageing employees with a disability in supported employment. Recommendations for occupational therapy in the work-to-retirement transition related to occupational therapists assisting ageing employees in supported employment to transition from work to retirement to promote active ageing (Goods & Millsteed, 2016). Pre-retirement programs based on evidence-based practice that promoted self-determination around decision making and retirement timing were recommended (Goods & Millsteed, 2016). Occupational therapists could be involved in the establishment of new routines and supporting social inclusion, including in community activities (Goods & Millsteed, 2016). It was recognised that occupational therapists may need to advocate for the importance of participation in meaningful occupation in relation to service delivery, policy and structural changes (Goods & Millsteed, 2016).

Internationally, recommendations for occupational therapy in work-to-retirement transition have been provided for both assessment and interventions, with a focus on facilitating engagement in meaningful occupation. Interest and role inventories and occupational history interviews were identified as potential tools that occupational therapists could use to gather information to inform interventions (Oakley & Pratt, 1997). Understanding and working with a person's narrative, including "the circumstances and events that shape the direction of lives", was also recognised (Jonsson,

Josephsson & Kielhofner, 2000, p. 469). Pre- and post-retirement interventions were recommended (Bratun & Zurc, 2020; Pettican & Prior, 2011) and interventions could be targeted at individual and societal levels (Jonsson & Andersson, 1999). It was also recognised that occupational therapists could be working with healthy people (Pettican & Prior, 2011).

A variety of recommendations on how occupational therapy could enable engagement in meaningful occupation were provided. Recommendations included facilitating engagement in: 1) "occupations that may yield new experiences that may nudge the life course in a desired direction" (Jonsson, Josephsson & Kielhofner, 2000, p. 470); 2) "engaging occupations that provide meaning, challenge, regularity and social interaction" (Jonsson et al., 2001, p. 430); and 3) occupations that contribute to society (e.g. volunteering) (Jonsson, 2011). It was also recommended that occupational therapists could assist older adults to engage in meaningful occupations through the use of technology as they transition into retirement (Emas et al., 2018).

The potential for occupational therapy to facilitate volunteering in retirement was discussed in more depth in the literature. Dorfman and Rubenstein (1994) identified that occupational therapy can be involved in promoting volunteering as a role for retirees. Occupational therapists should be aware that some people may prefer to return to part-time paid work, instead of volunteering (Dorfman & Rubenstein, 1994). Other recommendations for occupational therapy practice in the work-to-retirement transition around volunteering included: 1) enabling exploration and participation in volunteer occupations, including through adapting the task and/or environment of the role for people with and without a disability; 2) using individual and group wellness approaches to facilitate the transition from work to retirement, including the use of goals, restructuring daily activities and establishing meaningful volunteer occupations; and 3) working with organisations who hire volunteers to establish environments that match the needs, skills and expertise of older volunteers (Cole & Macdonald, 2011).

The scope for occupational therapy to work with older workers to assist in the transition from work to retirement was also discussed. Occupational therapists could assist older workers in making decisions around work and retirement (Bratun & Zurc, 2020). It was recommended that occupational therapists first need to determine whether a person wishes to continue working or not, and the reasons behind their decision, to assist in directing interventions (Bratun & Zurc, 2020). If people wish to continue working, occupational therapy could consider personal and environmental (organisational and social) factors to enable people to continue working (Bratun & Zurc, 2020). If a person wishes to retire or is working to remain occupied to reduce boredom, occupational therapy could be directed at establishing non-work meaningful occupations, habits and routines (Bratun &

Zurc, 2020). It was also recommended that occupational therapy be involved in the retirement

transitions of professional drivers (Chan et al., 2015).

Table 7 Study Summary Table: Updated Literature Search

Study	Country	Purpose	Study Design	Participants	Scope of Practice
Bratun and Zurc (2020)	Slovenia	"To explore internal and external motives of people who continue to work after they fulfil the retirement criteria" (p. 3)	Qualitative	n=9 (6 male) Aged 59 to 72 years Workers	Potential
Chan et al. (2015)	Singapore	"To explore if the DRP [Driver Retirement Program] intervention promoted better activity participation and well-being for retired older taxi drivers in Singapore after the intervention and maintained these changes at 3 months post-intervention" (p. 393)	Quantitative	n=13 (13 male) Aged 73 years Retirees	Potential
Cole and Macdonald (2011)	United States	To provide "a description of the volunteer experience in three distinct phases: 1) Pre-retirement contemplation and preparation; 2) Actions, thoughts and feelings during volunteer experience; and 3) Thoughts and feelings related to ending their volunteer roles" (p. 18)	Quantitative and qualitative	n=50 (gender unknown) Aged 61 to 70 years Retirees	Potential
Dorfman and Rubenstein (1994)	United States	To investigate "the effects of unpaid volunteer work and paid employment on satisfaction in a retired rural population" (Dorfman & Rubenstein, 1994, p. 47)	Quantitative	n=451 (252 male) Aged 65 to 96 years Retirees	Potential
Emas et al. (2018)	United States	"This research project targeted the immersion of older adults with the use of technology to increase social participation and access to meaningful online information" (p. 245)	Quantitative and qualitative	n=16 (4 male) Aged 71 to 75 years Retirees and workers	Potential
Goods and Millsteed (2016)	Australia	"To understand how employees with different types of disabilities in supported employment perceive retirement, and how their occupational roles might change when they take the transition from employee to retiree" (p. 715)	Qualitative	n=10 (6 male) Aged 43 to 69 years Workers	Potential
Jonsson (2011)	Sweden	"This paper summarises the results of five related studies of the retirement process from an occupational perspective" (p. 32)	Qualitative	n=32 (16 male) Aged 63 to 64 years at study commencement Initially workers and then retirees	Potential

Jonsson and Andersson (1999)	Sweden	"To explore and describe how work and retirement are viewed by a group of people about to retire" (p. 30)	Quantitative	n=76 (39 male) Aged 63 to 64 years Workers	Potential
(Jonsson, Josephsson & Kielhofner, 2000)	Sweden	"This study followed these persons [from study phase one] into the period of their anticipated retirement to examine how each narrative unfolded and whether and how these persons' retirements developed in accordance with their original volitional narratives" (p. 464)	Qualitative	n=29 (15 male) Aged 65 to 66 years Workers and retirees	Potential
Jonsson et al. (2001)	Sweden	"To explore and understand retirement as an occupational transition over time, beginning during the working years and extending into life as an established retiree" (p. 425)	Qualitative	n=12 (6 male) Aged 63 to 64 years at study commencement Initially workers and then retirees	Potential
Oakley and Pratt (1997)	Scotland	"To examine the relationship between leisure activities and life satisfaction in a sample of 40 retired adults, aged 60–83 years" (p. 273)	Quantitative	n=40 (15 male) Aged 60 to 80 years Retirees	Potential
Pettican and Prior (2011)	England	"To understand participants' individual experiences of the retirement transition and the occupational challenges and benefits that may result" (p. 13)	Qualitative	n=8 (4 male) Aged 48 to 64 years Retirees	Potential

2.3 Literature Review: Pre-retirement Job and the Work-to-Retirement Transition Process

Given that work provides meaning and structure to life, it is anticipated that work and subsequently a person's pre-retirement job could influence the work-to-retirement transition. This section explores pre-retirement jobs in relation to the work-to-retirement transition

2.3.1 Pre-retirement Job and the Work-to-Retirement Transition Process in Australia: A Review

This section is based on a publication (Publication 2) in the *Australian Occupational Therapy Journal*:

> Eagers, J., Franklin, R. C., Yau, M. K., & Broome, K. (2018). Pre-retirement job and the work-to-retirement transition process in Australia: A review. *Australian Occupational Therapy Journal*, *65*(4), 314–328. https://doi.org/10.1111/1440-1630.12452

Publication 2 presents a review of the literature exploring how pre-retirement jobs influence retirement in Australia. The paper begins by introducing population ageing, retirement and job classifications. The findings identify that work can influence every stage of the work-to-retirement transition. However, the studies are not from occupational therapy and thus not from an occupational perspective. Differences in the work-to-retirement transition are identified between blue and white collar workers. However, there is no consistent definition of blue and white collar workers used throughout all the studies.

Publication 2 confirms that work affects the work-to-retirement transition, demonstrating relationships between work and retirement and subsequently continuity theory. This paper helps formulate the need to explore the experience and influence of work on the work-to-retirement transition from an occupational perspective through completing interviews with retirees (study phase one). This paper also helps improve the rigour of subsequent studies by prompting the use of the ANZSCO to classify participants' jobs in study phase one (experience of work).

The paper has been reformatted to be consistent with thesis formatting and is contained below. The published paper is also attached in Appendix D.

2.3.1.1 Introduction

Population ageing is a worldwide phenomenon occurring in high-income countries with a more recent onset in low- and middle-income countries (WHO, 2015). It is expected the number of people worldwide aged over 60 years will increase from 12% in 2015 to 22% in 2050 with implications for health and social systems (WHO, 2015). This is likely to impact on the transition from workforce participation to retirement.

Retirement is a diverse and evolving concept. Abolishment of a compulsory retirement age has occurred in many countries including the United Sates (1986), Canada (1973-2009), New Zealand (1993-1999) and Australia (1990's-2004) (Wood et al., 2010). Other countries, including Japan, France and Sweden maintain a mandatory retirement age (Wood et al., 2010).

The work to retirement pathway has also evolved to not only include complete cessation of paid work but also pathways involving some participation in work (Eagers et al., 2016; Oakman & Howie, 2013). A three stage process of the work-to-retirement transition has also been proposed: 1) retirement preparation (whilst still working); 2) the transition from worker to retiree; and 3) retirement itself where continual adjustment is occurring (Eagers et al., 2016; Jonsson & Andersson, 1999).

This changing and diverse nature of retirement indicates there is no one size fits all approach to this occupational transition. An occupational transition can be anticipated or unexpected and occurs through a change, disappearance and/or replacement of occupation(s) (Jonsson, 2010). This makes retirement from work a major life event with the potential for occupations (day to day activities) to change, disappear or be replaced in retirement.

With increasing life longevity and changing retirement systems, health and engagement in occupation will be an important consideration in the work-to-retirement transition. Life expectancy at birth is expected to increase from 2015 to 2055 for males (91.5 years to 95.1 years) and females (93.6 years to 96.6 years) (Australian Government, 2015). Although people are living longer, improvements in health mean that people will continue to lead active lifestyles (involving work and retirement) into later age (Australian Government, 2015). The average retirement age in Australia is 61.5 years (ABS, 2013a). However, population ageing is likely to result in working to an older age with a projected increase in the number of Australians aged 65 and over in the workforce (Australian Government, 2015).

The transition from work to retirement may be a positive or negative experience. Life satisfaction can be seen to vary between retirees with experiences including: maintenance of high

life satisfaction; decline of life satisfaction (from high levels pre-retirement); increasing life satisfaction (from low levels pre-retirement); and decline of low life satisfaction (Heybroek et al., 2015). This relationship between work and retirement, and the importance of engagement in occupation, is reflected in continuity theory and role theory. Continuity theory views the work-to-retirement transition process as a time to maintain and continue life patterns and occupations, facilitating ongoing well-being into retirement (Wang et al., 2011; Wang & Shultz, 2010). Role theory views the work-to-retirement transition as role exit and transition and, depending on the experience of work, retirement (and retirement occupations) can be seen as more or less satisfying than work (Wang et al., 2011; Wang & Shultz, 2010). This makes pre-retirement job a potential influencing factor in the work-to-retirement transition process and a consideration for ensuring good health and well-being as people age.

A range of job classification systems are used to compare characteristics of people within different jobs. The International Standard Classification of Occupations (ISCO) classifies jobs based on jobs tasks and duties (International Labour Organization [ILO], 2010) and ANZSCO classifies jobs based on skill level and specialisation (ABS, 2006b). ANZSCO consists of eight major groups: managers; professionals; technicians and trade workers; community and personal service workers; sales workers; machinery operators and drivers; and labourers (ABS, 2006b).

The classification of white collar and blue collar workers has also been used in research exploring work and retirement (however various definitions of this classification have been used (Hu et al., 2010; Jonsson & Andersson, 1999; Kendig et al., 2013)). The ABS (2011b) has used the ANZSCO classification system to define white collar workers (managers; professionals; community and personal service workers; clerical and administrative workers; sales workers) and blue collar workers (technicians and trades workers; machinery operators and drivers; labourers). White collar workers have been described as " … predominantly associated with higher education and specific skills or with lower-skilled jobs that are mainly social rather than physical" and blue collar workers have been described as "… predominantly associated with trades and lower-skilled jobs that are often physical" (ABS, 1997).

Consideration of job classification systems in this occupational transition of work to retirement is warranted as job can influence the experience of work and retirement with implications for health and well-being. Older males are more likely to work as managers or professionals and are less likely to work as technicians and trade workers or labourers than younger males (ABS, 2010). Older females are more likely to work as clerical and administrative workers and are less likely to work as sales workers than younger females (ABS, 2010). Blue collar workers are more likely to retire

at an older age than white collar workers (Jackson & Walter, 2010) and a relationship between poor health and job type has been identified (Cai & Kalb, 2007).

To improve health and well-being of people post working life, understanding pre-retirement job and the experience of the work-to-retirement occupational transition process may inform health and well-being approaches. Occupational therapists' understanding of the relationship between occupation and health (Reed, Hocking & Smythe, 2013) and their focus on enabling occupation places them in an ideal position to assist in facilitating positive occupational transitions into retirement to enable health and well-being. A longitudinal study by Jonsson (2011) using an occupational perspective to explore the work-to-retirement occupational transition process in Sweden has identified engaging occupations are an influencing factor on retirement life.

The aims of this literature review were to explore participation in the work-to-retirement occupational transition process in Australia in relation to: 1) factors influencing retirement in relation to pre-retirement job; 2); how jobs are classified; 3) the effect of pre-retirement job (based on categories) on the work-to-retirement transition process; and 4) determining the potential role for occupational therapy in this occupational transition.

2.3.1.2 Methods

An integrative literature review using PRISMA (Moher et al., 2009) was conducted to include a variety of methodologies (qualitative and quantitative) to enable a comprehensive understanding of the current evidence (empirical and theoretical) around the work-to-retirement occupational transition process based on pre-retirement job (Whittemore & Knafl, 2005). Integrative literature reviews have previously been used in occupational therapy research exploring retirement (Eagers et al., 2016). The framework by Whittemore and Knafl (2005) was utilised to allow a systematic approach to guide the stages of problem identification, literature search, data evaluation, data analysis and presentation.

2.3.1.2.1 Searches

The framework by Whittemore and Knafl (2005) and PRISMA (Moher et al., 2009) guidelines supported a systematic approach to the literature search (Figure 5). Health, social science and business databases (Medline, CINAHL, Informit, Scopus, Sociological Abstracts, PsychInfo, Proquest Business and Emerald Insight) were searched for peer reviewed literature relating to pre-retirement job and the work-to-retirement occupational transition process (preparation, transition, retired). Searches were conducted from 26 September 2015 to 7 October 2015. Search terms or mapping

terms to subject (depending on database functionality) related to job (career, employment, industry, job, labor, labour, occupation, profession, service, trade, vocation, work), retirement and Australia.

Inclusion criteria were:

- Retirement from work. No specific retirement definition was utilised due to the variability of retirement definitions in the literature. Therefore, retirement could be precipitated by a number of factors such as personal choice, redundancy and/or illness.
- Pre-retirement job discussed in terms of a classification system (e.g. ANZSCO) or a position/name (e.g. nurse).
- Article included a comparison between different jobs.
- Australian work and retirement context (due to the diversity in the work-to-retirement transition within different countries).
- Published in the past 15 years (2000 onwards). This relates to the writing of Wickham (2008) on the evolution of retirement, which discusses characteristics of different retirement periods. The phased retirement period occurs from 2000 onwards and is characterised by later retirement trends, societal acceptance of working in old age and various retirement pathways (e.g. bridge employment; workforce withdrawal and re-entry) (Wickham, 2008).
- Peer reviewed (journal or conference) in English.
- An empirical study.

Exclusion criteria were:

- Pre-retirement job where a job classification system /position/name was not discussed and related to job characteristics/factors only (e.g. job demands, job control, job satisfaction, self-employed, private sector, government/public sector etc.).
- Elderly/ageing population with no specific focus on retirement.
- Retirement from sport. Although sport may be classified as a job (i.e. elite athletes) there is likely to be a different retirement transition due to the decreased longevity of sport as a job.
- Conference papers where a related journal article was available to be included in this review.
- Conference papers where no full text publication was available. Attempts to obtain conference papers included contacting the author of the paper and retrieval through the primary researcher's university library including utilisation of interlibrary loans.
- Literature reviews.

Searches were conducted by the first author with consultation with the second author to determine the final inclusion/exclusion of articles.

Figure 5 Literature Review Search

Articles located from database searches (n=19140)

Exclusion of articles through title screening (n=18551)

Eligible articles after title screening (n=589)

Exclusion of articles through duplicate removal (n=245)

Eligible articles after duplicate removal (n=344)

Exclusion of articles through abstract review (n=143)

Eligible articles after abstract review (n=201)

Articles located in place of conference paper (where article was an expanded version of conference) (n=1)

Exclusion of articles through full text review (n=187)

Eligible articles after full text review (n=15)

Articles located from review of reference lists of eligible articles (n=0)

Total articles included in this integrative literature review (n=15)

2.3.1.2.2 Analysis

Studies were reviewed to obtain descriptive information on: 1) study purpose; 2) study design; 3); participant description; and 4) job classification system (Table 8).

Study design was analysed for methodological quality using the National Health and Medical Research Council (2009) levels of evidence where the highest level is Level 1 and the lowest level is Level IV.

Studies were analysed to determine if there was a clear and complete description of how job was classified based on adaptation of the data collection section of The McMaster University Guidelines and Appraisal form for Qualitative Research (Version 2.0) (McMaster University, 2008). Although this critical appraisal tool (which was developed for use in occupational therapy evidence based practice) did not originally include a scoring system some researchers utilise a scoring system (Thomas et al., 2011) and other researchers do not (Eagers et al., 2016; Haracz et al., 2013). The purpose of this research was to gain a descriptive understanding of "job classification" to understand how job classification was determined, described and used in the research. Therefore a scoring system was not used. The following considerations were used to analyse each study to determine if there was sufficient understanding of the "whole picture" and what was missing (McMaster University, 2008): 1) How the classification was determined; 2) Reference to existing classification systems used in the literature; and 3) Description of categories.

To determine retirement factors in relation to pre-retirement job, the framework by Whittemore and Knafl (2005) was used to extract data from the results section of each individual study. Using a table to record information, data extracts were coded and categorised using narrative analysis (Whittemore & Knafl, 2005). A constant comparison method was used to compare factors influencing retirement across each of the included studies with factors refined to reflect the integration of factors from all studies (Whittemore & Knafl, 2005). Descriptors for factors influencing retirement were derived through the narratives of the included studies and factors were placed within the three stages of the work-to-retirement transition process (preparation, transition, retired). Analysis also identified the stage of "work" which was subsequently included in this literature review to gain a more in depth understanding of the work-to-retirement transition process. Therefore, the following work-to-retirement transition stages were used to explore factors influencing retirement:

- Work – general perception and experience of work and work related skills and abilities
- Preparation – retirement decision and retirement preparation (whilst still working)
- Transition – transition from worker to retiree (actually ceasing work to commence retirement)
- Retired – retirement itself where continual adjustment is occurring and retirement roles and activities are undertaken (Table 9).

Table 8 Study Description

Study	Purpose	Design	Participant Description	Job Classification		Factors Influencing Retirement
				Classification Study Utilised	Methodological Quality	
de Vaus et al. (2007)	Compare abrupt and gradual retirement pathways	Quantitative: Survey pre & post retirement LoE= IV	n=358 Male & female Age: 50-73 Location: Unknown (possibly various) Initially working, then retired	• White collar (managerial, professional & para-professional) • Blue collar (sales, technical, trades, services & unskilled)	No information on how classification was determined, literature it was based on, or further description of categories	• Phased transition • Retirement transition control
Jackson and Walter (2010)	Examine retirement intentions of baby boomers by occupation	Quantitative: Survey LoE = IV	n=2497 Male & female Age: 40-59 Location: Various Working	• Managers and administrators • Professionals • Associate professionals • Tradesperson and related workers • Advanced clerical and service workers • Intermediate clerical, sales and service workers • Intermediate production and transport workers • Elementary clerical, sales and service workers • Labourers and related workers Also referred to white collar and blue collar	Classification based on ASCO (ABS, 1997) No information on how white collar and blue collar classification was determined, literature it was based on, or further description of categories	• Retirement age • Retirement funds • Retirement discussions • Phased transition
Kendig et al. (2013)	Understand the work and retirement experiences and plans of Australian	Quantitative: Survey LoE = IV	n=1009 Male (49.8%) Age: 50-64 Location: Various	• White collar (managers and professionals) • Blue collar (remainder)	No information on how classification was determined, literature it was based on, or further description of categories	• Financial satisfaction

	baby boomers during the global financial crisis		Working & retired			
(Knox, 2003)	Explore retirement plans	Quantitative: Survey LoE = IV	n=unknown Male & female Age: Unknown Location: Unknown (possibly various) Working & retired	• Construction • Health/community Services • Transport & storage • Manufacturing • Mining • Property/Business Services Communications • Agriculture • Hospitality • Government • Retail • Education • Personal & Other Services	No information on how classification was determined, literature it was based on, or further description of categories	• Involuntary retirement
McPhedran (2012)	Examine if occupation type is associated with poor health and an increased likelihood of workforce exit	Quantitative: Survey (follow up cohort: 2002-2006) LoE = III-2	n=541 Male & female Age: 55-64 (in 2002) Location: Various Working & retired	• Professional (managers and administrators, professionals, and associate professionals) • Clerical/sales/services (C/S/S) (advanced, intermediate and elementary clerical, sales and service workers) • Trades/labourers/production (T/L/P) (tradespersons and related workers, labours and related workers, and intermediate production and transport workers)	Used ASCO (ABS, 1997) No information on why or how 3 category groupings were chosen	• Health • Retirement age • Job satisfaction
Noone et al. (2012)	Determine how psychological, socioeconomic and demographic	Quantitative: Survey LoE = IV	n=705 Male & female Age: 50-64	• White Collar (professionals and managers) • Blue Collar (community and personal service workers, clerical and	Used ANZSCO (ABS, 2006b)	• Financial planning

	factors interrelate to predict financial planning outcomes		Location: Various Working	administrative workers, sales workers, technicians and trade workers, and machinery drivers)	No information on why or how 2 category groupings were chosen	
Pillay et al. (2006)	Investigate aspirations of older local government workers regarding transitional employment	Qualitative: Survey LoE = IV	n=1083 Unknown (possibly male and female) Age: 50+ Location: Unknown (possibly various) Working	• Technical • Trade • Professional • Management • Operations • Labour • Administration • Other	No information on how classification was determined, literature it was based on, or further description of categories	• Phased transition
Pillay et al. (2008)	Investigate interest in transitional employment of Local Government Association	Quantitative: Survey LoE = IV	n=994 Male & female Age: 50+ Location: Various Working	• Professionals and managers • Administrators • Blue Collar - technicians, tradesperson, operators, labourers	No information on how classification was determined, literature it was based on, or further description of categories	• Phased transition
Pillay et al. (2010)	Identify transitional employment aspirations and training and development needs of workers at risk of early retirement	Quantitative: Survey LoE = IV	n=788 Male & female Age: 46 + Location: Various Working	• Administration (white collar) • Professional and management (white collar) • Labour (blue collar)	No information on how classification was determined, literature it was based on, or further description of categories	• Phased transition
Quine et al. (2006)	Explore expectations and plans for retirement of baby boomers to inform policy	Qualitative: Focus groups LoE = IV	n=78 Male (47.4%) Age: 49-58 Location: NSW Working & retired	• White collar (high SES) • Blue collar (low SES)	No information on how classification was determined, literature it was based on, or further description of categories	• Phased transition • Work ability • Financial planning

						• Retirement funds
Quine et al. (2007)	Explore importance of choice in retirement decisions for subsequent well-being	Qualitative: Focus groups LoE = IV	n=67 Male (56.7%) Age: 51-78 Location: Melbourne Retired	• White collar • Blue collar	No information on how classification was determined, literature it was based on, or further description of categories	• Financial planning • Retirement funds
		Quantitative: Survey and telephone follow up LoE= III-2	n=601 Male (53.1%) Age: 48-73 Location: Unknown Working			• Retirement transition control
Schofield and Beard (2005)	Examine work practice and retirement trends	Quantitative: Secondary analysis of unpublished ABS data LoE= III-3	n=unknown Male (n=37) Age: 50+ Location: unknown (possibly various) Working & retired	• General practitioners • Medical specialists • Registered nurses	Based on ABS census data. No further information provided	• Retirement age
Schofield et al. (2010)	Investigate work patterns and retirement intentions of older dentists	Quantitative: Survey LoE= IV	n=146 Male (85%) Age: 50-75 Location: NSW Working	• Generalist (dentist) • Specialist (dentist) • Other type of dentistry (combination of generalist and specialist or teaching or research)	No information on how classification was determined or further description of categories	• Retirement reasons • Phased transition
Shacklock (2006)	Investigate the meaning of work and how it influences older	Qualitative:	n=30 Male (50%) Age: 52-59	• Academic • General-administrative	No further description of categories	• Meaning of work

	university workers' intentions to continue working	In depth semi-structured interviews LoE= IV	Location: unknown (possibly same location) Working			• Retirement age • Job flexibility
A. W. Taylor et al. (2014)	Assess retirement intentions	Quantitative: Survey LoE= IV	n=812 Male (50.1%) Age: 50-64 Location: Adelaide Working	• Managers/professionals • Technicians/trades workers • Community & personal service workers/ clerical & administrative workers • Sales workers • Machinery operators & drivers/labourers	No information on how classification was determined, literature it was based on, or further description of categories	• Complete retirement

LoE= Level of evidence

Table 9 Factors Influencing Retirement in Relation to Pre-Retirement Job

	Factor	Description	Study
Work	Job satisfaction	Worker's satisfaction with pay, job security, the actual work itself, work hours and flexibility	(McPhedran, 2012)
	Work ability	Worker's skill level and physical ability match the job demands	(Quine et al., 2006)
	Meaning of work	Related to one's feelings of how important work is in one's life	(Shacklock, 2006)
	Job flexibility	Level of autonomy and flexibility of working hours and arrangements	(Shacklock, 2006)
Preparation	Retirement discussions	Discussions with other people such as employer, friends and family about retirement prior to retiring	(Jackson & Walter, 2010)
	Financial planning	Planning for retirement related to finances	(Noone et al., 2012; Quine et al., 2006; Quine et al., 2007)
	Retirement reasons	Why one decides to retire	(Schofield et al., 2010)
Transition	Retirement transition control	Level of control and choice in one's work-to-retirement transition	(de Vaus et al., 2007; Quine et al., 2007)
	Phased transition	Work-to-retirement transition process which involves a gradual reduction in work hours and/or responsibilities leading up to retirement	(de Vaus et al., 2007; Jackson & Walter, 2010; Pillay et al., 2006; Pillay et al., 2008; Pillay et al., 2010; Quine et al., 2006; Schofield et al., 2010)
	Retirement age	Expected or predicted retirement age	(Jackson & Walter, 2010; McPhedran, 2012; Schofield & Beard, 2005; Shacklock, 2006)
	Involuntary retirement	Retirement was forced upon the person and was not a choice	(Knox, 2003)
	Complete retirement	Complete cessation of paid work	(A. W. Taylor et al., 2014)
Retired	Retirement funds	Retirement financial position and income	(Jackson & Walter, 2010; Quine et al., 2006; Quine et al., 2007)
All	Financial satisfaction	Satisfaction with own current financial situation not taking into account work/retirement status	(Kendig et al., 2013)
	Health	General health and well-being	(McPhedran, 2012)

Factors influencing retirement were analysed to determine if there were differences based on pre-retirement job. The groupings of white collar workers and blue collar workers were used as this was the most common comparison method within the included articles. The aim of this was to provide a more detailed integration of the findings to draw conclusions of the effect of the work-to-retirement transition process based on pre-retirement job (Whittemore & Knafl, 2005).

White collar and blue collar groupings were determined based on the included studies using the groupings of white collar and blue collar. If classification of white collar and blue collar, within the included studies, was not used then these studies were not included in the comparison.

Analysis was completed by the first author and checked/discussed with the second author to confirm appropriate coding and categories.

2.3.1.3 Results

This review included 15 papers with two of these being conference papers (Knox, 2003; Pillay et al., 2006) (Figure 5). There were three qualitative studies (Pillay et al., 2006; Quine et al., 2006; Shacklock, 2006), 11 quantitative studies (de Vaus et al., 2007; Jackson & Walter, 2010; Kendig et al., 2013; Knox, 2003y; McPhedran, 2012; Noone et al., 2012; Pillay et al., 2008; Pillay et al., 2010; Schofield et al., 2010; Schofield & Beard, 2005; A. W. Taylor et al., 2014) and one paper containing both quantitative and qualitative studies (Quine et al., 2007). Using the National Health and Medical Research Council (2009) levels of evidence there were two Level III-2 studies, one Level III-3 study and 13 Level IV studies (Table 8).

There were nine studies which only included participants who were working; one study which included participants who were initially working and who then retired; five studies which included both participants who were working and retired; and one study which only included participants who were retired (Table 8).

Fifteen factors influencing retirement were identified which covered the work-to-retirement occupational transition process. Factors related to the stage of work included job satisfaction, work ability, meaning of work and job flexibility. Factors related to the stage of preparation included retirement discussions, financial planning and retirement reasons. Factors related to the stage of transition included retirement transition control, phased transition, retirement age, involuntary retirement and complete retirement. Factors related to the stage of retired included retirement funds. The factors of financial satisfaction and health were seen to encompass all work-to-retirement transition stages. (Table 8 and Table 9).

The studies used a variety of systems to classify job: 1) white collar/blue collar; 2) groups of jobs (e.g. managers, labourers etc.) with some based on ANZSCO or the Australian Standard Classification of Occupation (ASCO) (the predecessor to ANZSCO); or 3) by job name (e.g. nurse, doctor) (Table 8).

Eight studies used the classification system of white collar and blue collar, however, variances in definitions were evident. Two studies indicated they had used the ANZSCO or ASCO classification, however, did not specify how they determined what job groups were white collar and blue collar. Five studies used job groupings (e.g. managers, labourers etc.) without reference to a specific job classification system and did not specify how they determined what job groups were white collar and blue collar. One study provided no information on how the white collar and blue collar classification was determined or defined (Table 8).

Integration of findings from studies comparing white collar and blue collar workers enabled comparisons within the factors influencing retirement of: work ability, financial planning, retirement transition control, phased transition, retirement age, retirement funds and financial satisfaction. Differences between white and blue collar workers were found within all of these factors except for financial satisfaction. (Figure 6).

Figure 6 Work-to-Retirement Transition Process Differences Between Job - White Collar vs Blue Collar

	White collar		Blue collar	
Work	Better skill level & physical ability to continue working	**Work ability**	Poorer skill level & physical ability to continue working	(Quine et al., 2006)
Preparation	More likely to plan	**Financial planning**	Less likely to plan	(Quine et al., 2006)
	Not significantly different		Not significantly different	(Noone et al., 2012)
Transition	Higher choice	**Retirement transition control**	Lower choice	(Quine et al., 2007)
	More likely to have higher control and gradual transition		More likely to have lower control and abrupt transition	(de Vaus et al., 2007)
	More likely to want transitional employment	**Phased transition**	Less likely to want transitional employment	(Pillay et al., 2010)
	Information not available (white collar classification not used)		Less likely to want transitional employment (compared to professional and managers and administrators)	(Pillay et al., 2008)
	More likely to financially afford & have opportunities to reduce work hours		Less to likely to financially afford & have opportunities to reduce work hours	(Quine et al., 2006)
	More likely to retire at younger age	**Retirement age**	More likely to retire at older age	(Jackson & Walter, 2010)
Retired	Better financial position	**Retirement funds**	Worse financial position	(Quine et al., 2006; Quine et al., 2007)
All	Not significantly different	**Financial satisfaction**	Not significantly different	(Kendig et al., 2013)

2.3.1.4 Discussion

Retirement from work is a complex process with a multitude of factors influencing this occupational transition with implications for the way occupational therapists approach health post working life. This literature review explored the work-to-retirement transition process in Australia in relation to pre-retirement job with 15 factors influencing retirement identified which collectively covered all stages (work, preparation, transition, retired). ANZSCO provides classifications of job groups in Australia (ABS, 2006b), however, it was more common for jobs to be condensed into two groups; white collar workers and blue collar workers with differences in the work-to-retirement transition identified between these two groups.

2.3.1.4.1 Factors Influencing Retirement

The 15 factors identified in this literature review covered all stages of work, preparation, transition and retired (Table 9). From the analysis, factors were identified that related to the stage of work thus inclusion of this stage in the findings of this review. Differences have been identified in how white collar workers and blue collar workers conceptualise the work itself, their work colleagues and remuneration (Hu et al., 2010). Understanding people's experiences and perceptions of work may assist in understanding their experiences and perceptions of retirement, as retirees may seek the same needs from retirement they sought from work demonstrating a relationship to continuity theory where the facilitation of ongoing engagement in occupations in retirement occurs (Wang et al., 2011; Wang & Shultz, 2010).

No factors were identified in the retired stage which related to the continual adjustment to retirement and the roles and activities undertaken in retirement (Table 9). This is an area requiring further investigation as engagement in meaningful occupation in retirement is important for health and well-being (WHO, 2017). Engaging occupations (occupations which have: positive meaning; intense participation; coherent set of activities; commitment or responsibility; connection to a community of people sharing a common interest; and provide identity) in retirement are important (Jonsson, 2011). As work assists in fulfilling human needs (Jonsson & Andersson, 1999) an adjustment to retirement is needed including ensuring retirement occupations continue to fulfil human needs. The relationship of role theory and continuity theory to retirement also demonstrates the importance of occupation (day to day activities) in retirement (Wang et al., 2011; Wang & Shultz, 2010)

Factors influencing retirement are positive for some workers with the potential interconnection between factors possibly contributing to this difference. White collar workers were identified as having a better skill level and physical ability to continue working (Quine et al., 2006),

however they also tended to retire at a younger age than blue collar workers (Jackson & Walter, 2010) and were more likely to have a gradual transition (de Vaus et al., 2007) (Figure 6). A Finnish study exploring work ability and job demands (physical and mental) in white collar and blue collar older workers also found: 1) more white collar workers than blue collar workers rated their work ability as very good; and 2) more blue collar workers than white collar workers rated their work ability in relation to physical job demands and mental job demands to be poor (Louhevaara et al., 1999). Therefore, if blue collar workers are wanting to continue working into older age (or as part of a gradual transition to retirement) they may be more likely to require assistance (than white collar workers) to identify suitable work duties that meet their functioning or to implement workplace changes to support continued work. Given the greater likelihood of blue collars workers to an abrupt retirement transition, occupational therapists have the potential to provide support to blue collar retiree's to assist them in constructing new engaging occupations.

From this literature review, white collar workers are more likely to financially plan for retirement (Quine et al., 2006), have more choice and control over the retirement transition (de Vaus et al., 2007; Quine et al., 2007), are more likely to want transitional employment (Pillay et al., 2010) and be in a better retirement financial position than blue collar workers (Quine et al., 2006; Quine et al., 2007) (Figure 6). This may result in white collar workers having a smoother and more positive retirement experience than blue collar workers as they may be more likely to have the funds to undertake their desired retirement activities. Having control and choice on when one retires and the use of transitional employment may mean white collar workers can ensure they are in a financially stable position before they completely cease work. This may mean they are more likely to able to fund activities that meet their needs in retirement. This relates to the findings of Salami (2010) in a study with retirees who found financial situation; circumstances surrounding retirement including choice and control; and activity level are predictors of psychological well-being. The relationships between these variables (financial, choice and control, activity levels etc.) and pre-retirement job and health need to be explored further.

2.3.1.4.2 Use of Job Classification Systems

The inconsistency of classification of white and blue collar workers in this literature review made it difficult to draw conclusive findings on the differences in the work-to-retirement transition process between these job groups. The authors have found it difficult to determine when the terms white collar and blue collar were first used and in what circumstances. Given the link between job and experience of work, retirement and health, consideration needs to be given to the job classification system researchers' and clinicians use. Use of a job classification can assist researchers

in making comparisons between research findings and be used to group similar workers/retirees together to enable the provision of not only individual but also group interventions.

Although findings from this literature review should be interpreted with caution they indicate that differences between white collar and blue collar workers permeate the various stages of the work-to-retirement transition process (Figure 6). The challenge is how to best group workers together using a consistent approach. Recognised classification systems such as ANZSCO may be the best current system to use rather than white collar and blue collar. If the use of white collar and blue collar workers is to continue, redefining these terms is warranted given the discrepancies in their use within the literature.

2.3.1.4.3 Work, Retirement and Health

Health was seen to encompass all stages (work, preparation, transition, retired) (McPhedran, 2012) with a dearth of information around the differences on a person's health based on pre-retirement job identified (Table 9). However, other studies have identified a relationship between health and work and retirement. Cai and Kalb (2007) identified a relationship between poor health and job type and Donaldson et al. (2010) identified higher income and better health (psychological and physical) can result in better adjustment to retirement.

Participation in the workforce to older age is also a likely outcome of population ageing (Australian Government, 2015) and the associated changes in socio-economic systems will have implications for health and well-being. This is not necessarily a negative as older workers possess a myriad of work skills and experience (Oakman & Howie, 2013). Where limitations have occurred due to ageing, work ability, matching worker's skill level and ability to the job demands, will be important to enable older workers to continue working (Oakman & Howie, 2013). An understanding of work experiences and characteristics of people from different jobs (or job categories) will assist occupational therapists in understanding this occupational transition and targeting strategies to enable older workers to remain in the workforce longer including as part of a work to retirement pathway. A particular focus on workers with physical jobs (i.e. blue collar) may be required given their poorer physical ability to continue working (Quine et al., 2006) (Figure 6). This is important for health and well-being in older adults as meaningful occupation and participation in society is important for active healthy ageing (i.e. enhancing quality of life through health, participation and security) (WHO, 2017).

2.3.1.4.4 Implications for Practice and Future Research

Pre-retirement job was not always the focus of the included studies in this review. The authors acknowledge this may be due to the complexity of the work-to-retirement transition process which is multifaceted making pre-retirement job only one of many influencing variables. A number of variables have been identified within the literature which influence retirement adjustment quality including pre-retirement job (e.g. work stress, job demands and challenges and work role identity); individual attributes (e.g. physical and mental health); retirement transition (e.g. planning); and postretirement activities (e.g. volunteer and leisure) (Wang et al., 2011). A variety of factors influencing retirement related to pre-retirement job were also identified in this review.

The complexity of the work-to-retirement occupational transition relates to work providing meaning to people (Braveman, 2012) and the possibility of a decline in life satisfaction in retirement occurring (Heybroek et al., 2015). Given enhancing quality of life through participation is important for active ageing (WHO, 2017) research more specifically focusing on pre-retirement job is recommended. This would enable deeper insight into the changes that occur throughout the work-to-retirement transition process for improved health and the differences between workers (e.g. based on similar job groupings). Future research could explore the interconnection between factors influencing retirement and the importance of any one factor over another to further understand the multifaceted nature of this transition.

Exploring pre-retirement job from a broad grouping level down to more specific jobs could occur as differences may be evident at different levels. For example, reporting comparisons at the level of white collar vs blue collar (following reconceptualisation of these terms), major jobs groups (e.g. based on ANZSCO) and for more specific jobs such as nurses and teachers. Comparison at a variety of job levels may also assist in determining a relevant job classification system(s) to be used in research and practice to explore and enable the work-to-retirement occupational transition.

Occupational therapy has the potential to include the work-to-retirement occupational transition in their scope of practice given that people are working to later in life as a result of population ageing (Eagers et al., 2016). There is limited literature on the scope of occupational therapy practice in this occupational transition, however, the use of individual and group programmes have been recommended with the potential for occupational therapists to assist people in identifying and implementing meaningful occupation in retirement to facilitate good health (Eagers et al., 2016). One such group project, 'Do It Now' was implemented over 10 years ago in Australia, however only ran for 18 months (Wicks, 2006b). The program focused on the importance of engagement in meaningful occupation in retirement to improve health and retirement outcomes

(Wicks, 2006b). The program for pre-retirees focused on what participants wanted to do in retirement and for retirees focused on how occupations, health and life satisfaction in retirement are linked and provided information on community resources available to participants (Wicks, 2006b). Jonsson (2011) has also recognised the importance of 'engaging occupations' in retirement for a good retirement life and that an occupational perspective can contribute to the knowledge on engagement in occupation in retirement

The 'Do It Now' project and the use of an occupational perspective should be considered in the development of future occupational therapy programs to assist in determining a current approach to facilitate a positive occupational transition to enable active healthy ageing. Given the increasing age of the population, the influence of health on work and retirement and the real possibility of workers continuing to work in some capacity into later age (Australian Government, 2015) occupational therapists can assist in enabling meaningful occupational engagement in the work-to-retirement occupational transition. Due to the complex nature of retirement, occupational therapists have the potential to be involved from the early stages of the work-to-retirement occupational transition. However, further research into the potential role of occupational therapy is required given the limited literature on the role of occupational therapy in this occupational transition.

Occupational therapists could potentially assist people in understanding how work influences retirement (e.g. in relation to work ability and meaning of work). Occupational therapists could potentially assist in identifying and addressing factors (e.g. work ability; retirement funds) in the various transition stages which are relevant to the individual to assist in facilitating this occupational transition. Occupational therapists could assist workers (particularly blue collar who are likely to have a poorer physical ability to continue working) to continue working longer as part of this occupational transition by adapting work activities and the work environment, in consultation with the worker and workplace, to match the worker's ability.

Occupational therapists could potentially assist workers and retirees in identifying meaningful and satisfying experiences from work and how these experiences can be obtained from retirement activities. This information can assist in identifying suitable retirement activities ensuring they are within a person's financial means (particularly blue collar workers who may have less financial stability when retiring). Occupational therapists could provide education on the importance of engagement in meaningful activities for health and well-being in ageing and assist in setting goals around retirement activities and plans on how to achieve these goals (e.g. strategies to find retirement activities within the person's geographic location; funding of activities). A possible

strategy could be the use of group programs at various stages of the work-to-retirement occupational transition, as group programs have been used previously to enhance health (Wicks, 2006b). Groups could consist of people engaged (or who were engaged) in similar work thus enabling discussion and sharing of strategies (e.g. identification of retirement activities to replace work activities) with people who have similar work experiences.

2.3.1.4.5 Limitations

The authors used a wide range of search terms to assist in capturing all relevant literature. However, the use of alternative words and forms may not generate the same result.

The focus of this literature review was on pre-retirement job. No other markers related to job (e.g. education level; income level) were explored as the authors' were specifically interested in whether job alone was an impact on the work-to-retirement transition process.

This study includes all definitions of retirement and factors for retirement was not an exclusionary criteria. Although outcomes may be different in different situations (e.g. whether retirement was precipitated by personal choice, redundancy or illness) the authors were interested in retirement experiences in general. Further research based on job classification and factors precipitating retirement should be explored.

Each paper was given equal weighting regardless of sample size, study design or level of evidence. It should be acknowledged the level of evidence is expected to be low (the nature of the research does not lend itself to an intervention) and good quality studies can still occur within lower evidence levels.

The variability in use of job classification systems by the included studies limited the ability to determine the effect of pre-retirement job (based on categories) on the work-to-retirement transition process.

2.3.1.5 Conclusion

The transition from work to retirement is an evolving and complex process with pre-retirement job being one influencing component. Factors influencing retirement in relation to pre-retirement job collectively covered all work-to-retirement transition stages (work, preparation, transition, retired). Although differences in participation in the work-to-retirement transition process as a result of pre-retirement job (white collar vs blue collar) were evident, the inconsistency of classification use made it difficult to determine conclusive findings. Determination and consistent use of a job classification system is required to understand the influence of pre-retirement job on the

work-to-retirement transition. Occupational therapists have the potential to assist in understanding and facilitating the transition from workforce participation to retirement for people within different jobs in response to the increasing age of the population, the likelihood of increasing longevity of working life and the importance of active healthy ageing encompassing meaningful occupation.

2.4 Thesis Theoretical Lens

This thesis is broadly situated within a range of non-occupational therapy theories, such as continuity theory, the Third Age and health promotion, as discussed previously. From an occupational therapy perspective, a range of theory and practice concepts related to occupational therapy exist to guide practice, as occupational therapy is not a formula, given that it needs to consider the individual's circumstances and needs (Bannigan & Moores, 2009). The work-to-retirement transition is an emerging area of practice; thus, application of theory and practice concepts is important to assist in articulating occupational therapy practice in this area. Along with the basic assumptions about occupation (Table 3), three other theoretical constructs are adopted in this doctoral study to assist in grounding the findings in a theoretical lens and to communicate the scope of practice of occupational therapy in the work-to-retirement transition: 1) threshold concepts in occupational therapy; 2) MOHO; and 3) enablement skills.

A threshold concept has been related "to a portal, opening up a new and previously inaccessible way of thinking about something" and "represents a transformed way of understanding, or interpreting, or viewing something" (Meyer & Land, 2003, p. 1). A threshold concept relates to troublesome knowledge within a discipline that, once understood, results in viewing something differently (Meyer & Land, 2003). A Delphi study completed with occupational therapists in Australia identified that threshold concepts in occupational therapy are: 1) occupational therapy models and theories; 2) evidence-based practice; 3) clinical reasoning; 4) discipline-specific skills and knowledge; 5) practising in context; 6) a client-centred approach; 7) occupation; 8) the occupational therapist's role; 9) reflective practice; and 10) a holistic approach (Nicola-Richmond et al., 2016). Table 10 provides a description of the threshold concepts in occupational therapy. Situating threshold concepts within the work-to-retirement transition can assist occupational therapists in understanding this emerging practice area through a familiar lens. For example, clinical reasoning can guide practice in the work-to-retirement transition to assist in selection and application of existing occupational therapy assessments and interventions relevant to the client and their occupational needs.

Table 10 Description of Threshold Concepts in Occupational Therapy (Adapted from Nicola-Richmond et al., 2016)

Threshold Concept	Description
Occupational therapy models and theories	Understanding and using occupational therapy models (e.g. MOHO) and theory (e.g. occupational science) in occupational therapy practice.
Evidence-based practice	Drawing on research evidence, clinical experience, practice context information and the client's circumstances to inform occupational therapy practice.
Clinical reasoning	A framework to guide an occupational therapist's thinking, actions and outcomes to assist in providing justification for interventions.
Discipline-specific skills and knowledge	Skills and knowledge required to practice, related, for example, to occupational therapy assessments and interventions, specific practice areas and occupational analysis.
Practising in context	Practising in the real world, including understanding how to put theory into practice and working within the practice environment (e.g. funding and service systems).
Client-centred approach	Understanding the unique needs of the individual and that the client is the expert in their own life. Empowering the individual to take control and make decisions.
Occupation	Understanding that humans are occupational beings, the importance of meaningful occupation, and the link between occupation and health and well-being. Using occupation in interventions.
Occupational therapist role	Understanding the diversity of occupational therapy and complexities of practice in occupational therapy, and being able to define the occupational therapy role.
Reflective practice	Using critical reflection as part of clinical reasoning to evaluate one's own occupational therapy practice.
Holistic approach	Consideration of the client's life and circumstances.

Although a number of occupational therapy models exist, MOHO was identified as a suitable model to use within the work-to-retirement transition. MOHO is a common practice model used by occupational therapists. In the United States, 80.7% (n=430) of occupational therapists surveyed (n=568) had used MOHO in practice (Lee et al., 2009). MOHO has been used with a variety of populations, including geriatric and adults (Lee et al., 2009). The most common reasons for using MOHO include the model fitting within the occupational therapist's view of occupational therapy and the client's needs (Lee et al., 2009). The wide use of MOHO by occupational therapists, combined with reasons for using MOHO, make the model appropriate for use in the work-to-retirement transition, where the focus of occupational therapy is enabling occupation for health and well-being as people age. MOHO has also been used in emerging areas of occupational therapy practice, further supporting the suitability of using MOHO in the emerging practice area of the work-to-retirement transition. MOHO has been used by occupational therapists working in emerging practice areas of perinatal mental health services to assist in understanding mothers' needs and associated

intervention (Graham, 2020) and people who have experienced human trafficking (Cerny et al., 2019). MOHO was also chosen for use in this doctoral study because the model has previously been used in the work-to-retirement transition. Findings from the literature review on occupational therapy in the work-to-retirement transition in Australia identified that MOHO had previously been used when studying the work-to-retirement transition (Eagers et al., 2016). A longitudinal study in Sweden (Jonsson, Josephsson & Kielhofner, 2000) also used MOHO.

The elements of MOHO also relate well to the work-to-retirement transition. MOHO represents a process of occupational adaptation (de las Heras de Pablo et al., 2017, p. 119), where occupational adaptation is "a positive identity and corresponding occupational competence constructed over time through the dynamics of a constant interaction between personal factors and environmental impact" (de las Heras de Pablo et al., 2017, p. 118). Occupational identity has a subjective meaning and relates to who one is and who one wants to become (de las Heras de Pablo et al., 2017). Occupational competence is realising occupational identity and relates to sustaining occupational participation related to occupational identity (de las Heras de Pablo et al., 2017), whereby "[o]ccupational identity and competence are realised as we develop and respond to life changes" (Kielhofner, 2008a, p. 107). Subsequently, retirement can impact occupational identity and occupational competence. Therefore, occupational adaptation is evident in the work-to-retirement transition, making MOHO a suitable model on which to map study findings. MOHO concepts are described further in Chapter 4.

The Canadian Model of Client-Centred Enablement encompasses 10 enablement skills that assist in articulating what occupational therapists can do to enable meaningful occupation with clients (Townsend et al., 2013). The 10 enablement skills, as identified by Townsend et al. (2013, p. 110), are adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage and specialize, and are described in Table 11. Application of enablement skills to occupational therapy practice in the work-to-retirement transition can assist in articulating what occupational therapists can do when working with clients in this area—such as articulating education needs that people may require at different stages of the work-to-retirement transition to facilitate a healthy transition and engagement in meaningful occupation.

Table 11 Description of Enablement Skills (Adapted from Curtin, 2017; Townsend et al., 2013)

Enablement Skill	Description
Adapt	Making a change or tailoring the occupation to make it suitable for the client, considering the client's personal factors (e.g. physical, mental, cognitive) and environmental factors (e.g. physical, social).
Advocate	Acting on behalf of the client in a political manner (e.g. lobbying, awareness raising) to enable the client's needs to be met.
Coach	Developing partnerships with the client and acting as a mentor/guide to enable the client to make their own decisions in working towards their occupational goals.
Collaborate	Developing power-sharing relationships with clients to work together, including sharing expertise, to achieve the client's goals. Working with other health professionals in the best interest of the client.
Consult	Liaising with the client and other stakeholders (e.g. team members) to gather information and brainstorm options; to integrate, synthesise and summarise information; and to provide recommendations to assist clients to decide a new course of action.
Coordinate	To manage and pull together multiple factors and a variety of information, and to ensure all stakeholders (including other health professionals) are working together to achieve a client's goal. This includes linking people with resources and the management of services.
Design/build	Making changes to the physical environment, prescribing assistive technology, creating programs and services, and developing plans or strategies.
Educate	Teaching and transferring knowledge (e.g. to the client, the client's family, other professionals and the public) in a way that is relevant to the person. This also includes education of occupational therapy students, including as part of fieldwork experiences.
Engage	Involving the client in the therapeutic process and participating in occupations for health and well-being.
Specialize	Using specific techniques to achieve the client's occupational goals. May require further training to develop specific techniques in a specific practice area.

2.5 Gap in Current Knowledge and Research Need

There is a paucity of literature and lack of clarity on the scope of practice of occupational therapy in the work-to-retirement transition. Therefore, this doctoral study explored the scope of practice of occupational therapy in the work-to-retirement transition. The experience of work and ceasing work relates to occupational therapy practice in the work-to-retirement transition. Therefore, retirees' experiences of work were also explored in this doctoral study to ensure that the occupational therapy scope of practice in the work-to-retirement transition was congruent with both occupational therapy and consumer perspectives.

2.6 Research Aims, Study Phases and Thesis Structure

The aims of this research were:

1. To explore how the experience of work influences the transition from work-to-retirement and the scope of practice of occupational therapy in the work-to-retirement transition process

2. To explore the scope of practice of Australian occupational therapists in supporting people through the work-to-retirement transition process to promote health and well-being

3. To provide recommendations for the future application of occupational therapy practice in the work-to-retirement transition process to promote health and well-being.

Study phase one explored how the experience of work influences the transition from work to retirement. The core focus of occupational therapy is enabling engagement in meaningful occupation (Broome & Kennedy-Behr, 2017). Work can positively or negatively influence health (Wilcock & Hocking, 2015) and provides structure and meaning to daily life (Jahoda, 1982). Subsequently, the transition from work to retirement is a major life event, precipitating a major change in the occupations in which a person engages. Given the relevance of the occupation of 'working' to life and the subsequent flow on to retirement, the experience of work has an important relationship with the scope of occupational therapy practice in the work-to-retirement transition. A literature review was completed to explore the influence of pre-retirement job on the work-to-retirement transition. Findings from the literature review identified that factors influencing retirement in relation to pre-retirement job related to all stages of the work-to-retirement transition. The paper published from this literature review was presented earlier in this chapter (Chapter 2). Although findings from this literature review provided insight on the influence of work on the work-to-retirement transition, the included studies were not conducted by occupational therapists and thus were not from an occupational perspective. Exploring the experience of work from an occupational perspective can assist in understanding work narratives and how they may influence a person's transition from work to retirement and changing occupational needs within this transition. Subsequently, this doctoral study explored retirees' experience of work, and the relationship to occupational therapy scope of practice in the work-to-retirement transition.

Study phase two explored the scope of practice of occupational therapy in the work-to-retirement transition. The relationship of living longer to working longer (Australian Government, 2015), the importance of engaging meaningful occupation for healthy ageing (WHO, 2020b) and the core focus of occupational therapy on engagement in meaningful occupation (Broome & Kennedy-Behr, 2017) create scope for occupational therapy in the work-to-retirement transition. A literature review was completed to explore the contribution of occupational therapy to the work-to-retirement transition in Australia. The literature review identified a paucity of literature on the scope of practice

of occupational therapy in the work-to-retirement transition. No current scope of occupational therapy practice in the work-to-retirement transition was identified from this literature review. All included studies were based on the experience of workers and/or retirees to recommend potential scope of practice. The paper published from this literature review was presented earlier in this chapter (Chapter 2). Lack of literature on occupational therapy scope of practice precipitated the need to interview occupational therapists in this doctoral study to explore the current and potential scope of practice of occupational therapy in the work-to-retirement transition.

The findings from the first phase of the study (experience of work) were used to guide the second phase of the study (occupational therapy scope of practice) to assist in further exploration of work within this study. The phase one findings identified that work can influence the work-to-retirement transition. Subsequently, an interview question around whether occupational therapists thought work influences people's retirement was included in the phase two interviews with occupational therapists. Figure 7 conveys the research aims and relationship between aims.

The findings from the literature review on occupational therapy's contribution to the work-to-retirement transition also assisted in informing interview questions with occupational therapists. The findings from the literature review assisted in formulation of stages of the work-to-retirement transition (preparation, transition, retired) and, during interviews, occupational therapists were asked questions around these work-to-retirement transition stages.

The findings from study phase one (experience of work) and study phase two (occupational therapy scope of practice) were used to provide recommendations for the future application of occupational therapy in the work-to-retirement transition process. Figure 7 conveys the research aims and relationship between aims.

Figure 7 Overview of Thesis Aims
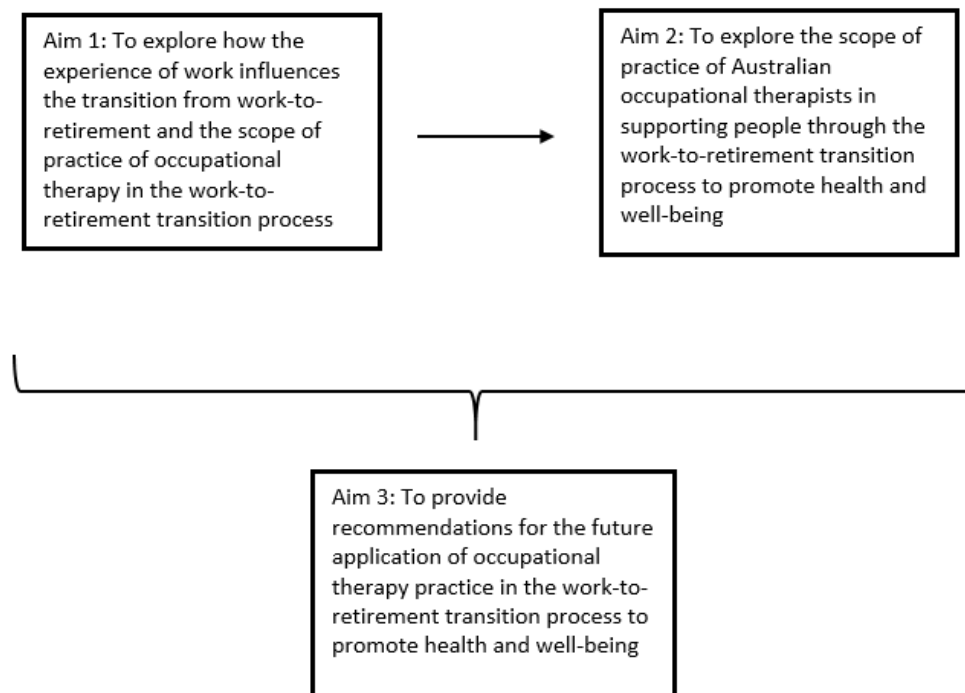
Table 12 Thesis Structure

Chapter 1	Introduction
Chapter 2	Literature Review and Theoretical Lens
Chapter 3	Methodological Approach
Chapter 4	Phase One—Experience of Work
Chapter 5	Phase Two—Occupational Therapy Scope of Practice
Chapter 6	Discussion, Recommendations and Conclusion

This thesis contains six chapters (see Table 12) based on six publications. Chapter 1 provided background information to situate this doctoral study in exploring the scope of practice of occupational therapy in the work-to-retirement transition, within the occupational therapy, work, retirement and healthy ageing literature. Chapter 2 included two literature review publications and discussed the theoretical lens of the thesis. Chapter 3 provides information about the methodology approach used for this qualitative doctoral study—thematic analysis as an independent approach within a qualitative descriptive methodology

Chapter 4 and Chapter 5 are respectively based on study phase one (experience of work) and study phase two (occupational therapy scope of practice). Each study phase resulted in two papers; thus, Chapter 4 and Chapter 5 are based on these papers. Given that findings are contained within these papers, each paper contains its own introduction, methods, results, discussion and conclusion

sections. For readability, papers have been reformatted to thesis formatting requirements for inclusion in the thesis. Chapter 6 provides a final discussion, recommendations and concluding comments on the doctoral study. It presents reflection on the doctoral study findings and the lessons learnt from this doctoral study, and discusses implications and recommendations for future application of occupational therapy practice in the work-to-retirement transition, along with implications and recommendations for research, student education and the community. Limitations and concluding statements are also provided.

Chapter 3 Methodological Approach

3.1 Chapter Overview

Chapter 3 situates the researcher within the doctoral study, acknowledges the assumptions that informed the doctoral study, and provides an overview of the methodological approach and the means used to establish trustworthiness. The ethical approval related to the doctoral study is also presented. Given that the findings from the doctoral study are contained within papers, each paper contains an introduction, methods, results, discussion and conclusion sections. Thus, more information about the methods (data collection and analysis) pertaining to each phase of the doctoral study is contained within Chapter 4 and Chapter 5, as these chapters are based on the papers.

3.2 Situating the Researcher

My clinical experience as an occupational therapist is predominantly within workplace injury management and prevention for people with physical and/or psychological conditions (what I referred to as 'occupational rehabilitation' prior to commencing this doctoral study). I also have some experience in the aged care sector, and a postgraduate degree in public health, with a major in health promotion. At the time of commencing the research, my father had recently retired. I was also involved in a curriculum revision process at the university where I work, in an academic position as a lecturer in occupational therapy, which included reviewing the occupational rehabilitation content within the curriculum. As part of the curriculum review process, I reviewed the literature around work and subsequently examined the literature on retirement. My professional and personal experiences sparked an interest in exploring what I saw as a space between the occupational rehabilitation and aged care practice areas: the work-to-retirement transition.

Occupational therapy's focus on an occupational perspective led me to explore the experiences of retirees who had transitioned from work to retirement. Alongside occupational therapy's focus on meaningful occupation (as discussed in Chapter 1), my clinical experiences in a work setting and my preventive health interest led me to focus on the occupation of working and how work relates to the work-to-retirement transition. The practice area gap that I identified between the occupational rehabilitation and aged care practice areas, and the paucity of literature on the scope of practice of occupational therapy in the work-to-retirement transition, led me to explore the scope of practice of occupational therapy in this occupational transition.

3.3 Researcher's Assumptions Underpinning the Research

A number of assumptions underpinned this research and are acknowledged, as follows:

1. There is a work-to-retirement transition process: The work-to-retirement transition has been identified as having three broad stages (preparation, transition and retired). An identified process means that commonalities can exist between people transitioning from work to retirement. However, given that people's experiences can differ, it is also acknowledged that the work-to-retirement transition may not be a homogenous or linear experience.

2. Work influences the work-to-retirement transition experience: Work provides meaning and structure to daily life and increases the possibility of social relationships with others (Jahoda, 1982). Subsequently, work can influence the transition from work to retirement, as work can shape who a person is, and ceasing work precipitates a change in life occupations and structure.

3. Transitioning from work to retirement affects everyday occupational life: This reflects occupational therapy's understanding of meaningful occupation (Broome & Kennedy-Behr, 2017). The transition from work to retirement precipitates a change in the occupations in which a person engages.

4. There is scope for occupational therapy to practice in the work-to-retirement transition to assist people to transition from work to retirement and to enable health and well-being: Work provides meaning and structure to life (Jahoda, 1982). Therefore, ceasing work results in a change of meaningful occupations and life structure. Meaningful occupation is important for healthy ageing (WHO, 2020b). The underlying philosophical view of occupational therapy is the necessity of occupation for health (Wicks, 2017). Therefore, the transition from work to retirement reflects occupational therapy's core understanding of meaningful occupation, placing them as experts in assisting people in the work-to-retirement transition to enable health and well-being.

5. Occupational therapy practice in the work-to-retirement transition can be situated between the work-related and aged care practice areas: Laslett's (1989) theory on stages of life demonstrates retirement as a separate stage from working (Second Age) and deterioration in health later in life (Third Age). Therefore, retirement can be seen as situated between work and aged care—a theory supported by Jonsson (2011).

6. MOHO is appropriate for use in an Australian context to understand the occupational perspective of the work-to-retirement transition and to assist in guiding occupational therapy practice: MOHO can be used to guide occupational therapy practice in a range of settings (R. R. Taylor & Kielhofner, 2017). MOHO has previously been used in occupational therapy research exploring the work-to-retirement transition from the

perspective of workers and/or retirees (Hewitt et al., 2010; Jonsson, 1993; Pepin & Deutscher, 2011).

3.4 Research Methodology

Occupational therapy in the work-to-retirement transition is an emerging area of practice. Subsequently, there is a paucity of literature around this topic. A qualitative research approach enabled exploration of the issue (i.e., lack of clarity around occupational therapy scope of practice in the work-to-retirement transition) to obtain a detailed understanding of the issue and development of theories to understand the issue (Creswell, 2013). A qualitative approach was used in this doctoral study: thematic analysis as an independent approach within a qualitative descriptive methodology. Previous research exploring occupational therapy practice in Australia has also used a qualitative methodology, including qualitative study designs of thematic analysis (Di Tommaso et al., 2016) and descriptive (K. Hooper et al., 2007).

Thematic analysis and qualitative descriptive can be used together and with a variety of research aims and within various theoretical frameworks. Subsequently, the choice of thematic analysis as an independent approach within a qualitative descriptive methodology was suitable for this doctoral study. This doctoral study incorporated a variety of research aims that enabled exploration of experiences and practice (including perceptions of practice and influencing factors) through interviews with retirees and occupational therapists. Thematic analysis can be aligned with a qualitative descriptive methodology (Sandelowski, 2010; Stanley, 2015) and is an appropriate data analysis choice within qualitative descriptive studies (Vaismoradi et al., 2013). Thematic analysis has also been described as "an independent qualitative descriptive approach" (Vaismoradi et al., 2013, p. 400). Thematic analysis can be used with research questions related to experiences, understandings and perceptions, practices/accounts of practice, and influencing factors (Braun & Clarke, 2013). Qualitative descriptive studies have been used to explore people's experiences of a phenomena and facilitators, challenges, factors/reasons or perceptions (H. Kim et al., 2017). Data collection through interviews is common to both thematic analysis (Braun & Clarke, 2013) and qualitative descriptive (Sandelowski, 2000; Stanley, 2015) research.

The use of a thematic analysis method and alignment with a qualitative descriptive methodology enabled flexibility of a hybrid approach, depending on the research purpose, whilst also providing structure to the research. A flexible approach enabled interpretation of the findings and for findings to emerge from the data whilst also enabling: 1) findings from interviews with retirees to be used to assist in the development of interview questions with occupational therapists; 2) findings to be related to the work-to-retirement transition stages (preparation, transition and retired); 3)

findings to be related to practice concepts used in occupational therapy (MOHO; who, what, when, where framework; enablement skills); and 4) recommendations to be provided for the future application of occupational therapy practice in the work-to-retirement transition process.

Thematic analysis is a method whereby analysis identifies themes within the data (Braun & Clarke, 2006). Thematic analysis is often not seen as a clearly named analysis in the sense, for example, that grounded theory and narrative analysis are (Braun & Clarke, 2006), however, thematic analysis has been named as its own formalised method (Braun & Clarke, 2006). Although thematic analysis is not associated with any specific theoretical framework, it is not atheoretical, and instead allows flexibility in use within different theoretical frameworks (Braun & Clarke, 2006; Clarke & Braun, 2018). Thus, unlike methodologies such as grounded theory, thematic analysis does not contain in-built theory and instead requires the researcher to choose the theory that underpins and informs the research (Clarke & Braun, 2018; Terry et al., 2017).

Qualitative descriptive analysis is a recognised methodology (Sandelowski, 2000, 2010; Stanley, 2015). Although qualitative descriptive analysis has been termed "a rich, straight description" of the experience (Neergaard et al., 2009, p. 2) and is not as interpretive as other methodologies, such as grounded theory or phenomenology (Sandelowski, 2000), it is still interpretive in nature (Stanley, 2015). Qualitative descriptive analysis allows interpretation of data whilst remaining data-near (Sandelowski, 2010), with interpretation occurring on a continuum from high to low (Stanley, 2015). Qualitative descriptive studies enable understanding of the phenomenon being studied via the meaning attributed to the phenomenon by the participant (Bradshaw et al., 2017) and through detailed summaries in everyday language (Sandelowski, 2000, p. 336) This is in contrast to other qualitative methodologies, such as grounded theory, which focuses on theory development (Bradshaw et al., 2017; Neergaard et al., 2009); phenomenology, which focuses on the lived experience (Bradshaw et al., 2017); narrative analysis, which focuses on the story of individual experiences (Creswell, 2013); and ethnography, which focuses on culture (Bradshaw et al., 2017).

A critical realism/contextualism framework was used in this doctoral study to provide interpretations of reality. Ontology refers "to the nature of reality" (Petty et al., 2012, p. 269). Ontological frameworks associated with thematic analysis are situated on a continuum from realism to relativism (Braun & Clarke, 2006, 2013; Terry et al., 2017). Epistemology refers "to the ways in which it is possible to gain knowledge of this reality" (Petty et al., 2012, p. 270). Epistemology approaches within thematic analysis can also be seen on a continuum, from essentialist to constructionism, and can be aligned with ontological frameworks (Braun & Clarke, 2013; Terry et al., 2017). Realism/essentialism acknowledges the existence of reality, and the research process is able

to reflect reality through experiences and meaning being captured by the researcher through people's words (Braun & Clarke, 2006, 2013; Terry et al., 2017). Relativism/constructionism acknowledges that an external reality cannot be obtained through the research process, and thus reality is obtained through social processes and needs to be 'unpicked', whereby people's words are interpreted by the researcher to produce realities (Braun & Clarke, 2006, 2013; Terry et al., 2017). Critical realism/contextualism is situated between realism/essentialism and relativism/constructionism (Braun & Clarke, 2006, 2013; Terry et al., 2017). Critical realism/contextualism acknowledges the existence of reality, however, through the research process, interpretations of reality are produced using people's words (Braun & Clarke, 2006, 2013; Terry et al., 2017). Critical realism/contextualism and relativism/constructionism are more commonly used in qualitative research (Braun & Clarke, 2013).

A hybrid approach to data analysis was used in this doctoral study. An inductive approach allowed themes to be linked to data and a theoretical approach allowed themes to be driven by the theoretical data (Braun & Clarke, 2006; Terry et al., 2017). Interviews were analysed at a semantic level (explicit/surface-level meaning) or latent level (implicit/underlying meaning) (Braun & Clarke, 2006; Terry et al., 2017), depending on the purpose of analysis at the time.

3.5 Trustworthiness

The means used to establish trustworthiness in this doctoral study are displayed in Table 13 and based on the principles identified by Lincoln and Guba (1985) and application of these principles to thematic analysis (Nowell et al., 2017) and qualitative descriptive research (Bradshaw et al., 2017)—the research methodology associated with this doctoral study. Trustworthiness incorporates the principles of credibility, dependability, confirmability and transferability, as identified by Lincoln and Guba (1985). Credibility relates to a fit between the participant's views and the researcher's interpretation of the participant's views (Schwandt, 2001). Dependability relates to recording the research process to be able to recreate it (Schwandt, 2001). Confirmability relates to interpretations of data being clearly related to the data (Tobin & Begley, 2004). Transferability relates to the generalisation of findings (Tobin & Begley, 2004).

Table 13 Means Used to Establish Trustworthiness in This Doctoral Study

Principle	Means Used to Establish Trustworthiness in This Doctoral Study
Credibility	Reflexivity
	Rapport building, compassion, empathy and establishment of trusting relationships
	Researcher triangulation (peer debriefing, theme consensus)
	Prolonged engagement with data
Dependability	Reflexivity

	Audit trail
Confirmability	Reflexivity
	Audit trail
	Researcher triangulation (peer debriefing, theme consensus)
	Reporting of direct quotations and situating findings within the literature
	Rich description
Transferability	Reflexivity
	Audit trail
	Purposeful sampling
	Rich description

Despite member checking being associated with trustworthiness in qualitative studies, it was not used in this doctoral study. Member checking has been seen as ineffective in establishing the quality of data (Smith & McGannon, 2018). Member checking is situated within a realist ontology (Braun & Clarke, 2013), which is contradictory to the use of interpretation research, such as occurred in this doctoral study, through the use of critical realism/contextualism, whereby interpretations are based within the researcher's assumptions and values (Braun & Clarke, 2013, p. 285). Subsequently, member checking "is unable to access an independent social reality in order to demonstrate that the results correspond to the reality and the truth has been objectively found" (Smith & McGannon, 2018, p. 17). Practical problems with member checking also exist, including contradictory interpretation of findings between the researcher and participant, inability to rely on participants engaging with the member checking process, power relations resulting in the participant agreeing with findings, and a time delay between data collected and member checking resulting in changing participant perceptions of the experience (Braun & Clarke, 2013; Smith & McGannon, 2018).

3.5.1 Reflexivity

Reflexivity enabled the researcher to understand her role in the research process and undertake critical self-reflection (Guillemin & Gillam, 2004; Mason, 1996). Reflexivity allowed the researcher to record information about self and methods (Lincoln & Guba, 1985). Information about self-enabled reflection on her values, interests and research insights (Lincoln & Guba, 1985). Information about methods enabled recording of methodological decisions and justifications for these decisions (Lincoln & Guba, 1985). Reflexivity occurred throughout the research process (Guillemin & Gillam, 2004; Mason, 1996) and related to all four principles of trustworthiness (Lincoln & Guba, 1985).

The methodological approach and related justification was acknowledged in this doctoral study (as presented earlier in this methodological approach chapter). The researcher situated herself

as a researcher by exploring her experiences and perspectives in relation to this doctoral study and acknowledged her assumptions underpinning this doctoral study (as presented earlier in this methodological approach chapter). She was aware of her own experiences, perspectives and assumptions during interviews. Subsequently, she was conscious of not asking questions that would lead participants to answer in a certain way. For example, retirees were asked to describe a 'typical' day as a retiree, instead of suggesting particular occupations in which they may participate. However, it is acknowledged that the findings from study phase one (experience of work) were used to formulate interview questions for study phase two (occupational therapy scope of practice). Occupational therapists were asked a question about whether work influenced the transition from work to retirement. This question occurred in line with the research design, where the experience of work was seen to be important to occupational therapy practice and subsequently an aim of the doctoral study. To limit the effect of the researcher's assumptions around work, occupational therapists were asked 'Do you think work influences people's retirement?', and then asked to elaborate on their response with questions such as 'Why?', 'Why not?' and /or 'How?', instead of suggesting ways that the researcher thought that work could influence retirement. Occupational therapists were also asked whether the work-to-retirement transition stages fit within the role of occupational therapy, which included providing a definition of the stages. However, this question was asked at the end of the interview to assist in limiting the effect of the researcher's assumptions around the work-to-retirement stages on earlier questions.

The researcher was also conscious of not making assumptions about what participants were saying based on her own experiences. She is an occupational therapist and met the inclusion criteria for phase two of the study, where occupational therapists were interviewed around scope of practice. She also knew some of the occupational therapy participants prior to commencing this study, including previously having worked with some participants. The researcher asked participants to elaborate on what they were saying during the interview, instead of making her own assumptions. During and after the interviews, she reflected on the information provided by participants and, at the end of the interview, made note of any key points and reflections from the interview, along with factors that could have been influencing her. When completing interviews with occupational therapists, she was conscious of her background in health promotion. She acknowledged that other occupational therapists may not perceive that occupational therapists have the skills to apply health promotion to the work-to-retirement transition in the same way that she does. She was also conscious of the research she had previously reviewed around the work-to-retirement transition. For example, she saw an end stage to retirement occurring due to the onset of poor health in later life, which precipitates another next stage of life, in accordance with Laslett's (1989) theory on stages of

life. Subsequently, she was conscious of allowing participants to formulate their own view on the retired stage.

Reflexivity was also applied to the data analysis process and conclusion formulation. Whilst concurrently reading interview transcripts and listening to the interview audio recordings, the researcher made notes of key points and reflections from the interview. She continued being mindful of her perspective around the work-to-retirement transition (e.g., related to health promotion) throughout the analysis process and formulation of conclusions.

3.5.2 Audit Trail

The use of an audit trail enabled documentation of the research process, intentions, instrument development, raw data and analysis (Halpern, as cited in Lincoln & Guba, 1985). Documenting reflexivity formed part of the audit trail. The doctoral study design and process were documented following consultation with the advisory team. As the research evolved, in consultation with the advisory team, the researcher reviewed the doctoral study process and subsequently updated the doctoral study process documentation. Ethics approval was also obtained for the doctoral study design. The doctoral study design and ethics approval for each phase of the doctoral study were also documented within the relevant papers.

A record was kept of the recruitment process and interview process. A record was also kept of the piloting process for the demographic questionnaires and semi-structured interview guides. Completed consent forms and demographic questionnaires from interviews were retained, along with the interview audio recordings and interview transcripts. Participants' demographic information was also collated into spreadsheets. Data analysis was completed with the assistance of NVivo as a data management tool (not as an automated theme searching tool) (Bazeley & Jackson, 2013). NVivo enabled recording of data analysis following the process by Braun and Clarke (2006), including recording final themes with theme descriptions and linkage of themes to text in participants' interview transcripts. A description of the recruitment process, interview process, piloting process, participants' demographic information and analysis process for each phase of the doctoral study was also documented within the relevant papers.

A record of meetings between the researcher and advisory team was also maintained. Meeting records enabled documentation of discussions, such as the theoretical and methodological choices, research process and data analysis. NVivo was also used to assist in storing documentation (e.g., interview transcripts and data analysis) (Bazeley & Jackson, 2013).

3.5.3 Purposeful Sampling

A purposeful sampling approach (Creswell, 2013) was used to recruit retirees (study phase one—experience of work) and occupational therapists (study phase two—occupational therapy scope of practice) to the doctoral study. It was anticipated that males, females and people from different pre-retirement jobs may have different experiences of the work-to-retirement transition. Purposeful sampling enabled recruitment of male and female retirees who had chosen to retire from a range of pre-retirement jobs, allowing a variety of perspectives to be obtained in this study, and the study findings to be applicable to a wider range of people. Given that the work-to-retirement transition is an emerging practice area within occupational therapy, it was anticipated that not many occupational therapists would be specifically working in this area. Purposeful sampling enabled occupational therapists to be recruited from a variety of practice areas, including work-related and aged care practice areas, to obtain experiences and perspectives from a diverse group of occupational therapists on the scope of practice of occupational therapy in the work-to-retirement transition.

3.5.4 Rapport Building, Compassion, Empathy and Establishment of Trusting Relationships

Rapport building was used to assist in establishing a trusting relationship with participants to enable participants to feel comfortable with providing information. The researcher introduced herself and engaged in small talk with participants when organising the interview and prior to commencing the interview. Small talk, also termed 'phatic communication' in the health professions, is engagement in ordinary conversation (e.g. commenting on the weather), which assists in rapport development and promotes equality and belonging (Crawford et al., 2006). The researcher also introduced potentially less intrusive or more basic topics at the beginning of the interview, with potentially more sensitive and complex topics discussed later in the interview. For example, occupational therapists were asked about their current scope of practice (more basic), and then about potential scope of practice (more complex). Compassion and empathy were also used during the interviews (e.g. when participants were discussing topics of a very personal nature).

Development of rapport and trust allowed participants to become comfortable with the researcher and created a willingness to provide information. For example, early in the interview, one retiree indicated that 'a couple of other things just popped up', which changed their retirement plans, yet did not elaborate on this point. However, later in the interview, the participant shared more details surrounding this situation and the subsequent relationship of this situation to their work-to-retirement transition indicating establishment of rapport. Rapport building resulted in

sharing of information with the researcher, enabling a more detailed account of the participant's experience of the work-to-retirement transition.

3.5.5 Researcher Triangulation

A team approach, involving the researcher supported by advisors, enabled researcher triangulation and resulted in theme consensus within the team. The researcher designed the doctoral study under advisor guidance, and completed data analysis, with analysis checking completed by the advisors. Peer debriefing was used, whereby the researcher discussed the analysis, including themes that were emerging from the data, with advisors. This 'critical friend' approach enabled discussion, reflection and critical feedback on the analysis (Smith & McGannon, 2018). Advisors also completed sample checking of analysis, except for the final paper (potential occupational therapy scope of practice). By this stage, the researcher was more experienced, and peer debriefing (without sample checking) was seen as a sufficient technique by the research team for trustworthiness. Smith and McGannon (2018) also argued that inter-rater reliability is an ineffective technique in trustworthiness, and the critical friend approach is a more suitable trustworthiness technique.

3.5.6 Prolonged Engagement with Data

Prolonged engagement with data occurred through using the data analysis process by Braun and Clarke (2006). Prior to coding data, the researcher read through the transcript whilst listening to the relevant interview audio recording. The coding process involved multiple readings of transcripts and review of codes to search for and refine themes. She also reviewed the analysis again after an extended period. A time period between reviews "offers an opportunity to review the same material through a 'new lens' and identify where one's own experience interfered with accurately understanding interviewee's report" (R. Berger, 2015, p. 230). This analysis process facilitated data immersion while also ensuring reflexivity.

3.5.7 Reporting of Direct Quotations and Situating Findings in the Literature

Direct quotations were included for all themes reported within all publications for both phases of the doctoral study. Inclusion of participants' voice, through quotations, assisted in findings being represented by the data and not being biased by the researcher (Bradshaw et al., 2017). Quotations were used from a variety of participants to assist in avoiding researcher bias towards particular participants' perspectives (Ahern, 1999). The discussion section within all papers situated findings within the literature, which assisted in providing merit to the findings (Aronson, 1994).

3.5.8 Rich Description

A focus on a rich description of the data reduced the risk of subjective interpretation by the researcher (Bradshaw et al., 2017). Remaining data-near allowed findings to be attributed close to the participants' meaning through using participants' words, whilst also enabling some interpretation by the researcher (Bradshaw et al., 2017).

3.6 Ethical Approval

Ethics approval for the doctoral study was received from the James Cook University Human Research Ethics Committee for the interviews with retirees (H6283) (Appendix A) and the interviews with occupational therapists (H7216) (Appendix B).

Chapter 4 Phase One—Experience of Work

Aim 1: To explore how the experience of work influences the transition from work-to-retirement and the scope of practice of occupational therapy in the work-to-retirement transition process

Aim 2: To explore the scope of practice of Australian occupational therapists in supporting people through the work-to-retirement transition process to promote health and well-being

Aim 3: To provide recommendations for the future application of occupational therapy practice in the work-to-retirement transition process to promote health and well-being

4.1 Chapter Overview

Chapter 4 is based on phase one of the doctoral study, where retirees were interviewed to explore how the experience of work influences the work-to-retirement transition and scope of practice of occupational therapy in the work-to-retirement transition (Aim 1). The findings from this phase were also used to provide recommendations for future application of occupational therapy in the work-to-retirement transition through exploration of consistency between the findings and MOHO (Aim 3).

Two papers were published from this phase, which form the basis of this chapter. Given that the findings from phase one are contained within papers, each paper contains its own introduction, methods, results, discussion and conclusion sections.

4.2 The Experiences of Work: Retirees' Perspectives and the Relationship to the Role of Occupational Therapy in the Work-to-Retirement Transition Process

This section is based on a publication (Publication 3) in the journal *Work*:

Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2019). The experiences of work: Retirees' perspectives and the relationship to the role of occupational therapy in the work-to-

retirement transition process. *Work*, *64*(2), 341–354. https://doi.org/10.3233/WOR-192996

Publication 3 presents findings from the interviews with retirees and focuses on their experience of work. Three experience of work themes encapsulating 12 categories are identified. Experience of work categories are related to MOHO concepts and therapeutic reasoning questions for practice.

The findings from this study confirm the validity of MOHO to the experience of work. They also support a theoretical link between work experiences and occupational therapy practice via occupational therapy theory (MOHO). The findings from this paper assist in understanding the retirees' experience of work from an occupational perspective, which will assist occupational therapists to consider the meaning that a person attributes to work and the impact on the person as a result of ceasing work and commencing retirement, where occupational pursuits change.

The paper has been reformatted to be consistent with thesis formatting and is contained below. The published paper is also attached in Appendix E.

4.2.1 Background

Work (paid employment) provides life structure (Kendall, 1996) making the work-to-retirement transition a major life transition (Blair, 2000). Work shapes people's lives and experiences and can therefore influence the next stage of life: retirement (Jonsson et al., 1997). Pre-retirement job can influence the work-to-retirement transition with white collar workers more likely than blue collar workers to: 1) have a better work ability (skill and physical ability to work); 2) financially plan for retirement; 3) be in a better financial position in retirement; and 4) have more choice and control in how they transition from work to retirement (Eagers, Franklin, Yau, & Broome, 2018). Understanding the phenomenon of work and its relationship to retirement (cessation of paid work (Eagers et al., 2016)) is important to enable active healthy ageing to enhance quality of life (WHO, 2017). The number of people aged 60 years and over is expected to increase by 56% between 2015 and 2030 which is likely to impact on the labour market (and retirement) including the possibility of older people participating in the workforce for longer (United Nations, 2015). Active healthy ageing is important for health and well-being and relates to continual participation in society to one's potential in later life (WHO, 2017). Older adults can continue to be productive members of society despite a decline in health. Older adults possess skills and experiences that can be utilised within paid work (Oakman & Howie, 2013) and outside of paid work, including through volunteering (Adler & Goggin, 2005).

A role for occupational therapists in the work-to-retirement transition has been identified due to their focus on occupation (day-to-day meaningful activities); however, limited research exists on the scope of practice of occupational therapists in the work-to-retirement transition process in Australia (Eagers et al., 2016). The potential role of occupational therapists includes: 1) education of older workers and retirees on the influence of work on retirement (Eagers, Franklin, Yau, & Broome, 2018); 2) education on the importance of meaningful occupations in retirement for health and well-being (Eagers, Franklin, Yau, & Broome, 2018); 3) enabling older workers to continue working as part of the transition to retirement (Eagers, Franklin, Yau, & Broome, 2018); and 4) enabling engagement in meaningful occupation in retirement through retirement activity identification and time use planning (Eagers et al., 2016).

A number of approaches have been used to explore retirement processes and the influence of work on retirement. Feldman and Beehr (2011) describe a three-phase model of retirement decision making: 1) imagining the possibility of retirement; 2) assessing when it is time to let go of a career; and 3) making the transition into retirement effective. Solem et al. (2016) applied a modified version of Feldman and Beehr's retirement process model in Norway to identify associations

between retirement intentions and subsequent retirement behaviour at the three different levels: 1) consideration to remain at work; 2) preference to retire at a specific age: and 3) decision to retire at a specific age. Solem et al. (2016) found that the strongest effects on retirement behaviour were preference to retire at a specific age with the poorest predictor of retirement behaviour being consideration to remain at work.

De Preter et al. (2013) used a push-pull framework to explore the influence of constraints (push variables) and incentives (pull variables) on retirement timing of older workers from 11 European countries and if these differ at the individual and institutional levels. Individual variables found to be significantly related to retirement timing were health (push) and caring for grandchildren (pull) (De Preter et al., 2013). Institutional variables found to be significantly related were high implicit tax rate on continued work ("there is an implicit tax on continued work when the change in pension wealth from working one additional year is less than the value of contributions paid to the pension system") (pull) and high expenditures on early exit (retirement) schemes (pull) (De Preter et al., 2013, p. 301). No institutional push variables were found to be significantly related to retirement timing (De Preter et al., 2013).

Wang et al. (2011) proposed a resource based dynamic perspective to assist in understanding the retirement adjustment process. Potential work related antecedents to retirement adjustment include those at the organisational level (organisational climate and human resources practices) and those at the job level (job conditions and job attachment) (Wang et al., 2011). Other potential antecedents within this perspective are at the macro level, household level and individual level (Wang et al., 2011).

Occupational therapists use models to contextualise information from an occupational perspective (a focus on day-to-day activities that people do). A number of occupational therapy models exist, each having their own unique concepts and sharing a focus on occupation, occupational performance, the person and the environment (Joosten, 2015). Models assist in guiding occupational therapy practice and could be particularly useful for emerging areas of occupational therapy, such as the work-to-retirement transition, with MOHO previously being utilised in research on this occupational transition (Eagers et al., 2016; Jonsson, 2000).

MOHO is arguably one of the most widely used occupational therapy models internationally (Kielhofner, 2008b) with a survey of occupational therapists in the United States found 80% of respondents indicated they had used MOHO in their practice (Lee et al., 2008). MOHO supports the concepts of occupation-focused, client-centred, holistic and evidence-based practice (Kielhofner, 2008b). MOHO views the person in terms of volition (motivation for occupation), habituation

(organisation of occupation), and performance capacity (physical and mental abilities underlying occupational performance) (Kielhofner, 2008b). MOHO takes into account the influence of the environment (physical, social, cultural, economic and political aspects) on occupation (occupational participation, performance and skill) and how occupational participation results in occupational adaptation (occupational identity and occupational competence) (Kielhofner, 2008b).

MOHO includes therapeutic reasoning ("how therapists use theory to understand a client and to develop, implement and monitor a plan of therapy with a client") to assist with applying MOHO theory into practice (Kielhofner, 2008b, p. 143). Six steps of the therapeutic reasoning process are identified: 1) generating questions to guide information gathering; 2) gathering client information; 3) creating a conceptualisation of the client; 4) identifying goals and plans for therapy; 5) implementing and reviewing therapy; and 6) collecting information to assess outcomes (Kielhofner, 2008b).

Jonsson (2000) used MOHO to guide his research to understand retirement from an occupational perspective. His research included a longitudinal study following people from when they were still working to after they had retired (Jonsson, 2011). The study was undertaken in Sweden where a mandatory retirement age exists (Jonsson, 2011), and differs to the retirement context in Australia, where the current study was undertaken, where there is no mandatory retirement age (Wood et al., 2010). In Australia, Hewitt et al. (2010) looked at activity planning for retirement and referring to MOHO concluded that the social environment influenced the decision to plan for retirement activities and trialling activities to undertake in retirement assisted in maintenance of occupational identity in this occupational transition.

The researchers chose MOHO in this study over other approaches (such as the retirement process model (Feldman & Beehr, 2011; Solem et al., 2016), a push-pull framework (De Preter et al., 2013)) or the resource based dynamic perspective (Wang et al., 2011)) to enable findings on the influence of work on the work-to-retirement transition to be more specifically related to occupational therapy practice as it is a commonly used model in occupational therapy (Kielhofner, 2008b). The purpose was to use MOHO as a lens to examine and analyse the data to make it relevant to occupational therapy practice and not to discredit other current models or frameworks. It is important for occupational therapists to use occupational therapy models to ensure their practice is informed by the core focus of the profession: occupation (Joosten, 2015). It is hoped that a more in depth utilisation of MOHO in understanding work from retirees' perspectives will assist in guiding occupational therapy practice in facilitating the transition from work to retirement in Australia.

4.2.1.1 Objectives

This paper aims to describe the experience of work from retirees' perspectives to understand the influence of work on retirement. Findings will also be discussed in relation to the role of occupational therapy in the work-to-retirement transition process and the relationship to MOHO. Interviews utilised in this research aimed to explore the experience of work and retirement from the perspectives of retirees. The research is situated as part of a wider study exploring the work-to-retirement transition process in Australia and the role of occupational therapy in this transition (Eagers et al., 2016; Eagers, Franklin, Broome, & Yau, 2018).

4.2.2 Methods

A qualitative study was undertaken using semi-structured interviews and the thematic analysis approach by Braun and Clarke (2006). Braun and Clarke's (2006) thematic analysis approach allowed a flexible approach to this study by enabling themes within the data (inductive approach) and themes related to a theoretical area (theoretical approach) to be identified. Analysis was at a semantic level (explicit or surface meaning) as opposed to a latent level (underlying ideas or assumptions) (Braun & Clarke, 2006). Interviews formed part of a larger study exploring the work-to-retirement transition and the role of occupational therapy in this transition (Eagers et al., 2016; Eagers, Franklin, Broome, & Yau, 2018).

4.2.2.1 Participants

Participants were recruited by: 1) placing flyers on the noticeboards and in newsletters of community-based services (e.g. health services, hairdresser, library, retirement village); 2) asking organisations such as Probus and the Queensland Country Women's Association to distribute information within their networks; and 3) the research team's personal and professional networks. A snowball sampling technique was also used where people were asked to pass on the information sheet to others who may be interested in the study.

Inclusions criteria:

- Aged 50 years or over at the time of retirement
- Residing in Townsville, Queensland, Australia at the time of retirement and the interview to reduce the impact of geographic location;
- Voluntarily retired in the past five years. Being retired referred to having completely ceased paid work. Voluntarily referred to the participant self-reporting choosing to retire. Five years was applied as it was anticipated the perception of work and retirement may change based on retirement duration.

4.2.2.2 Data Collection

A semi-structured interview guide was developed by the research team to assist in exploring work and retirement from an occupational perspective. Questions were based on those used by Jonsson (2000) in his research on retirement in Sweden, the MOHO (Forsyth & Kielhofner, 2012; Kielhofner, 2008b), and developed through discussions within the research team.

The final version of the semi-structured interview guide explored retirement and work and covered the following topics: meaning and definition of retirement; when people considered themselves retired; reasons for retiring; preparation for retirement; retirement expectations; activities undertaken in retirement; partner's and social networks' retirement status; if people had children/grandchildren; meaning of work; work tasks; and anything people miss about work.

The piloting process included interviewing a retired person to gain feedback on the interview questions. Following this pilot, the interview guide was refined by re-ordering the interview questions to explore experiences of retirement before experiences of work to improve interview flow. A survey was also developed to assist in gathering demographic information (e.g. age, gender, relationships status etc.) and pre-retirement job information (e.g. name of last paid position, length of time since ceasing paid work etc.). Due to the changes made following this pilot, this participant was not included in the overall study findings. A second pilot interview was conducted with the second pilot participant's responses prompting the interviewer to ask additional questions during the interview to add depth to the responses. These issues were explored in subsequent interviews with the expanded interview guide. As the second pilot interview resulted in only minor changes to the interview schedule, that were implemented during the interview, the data from this second pilot participant were included in the study's analysis and findings.

Interviews were conducted by the first author from November 2015 to April 2016 either in the first author's office at the university or at the participant's home. Further recruitment occurred until June 2016 with purposive sampling used to try and recruit a female who was not from a professional or managerial job to enable further participant diversity. This resulted in two further interviews being conducted, however, these participants were excluded from the study as they did not meet the inclusion criteria (one was still undertaking paid work and one had not retired voluntarily). Despite not recruiting further participants, data saturation still occurred. Interview duration ranged from 30 minutes to 70 minutes. Informed written consent and permission to audio-record the interviews were obtained from participants prior to data collection. Interviews were transcribed verbatim by the first author. Ethics approval for the study was obtained from the James Cook University Human Research Ethics Committee (approval number H6283). When reporting the

study findings, participants were assigned a code using a randomly generated letter of the alphabet to protect their identity and information such as gender, job location, and job name were removed from quotes so participants were not identifiable.

4.2.2.3 Analysis

Inductive thematic analysis at a semantic level (explicit or surface meaning) using the approach described by Braun and Clarke (2006) was used to determine themes and categories from the interview data in relation to the experience of work. Analysis involved: 1) transcribing and reading of the transcripts to determine initial thoughts; 2) initial coding; 3) generation of themes/categories related to the initial codes; 4) review of themes/categories to ensure representation of the extract and identification of all themes/categories from each data set. This involved reviewing participants' transcripts multiple times; 5) continual refinement of themes/categories; and 6) report write up (Braun & Clarke, 2006). Theoretical thematic analysis (Braun & Clarke, 2006) was conducted to determine how categories related to MOHO concepts. The authors reviewed the definitions of the MOHO concepts to relate the categories from this research to MOHO. The authors then used the categories and corresponding MOHO concepts to generate questions that occupational therapists could potentially use to guide therapeutic reasoning during information gathering when working with people in the work-to-retirement transition process (Kielhofner, 2008b). MOHO concepts have previously been used in occupational therapy research to formulate practice based questions (Alcorn & Broome, 2014).

Data analysis was completed by the first author with all other authors completing peer checking of samples of the coding. The use of the 'critical friend' process was also used, whereby discussions occurred between the first author and the other authors throughout the analysis process to allow reflection and critical feedback on the interpretations of the results (Smith & McGannon, 2018). Authors reached agreement on coding and data saturation. Data saturation was achieved as part of the thematic analysis process whereby the researchers identified that no new categories emerged from Participant Five. However, further interviews were conducted to include opinions from different genders and pre-retirement jobs perspectives within the study. These data provided richer detail within categories; for example, finding work enjoyable and not finding work enjoyable was discussed in the category of job satisfaction and enjoyment. Interview transcripts were imported to NVivo for data and idea management when coding and generating themes and categories (Bazeley & Jackson, 2013).

The ANZSCO was used to classify participants' pre-retirement job based on eight major groups: 1) managers; 2) professionals; 3) technicians and trades workers; 4) community and personal

service workers; 5) clerical and administrative workers; 6) sales workers; 7) machinery operators and drivers; and 8) labourers (ABS, 2013b).

4.2.3 Results

Included in this study were 11 participants (five female, six male) from a variety of pre-retirement jobs representing six of the eight major classifications from ANZSCO: managers; professionals; community and personal service workers; clerical and administrative workers; sales workers; and machinery operators and drivers. Participants' ages ranged from 58 to 75 years with the time since retirement ranging from seven months to 51 months. Participants' formal educational background ranged from year 10 (high schooling is completed at year 12 in Australia) to a university doctoral degree.

Thematic analysis identified 12 categories (career oriented; financial means, job satisfaction and enjoyment; personal attributes; work ethic; work roles and tasks; time use; work life balance, finding identity; making sacrifices for others; working relationships; and work challenges), which fitted under three overarching themes (varied experiences and motivators; intersection of work and life; and impact of context) (Table 14).

Table 14 Experience of Work Themes and Categories

Theme	Category	Description
Varied experiences and motivators	Career oriented	Ambition and drive at work and not just performing a job
	Financial means	Work feels like a part of life to earn money rather than a choice
	Job satisfaction and enjoyment	Degree of pleasure and personal reward from work
	Personal attributes	Relationship of work to one's skills, personality and/or interests
	Work ethic	Contribution to the workplace, workers or service users
	Work roles and tasks	Duties performed at work
Intersection of work and life	Time Use	The influence of work on daily routine
	Work life balance	The positive and negative influence of work on life
	Finding identity	Work assists in defining how one sees themselves in the world
	Making sacrifices for others	Allowing other people's work and life to take priority over one's own work
Impact of context	Working relationships	Enjoyment and challenges from interacting with others
	Work challenges	Dealing with the challenges associated with work

4.2.3.1.1 Varied Experiences and Motivators

4.2.3.1.1.1 Career-Oriented

The perception of work as a career was demonstrated through the ambition and drive associated with work and not just seeing work as performing a job. Participants discussed building up a company, organisation, or business; progressing up through an organisation; having targets at work; pursuing further education and wanting to have a career. A career-oriented work experience was associated with a variety of job types including managers, professionals, and machinery operators and drivers. The lack of career opportunity and the impact of this on retirement also emerged for one participant:

> *There is a lot of regret. Things I should have done. But I never had the opportunity and I never did. And if I'd been a [professional job], anything, I would still be working part time to this day because I believe even at my age I would have, you know, I'd have something to offer. (H)*

4.2.3.1.1.2 Financial Means

Work as a financial means related to work being a part of life to earn money rather than being a choice. Some participants felt that work was an obligation only in order to earn a living. This feeling could occur more towards the end of working life, when approaching retirement, due to decreased enjoyment from working or could be related to their whole working life. Although money was often reported as a reason for working as one needed to be able to live, a great deal of credence was not always placed on the monetary side of things. Also, the work that people chose to undertake could still be perceived as important even when the focus of work was monetary:

> *No other reasons for working except to get money and to create the wealth that I wanted. But reasons for why I chose different places to work that's a different question. (R)*

The monetary incentive from working could emerge through various stages of working life. Having one's own income and not relying on a partner's income was important. The worry of not having an income in retirement also emerged, which weighed into the retirement decision including whether part-time work should be undertaken before retiring. Wanting to be more financially stable could be a reason to consider returning to work after retirement.

4.2.3.1.1.3 Job Satisfaction and Enjoyment

The satisfaction and enjoyment experienced from working related to the degree of pleasure and personal reward from work. Participants identified enjoyment of working life could relate to the work itself, using skills, solving problems, mental stimulation from work, working in a team, helping others and travel opportunities. Working life was also seen to provide personal rewards such as feelings of self-worth. Enjoyment from work could make the decision to retire difficult and could result in working to later in life than originally anticipated:

> *Had originally, many years ago, decided I wanted to retire at 55. But, you know, just continued. And I was happy to continue. I wasn't properly ready to retire at 55. (T)*

Although participants enjoyed working it was recognised that work was not always enjoyable and there is a downside to work. This could relate to boredom with work, working with difficult people, and the nature of the work as problems and challenges arise with work. A decline in enjoyment from work in later life could be seen to be a catalyst for retirement. Another participant also identified lack of enjoyment from working life in general, however, at the same time identified that they had not had a job they didn't like:

> *I've expanded the stuff I used to enjoy and reduced the things I didn't really enjoy, like going to work every day. (S)*

> *I've never had a job I didn't really like except the [job name]. (S)*

4.2.3.1.1.4 Personal Attributes

Personal attributes were the relationship of work to one's skills, personality and/or interests. Participants were seen to be matching work to self by participating in work that related to their skills, personality and/or interests:

> *So we all have special talents and you've just got to identify what they are early in life and then develop them and work with them. (R)*

Findings also identified knowledge acquisition where participants' jobs enabled them to continue to develop skills and knowledge and stay engaged with work. One participant identified moving onto a new job and retiring was precipitated by no further learning opportunities in the job they were in:

> *… that's probably the reason why I retired. I felt that I, that my work there was done … When I learn as much as I can in that one job or I've reached the*

knowledge level I want, I leave and go to another job and then learn how to do

something else. (S)

Participants were also seen to use one's work skills in other activities during their working life, such as volunteer activities. Personal hobbies were also seen to carry over into work activities for one participant.

Health impacting on skills and abilities to perform work tasks could be an influence on the retirement decision:

I was starting to feel that I needed to slow down and I've had a number of

accidents with my hand and things that make me think that well maybe I

shouldn't be here. (W)

4.2.3.1.1.5 Work Ethic

Work ethic could be seen in the participants' contribution to the workplace, workers or service users. Working hard was a characteristic of many participants. Ensuring high work standards and that work is completed was important including to provide good customer service. Participants discussed doing the job to the best of their ability, which continued to occur even after the retirement decision was made:

I also gave the boss plenty of notice and essentially made sure everything I had to

do, as far as the project, was done by the time that I left. So, I basically left on

good terms with them and with me. (Q)

Doing the best for your employer and being loyal was also evident. It was recognised that loyalty could work both ways:

… the reason why I did what I did for the company because they were fairly loyal …

(D)

A desire for helping others, the workplace, co-workers and/or clients, was also demonstrated. This could take the form of mentoring, teaching/training, or just doing a good job and could provide a sense of self-satisfaction.

… I guess that was the real highs for me where, you know, someone would come

in and they would have all these problems and we could work through it and you

can see them in a few months and they're a different person, you know, they've

achieved something. (Y)

The desire to pass on knowledge, share experiences, and to be able to give back to others was also recognised. Helping others could continue into retirement where advice was still occasionally sought from, and provided to, the workplace and/or co-workers.

4.2.3.1.1.6 Work Roles and Tasks

Work roles and tasks referred to the duties performed at work. A variety of work roles were evident during working life and varied between participants including a lead role (chief executive officer, consultant, business owner, team leader, project manager, manager or more senior position); working for someone else; working as part of a team; and/or a preference for solitary work. The type of work role could be related to one's strengths:

> *I found out a long time ago I'm not entrepreneurial or a business owner or I don't have the right mindset for being in charge and giving orders and all that sort of thing. I'm an order taker. So I do things well because I get told what to do and I know how to follow instructions. (S)*

Work tasks varied between participants including office/administrative based, tasks requiring technical skills, physically demanding duties, research, teaching/training and travel. Participants could undertake a variety of tasks within their job:

> *It was office-based. It's an admin role but it's also a technical role. It's a funny mix. (R)*

4.2.3.1.2 Intersection of Work and Life

4.2.3.1.2.1 Time Use

The influence of work on daily routine was evident in time use. Work was seen to fill in the day and provide structure and purpose to the day. The importance of secondary activities related to the work routine was also recognised by one participant:

> *I kind of miss being able to go for a walk on the [location name] at lunch time or walking down to [location name] to get a sandwich … (Q)*

The flexibility in relation to work hours also emerged. This could be in relation to undertaking extra hours at work as well as taking time off work when needed:

> *… my home life used to carry over into work too because if I needed to blow through and do something I was quite free to do it. (W)*

4.2.3.1.2.2 Work Life Balance

The positive and negative impacts of work in one's life were recognised. The benefits of work in one's life was seen including returning to work following having children to be stimulated and to be doing something for oneself. The benefits of work were still recognised as one neared or entered retirement. The consideration of returning to work following retirement to "fill in the gap" or due to "boredom" was evident. The importance of work in one's life regardless of a significant others' retirement status was recognised:

> *I liked to work and it was always challenging for me and I liked to go to work. And*
> *I didn't want to just stay at home because [my partner] was staying home. (Y)*

A negative aspect to the work life balance was also evident. Participants identified working resulted in limited or no opportunity to participate in other activities such as going on holidays, hobbies, household activities such as gardening, cleaning, shopping, and cooking and (in later life) taking care of grandchildren. Delaying taking care of health issues whilst working could also occur. The impact of work on family life, including only being able to take limited time off work to have children, was reported.

Work was also seen to occur outside of normal work hours. This could be due to working long hours or work commitments occurring at various times of the day and night. Work and home life could also be seen to be integrated together:

> *When I was working I used to take a lot of jobs home. (W)*

4.2.3.1.2.3 Finding Identity

Work was perceived as a way to assist in defining how one sees themselves in the world:

> *Work has always sort of defined me, the same that it defines most people. You*
> *know, the first thing you're asked and the first thing you want to tell everyone is*
> *what you do for a living. (Q)*

Some participants recognised that although other life roles, such as wife and mother, provided some identity, this was not enough and they needed work in their life to feel complete. Other participants struggled with ceasing work and retiring as they perceived they would need to relinquish their identity and adjust to a new identity:

> *I can remember actively not feeling or feeling very strongly that I did not want to*
> *retire, to give up my identity if you like. (B)*

4.2.3.1.2.4 Making Sacrifices for Others

Allowing other people's work and life to take priority over one's own work was evident. This could occur throughout working life by moving to another town and subsequently giving up one's own job to enable a partner to pursue a particular job or career; taking care of children instead of pursuing one's own job or career dreams; taking time off work to care for a sick partner; or giving up a job so work colleagues wouldn't lose their job (due to funding cuts). The decision to cease work and retire (and when to retire) could also relate to other people's priorities such as assisting with taking care of grandchildren:

I timed it [retirement] so I could assist my daughter when she had her baby. (Y)

4.2.3.1.3 Impact of Context

4.2.3.1.3.1 Working Relationships

Enjoyment or challenges related to the social environment were evident with social networks from work identified as a positive aspect of working. This could include enjoying interactions with other people and meeting new people including work colleagues and customers. Social relationships with colleagues could include enjoying the camaraderie and also extend beyond the workplace:

…I'd had a good relationship with everybody I'd worked with, very good
relationships with several of them and they were sort of like family. (Q)

A negative side emerged through difficult working relationships with both customers, management and colleagues. People could experience problems with customers, bosses could make it difficult to gain enjoyment from work and people could have disagreements with colleagues:

Some [work colleagues] are good. There's always a few bad ones, so it is nice to
be out of those sort of conflicting environments. (R)

4.2.3.1.3.2 Work Challenges

Work challenges related to dealing with the challenges associated with work. The pressure of responsibility with a sense of being committed and tied to work was experienced by participants; and a sense of relief and freedom from this responsibility and commitment was experienced in retirement. The responsibility of running a business, making sure tasks were completed on time, having to work long hours and difficulty taking time off work due to job demands were discussed. Participants also discussed the responsibility in relation to other people including being accountable to and having obligations to other people and people relying on you including to make decisions:

> *… you have to jolly well perform and make sure you don't let people down in many ways and that's very important to, as I said, deliver the goods. (W)*

Challenges associated with changes in the work environment could influence various stages of working life including when one retired. Participants discussed redundancy at different stages of life and instability in the workplace where they could see job cuts occurring due to governmental changes. The changing work context in later working life could be seen in the form of technological (e.g. computing), political (e.g. workplace or government practices impacting on how businesses and organisations are run) and societal:

> *The changes in this society are so huge that unless you jump into that new world that we are entering, which is internet driven … unless you are prepared to do that fully in business you might as well get out and let someone else do that. (W)*

The impact of work on health was also evident. This could include physical impacts due to the physical demands of a job as well as stress related:

> *I was stressed … And I went, not good … Well I said that's it, quit. And then I had a couple of weeks off then got part time work… (E)*

4.2.3.2 Model of Human Occupation (MOHO)

Experience of work categories were related to MOHO to assist in understanding retirees' experience of work from an occupational perspective and collectively covered all concepts of MOHO (Table 15). Some categories (job satisfaction and enjoyment; personal attributes; work roles and tasks; work life balance; making sacrifices for others; working relationships; and work challenges) could be seen to relate to more than one MOHO concept.

Categories and corresponding MOHO concepts were used to generate questions related to volition, habituation, performance capacity, environment, occupational participation, occupational performance, skills and occupational adaptation. Occupational therapists can potentially use these questions to guide their therapeutic reasoning when gathering information to apply MOHO theory to practice when working with people in the work-to-retirement transition process (Table 15).

Table 15 Relationship of Experience of Work Categories to MOHO

MOHO Concept and Definition*		Relationship to Category	Therapeutic Reasoning Questions for Practice
Volition	Personal Causation "one's sense of capacity and effectiveness" (p. 13)	Personal attributes	What "special talents" does the person identify with that may transition into retirement roles?
	Values "what one finds important and meaningful" (p. 21)	Career oriented Financial means Work ethic Making sacrifices for others	What value does/did the person hold about their job including the financial aspect of working? How does/did the person feel about their contribution to the workplace? How does/did the person prioritise work in relation to other people's life priorities? How much money does the person feel they need for the retirement life that they expect? How does this/will this influence retirement life?
	Interests "what one finds enjoyable or satisfying to do" (p. 13)	Work life balance Job satisfaction and enjoyment Personal attributes Working relationships	How does/did work influence other areas of a person's life? What enjoyment and/or reward does/did the person experience from working? How does/did work relate to the person's interests? What was the experience of the person's interactions with others at work? Do they/would they like a similar experience in retirement life?
Habituation	Habits "acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations" (p. 21)	Time use	What is/was the daily work routine of the person and how does/did this influence the person's life? How does/did the person feel about their daily work routine? Do they have/would they like a similar routine in retirement life?
	Internalised roles "incorporation of socially and/or personally defines status and a related cluster of attitudes and behaviours" (p. 21)	Work life balance Personal attributes Work roles and tasks	How does/did work fit within the person's life? How does/did one's work relate to the person's personality? How does/could this influence retirement life?
Performance capacity "ability to do things provided by the status of underlying objective physical and mental components and corresponding subjective experience" (p. 21)		Work challenges Personal attributes	How does/did the person cope with challenges at work? How does/did this relate to the person's skills and abilities? How does/could this relate to retirement life?

Concept	Theme	Questions
Environment "particular physical and social features of the specific context in which one does something that impacts upon what one does, and how it is done" (p. 98)	Time use Making sacrifices for others Working relationships Work challenges	How does/did the work context influence the person's life? How do/did other people within and outside of the workplace influence the person's work? What does the person see as demands on their time during retirement? How does/could this influence retirement life?
Occupational participation "engagement in work, play, or activities of daily living that are part of one's sociocultural context and that are desired and/or necessary to one's well-being" (Kielhofner, 2008b)	Job satisfaction and enjoyment Work roles and tasks	What roles/does did the person perform at work? Do they already/do they want to participate in similar roles in retirement? Now that the person has retired, what are the key parts of their life? How satisfied is the person in retirement?
Occupational performance "doing an occupational/form task" (p. 109)	Job satisfaction and enjoyment Personal attributes Work challenges	What is/was the person's experience of work? How does/could this relate to retirement life?
Skills "observable, goal-directed actions that a person used while performing" (p. 109)	Work roles and tasks	How are/were the person's skills and personality related to the work they do/did complete? How does this/could this relate to retirement activities?
Occupational adaptation	Occupational identity "composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation" (p. 109) — Finding identity	How is/was work related to the person's identity? Does the person feel they need to seek a similar identity in retirement? Alternatively, what would their identity be based on in retirement?
	Occupational competence "degree to which one is able to sustain a pattern of occupational participation that reflects one's occupational identity" (p. 109) — Work life balance	How does/did work fit within the person's life? Does the person feel they need to seek a similar experience in retirement?

* All definitions from Kielhofner (2008b)

4.2.4 Discussion

This study provided a retrospective view of the experience of work and demonstrates the insights that people have developed from their working life and its impact on retirement. There were 12 experience of work categories identified under three overarching themes (*varied experiences and motivators; intersection of work and life;* and *impact of context*).

4.2.4.1.1 Varied Experiences and Motivators

Experiences of and motivators to work could be seen to occur on a spectrum demonstrating the complex nature of working life. For example, some participants were *career-oriented,* whereas other participants saw work as a *financial means.* Other participants could be seen to be in the middle of the spectrum, although they identified financial incentives to work it was not their only focus of work. These differences between workers have the potential to be attributed to the participants' pre-retirement job as also reported by Jonsson and Andersson (1999). Blue collar workers nearing retirement predominantly perceived work as something to do and an income source, lower white collar workers nearing retirement perceived work predominantly as an income source and middle white collar workers and managers nearing retirement were predominantly intrinsically motivated to work (Jonsson & Andersson, 1999). Further research into the differences on the experience of work based on pre-retirement job along with other demographic information such as gender, age and years of work experience is warranted.

A distinction between preferring not to work but at the same time making the most out of the job was seen. Seeing work as a financial means did not mean the experience of work was diminished. For example, although one participant (R) identified there was "no other reasons for working except to get money …" they could be seen to have choice in where they worked, identify and work within their "special talents" and could still be seen to gain personal rewards and satisfaction from work. This highlights the importance of finding a job that matches the worker regardless of the individual's perception of having to work. This can have benefits to both the individual worker and the employer showing a relationship to Scroggins (2008) findings on person-job fit and meaningful work, which found: 1) self-concept-job fit is related to a higher experience of meaningful work; 2) meaningful work increased job performance; and 3) meaningful work decreases intentions to leave the workplace (Scroggins, 2008).

Work provides many experiences that have the potential to be utilised in retirement to assist in providing a satisfying retirement life. This relates to the MOHO concepts of volition (motivation for occupation) and habituation (organisation of occupation) (Kielhofner, 2008b). It was identified that work can provide mental stimulation, an ability to learn and use skills and an opportunity to help

others, which can make working life satisfying and enjoyable. There is potential for these same experiences and opportunities associated with work to be undertaken in retirement activities. Using knowledge and skills from work in retirement has been identified as providing continuity from work to retirement and a satisfying retirement life (Jonsson et al., 1997), and continuation of works skills and interests can be considered in identification of potential retirement activities (Hewitt et al., 2010).

4.2.4.1.2 Intersection of Work and Life

The benefits of work in maintaining a balanced life also relates to the importance of aligning retirement activities with the experiences from and benefits of work activities. On the contrary, reducing the negative aspects of work on life balance, such as reducing the lack of opportunity to participate in non-work activities, may assist older workers to continue working into later life. Given the changing nature of the retirement context in Australia due to financial pressures and ability to access the aged pension, Australians are likely to work into later life (Australian Government, 2015, March 5). Ensuring positive aspects of work outweigh negative aspects of work may precipitate older adults' continual engagement in the workforce which may provide benefits for the worker (such as financial, social outlets, having purpose, using skills, and identity that are similar to the findings of Fraser et al. (2009)), and also for the organisation and society through utilisation of older workers' skills and experiences (Oakman & Howie, 2013).

The balance of work to other daily activities could be seen to be difficult to achieve even for those who were wanting a career. For example, one participant (H) expressed disappointment in their working life due to the lack of ability to have a career. However, the same participant (H) also identified the importance of work in their life but work was still seen to have a negative impact on other occupations such as leisure. The difficulty in obtaining balance in one's life, particularly for women, is also supported by Håkansson and Ahlborg (2010) who identified approximately half of workers experienced balanced work attendance with low stress levels, good balance and meaning in occupations being predictors of balanced work attendance for women.

The relationship of work to the development of identity was evident highlighting the importance of identity maintenance or adjustment in retirement. Occupational identity, from MOHO, is a "composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation" (Kielhofner, 2008b, p. 109). Work contributes to shaping a person's identity making the transition from work-to-retirement, and subsequently the loss of an occupational role, a potential precipitator for an identity crisis making engagement in meaningful activities (new or old) in retirement important for life satisfaction (Osborne, 2009).

4.2.4.1.3 Impact of Context

The changing work context (technological, political, and societal) impacted the ability and/or willingness for older adults to continue engaging in the workforce. This relates to environmental aspects identified within occupational therapy models of practice (including MOHO) where context can be a barrier or facilitator to a person's participation in occupation (Kielhofner, 2008b). Understanding the influence of the work context on a person may assist in understanding their engagement in occupation, which may also assist in implementing strategies to promote older workers' continual engagement in the workforce or life post work. Perera et al. (2015) also support the influence of work factors (along with personal factors) on older workers' decisions to continue working or retire and the need for flexibility, job redesign, and supportive work practices to assist in retaining older workers.

4.2.4.1.4 Implications for Practice and Future Directions

Occupational therapists' focus on occupation (day-to-day meaningful activities) and the understanding of occupational performance (interaction of person, environment and occupation) can assist older workers in continual engagement in the workforce or transition into retirement activities to optimise older adults' participation in society. Jonsson (2011), in his work in Sweden, has also identified the importance of engagement in occupation and how an occupational perspective can assist occupational therapists in facilitating the work-to-retirement transition.

Occupational therapy models, such as MOHO, can assist in guiding practice. The relationship of categories to more than one MOHO concept demonstrates the complex nature of the experience of work. Models, such as MOHO, demonstrate the inter-connectedness between the person, environment, and occupation (Kielhofner, 2008b) allowing the interconnectedness between categories identified within this study to be demonstrated and highlight the complexity of work and retirement. MOHO was used in the current study to generate and organise questions to guide occupational therapists' therapeutic reasoning when gathering information. This may assist occupational therapists to get to know their clients' experiences of work, how this may or may not influence the work-to-retirement transition and what actions need to be taken to facilitate a positive retirement life (Kielhofner, 2008b). For example, for someone who identifies that they wish to continue using prior work skills in retirement, the occupational therapist can assist with identifying relevant retirement activities. Given the complexity of the work-to-retirement transition and that very little is known about the role of occupational therapy in this life transition (Eagers et al., 2016) guidance using models will be important. Understanding people's real life experiences in relation to their experiences and motivators to work, how their work and non-work lives intersect and the

impact of their context on work can assist occupational therapists in enabling people to experience a positive transition to retirement and retirement life.

Occupational therapists have the potential to assist older workers to remain in the workforce and transition into and maintain a meaningful retirement life. The influence of aged-related health changes on the older worker should be taken into consideration. A relationship of health to all three overarching themes within this study demonstrates the influence of health on working life. Health was seen to impact on skills and abilities to perform work tasks *(varied experiences and motivators)*, working was seen to result in a delay in taking care of health *(intersection of work and life),* and work was also seen to impact on health *(impact of context)*. Occupational challenges of the older worker include those related to health (sensorimotor and cognitive) and occupational therapists can assist in facilitating occupational adaptation of older workers by considering ergonomics, training, assistive technology, consulting management around policy, and health promotion (Moyers & Coleman, 2004).

Occupational therapy has the potential to assist older workers in finding the balance between work and other life activities. Occupational therapists could consider the person's experiences and view of work to consider the best approach to the work and retirement decisions for older workers. Four work-related factors have been identified that can impact on the intentions of older workers to continue working: importance of work; work flexibility; interests outside of work; and management and organisational factors (e.g. supervision, bureaucracy and work environment) (Shacklock & Brunetto, 2011). The relevance of considering person (work importance), environment (work flexibility; management and organisational factors) and occupation (interests outside of work) is also evident within these core elements of occupational therapy practice: person, environment and occupation.

Occupational therapy has the potential to assist in the identification of retirement activities that are related to those satisfying and enjoyable work experiences. Findings from this study identified a relationship of work to one's skills, personality and/or interests *(personal attributes which is related to MOHO concepts of volition and habituation and subsequently occupational performance)*. Conversely, consideration of retirement activities, taking into account work experiences, could also be important for active healthy ageing and relates to Atchley's continuity theory where activity patterns are maintained through life (Atchley, 1999).

4.2.4.1.5 Limitations

This study explored the experience of work from the perspective of retirees who had chosen to retire. Findings may differ to other groups such as people nearing retirement or those who had retired involuntarily.

Decreased variety of pre-retirement job in female participants occurred despite recruitment attempts to overcome this. Not all ANZSCO groups (technicians and trade workers; labourers) were represented. Although data saturation was achieved, greater variety in the pre-retirement jobs of participants may have presented additional findings that were not captured from these data.

The small sample size and participants being in the same geographic location limits the transferability of these findings.

Member checking was not complete; however, Smith and McGannon (2018, p. 17) suggest that "member checking is an ineffective marker to judge the rigor or quality of qualitative research". Strategies utilised to maintain rigour were: 1) Peer checking of samples of the coding generated by the first author by all other authors; and 2) Discussions between the first author and the other authors throughout the analysis process to allow reflection and critical feedback on the interpretations of the results ('critical friend' process) (Smith & McGannon, 2018).

4.2.5 Conclusion

This study identified retirees' experiences of work and the relationship of their experiences to MOHO concepts. The potential influence of working life on retirement and how occupational therapists can translate MOHO theory into practice to assist in facilitating positive work-to-retirement transitions was also discussed. The potential role of occupational therapy includes understanding the experience of work to enable older adults to continue working, find balance between work and other life activities, and identify retirement activities to enable active healthy ageing.

4.3 Influence of Work on the Transition to Retirement: A Qualitative Study

This section is based on a publication (Publication 4) in the *British Journal of Occupational Therapy*:

Eagers, J., Franklin, R. C., Broome, K., & Yau, M. K. (2018). The influence of work on the transition to retirement: A qualitative study. *British Journal of Occupational Therapy*, *81*(11), 624–632. https://doi.org/10.1177/0308022618766244

Publication 3 (see Section 4.2) provided insight into the experience of work from the perspective of retirees. However, additional analysis was completed to provide more detailed insights into how work itself specifically influences the work-to-retirement transition process. Subsequently, publication 4 presents findings from interviews with retirees and focuses on the influence of work attributes (personal, environmental, activities and experiences) on the work-to-retirement transition. Six themes encapsulating 12 sub themes are identified and collectively related to all work-to-retirement transition stages. Sub themes are also related to the MOHO volitional processes to assist in understanding the study findings from an occupational perspective. The findings from this study confirm that work influences the transition from work to retirement. The findings also identify that the sub themes collectively capture all volitional processes.

The findings from this study confirm the validity of MOHO to the experience of work. This study confirms the heterogeneity of the work-to-retirement transition experience and nonlinearity of the process, while acknowledging that broad stages exist. This study confirms that there can be positive and negative aspects of the work-to-retirement transition. The complexity of the experience of the work-to-retirement transition supports the need for a professional who can understand and accommodate different factors through a reasoning process to facilitate positive transitions and a good retirement life. Occupational therapists' clinical reasoning skills, client-centred approach, holistic approach and understanding of occupation (occupational therapy threshold concepts) place the profession in a good position to support people in the transition from work to retirement.

The paper has been reformatted to be consistent with thesis formatting and is contained below. The published paper is also attached in Appendix F.

4.3.1 Introduction

Population ageing is a worldwide occurrence impacting health and social systems (WHO, 2015). Ageing often results in declining physical and mental health and is associated with life transitions including retirement (WHO, 2015). Active ageing promotes physical activity for health and quality of life in older adults (WHO, 2017) and will be important for occupational adjustment from work to retirement. Increasing life (and healthy life) expectancy is likely to contribute to a longer working life and/or increasing retirement age (Australian Government, 2015), thus the need and opportunity for older adults to engage in meaningful occupation (within and/or outside the workplace) for health and well-being in work and retirement will increase.

Work is a predominant occupation within life which provides personal meaning (Braveman, 2012). Rosso et al. (2010) completed a review on the meaning of work and found the meaning of work can be related to: self (values, motivations and beliefs); others (co-workers, leaders, groups and communities and family), context (job task, workplace mission, individual's finances, relationship of work to non-work domains and culture); and spiritual life (spirituality and sacred calling to a vocation). Work can also influence retirement intentions. Oakman and Howie (2013) completed focus groups with older Australian workers and found influences on retirement intentions include personal (outside of the work environment); organisational (workplace policy and work environment perceptions including job satisfaction and control); and legislative factors (related to superannuation i.e. work related retirement income; and the aged pension). The variety of meanings associated with work and the influences on retirement intentions can make the occupational transition and adjustment from work to retirement a complex and major life event.

The work-to-retirement transition encompasses multiple stages: preparation (retirement intention and preparation whilst still working); transition (from worker to retiree i.e. actually ceasing work and retiring); and retired (retirement itself where continual adjustment is occurring and retirement roles and activities are undertaken) (Eagers et al., 2016; Jonsson & Andersson, 1999).

Occupational therapists currently provide services within workplace and ageing settings with emerging involvement in the retirement sphere (Eagers et al., 2016). A longitudinal study in Sweden exploring the work-to-retirement transition from an occupational perspective with people from when they were working to established retirement identified this transition is dynamic with impacts on occupational patterns (Jonsson, 2000). Less is known about the work-to-retirement transition process in Australia from an occupational perspective, and no studies have explored the actual role of occupational therapy (Eagers et al., 2016). However, Pepin and Deutscher (2011) conducted interviews with Australian retirees to explore their experience of retirement. They identified the

importance of planning for retirement and suggested occupational therapists can facilitate programs looking at time use to enable engagement in meaningful occupation to assist in retirement adjustment (Pepin & Deutscher, 2011).

Occupational therapy's core focus on enabling occupation (people's day to day activities) and use of an occupational perspective places the profession in an ideal position to explore and facilitate the work-to-retirement transition process. Given the paucity of literature on the role of occupational therapy in the work-to-retirement transition process (Eagers et al., 2016) models, such as MOHO, can guide occupational therapy practice in the work-to-retirement transition process (Eagers et al., 2016; Jonsson, 2000). MOHO facilitates a holistic perspective to occupation based practice (Kielhofner, 2008b). Volition is a component of MOHO which looks at how a person anticipates, chooses, experiences and interprets occupation (Kielhofner, 2008b). Understanding people's choice and motivation for occupation using a volitional lens may assist occupational therapists in understanding and therefore facilitating occupational adjustment in the work-to-retirement transition process to enable better health and well-being.

4.3.2 Aims

The aims of this paper were to explore: 1) how work attributes (personal, environmental, activities, experiences) influence and relate to the work-to-retirement transition process stages (preparation, transition, retired); 2) the relationship of findings to the MOHO volitional processes (anticipation, choices, experience, interpretation); and 3) the potential role of occupational therapy.

4.3.3 Method

4.3.3.1 Design

A qualitative study using thematic analysis (Braun & Clarke, 2006) of semi-structured interviews was conducted. The interviews are part of a larger study exploring the experiences of work and the work-to-retirement transition process and the role of occupational therapy (Eagers et al., 2016). A qualitative study allowed exploration of retirees' experiences of work and retirement, to understand how occupational therapy may be able to assist in enabling this occupational transition. The James Cook University Human Research Ethics Committee provided ethics approval for this study (H6283) on the 21 August 2015.

4.3.3.2 Data Collection

Eleven participants were recruited between November 2015 and April 2016 with the aim to include people from a variety of pre-retirement jobs and genders in the study. The inclusion criteria was:

- Aged 50 years or over at retirement onset (average Australian retirement age in 2014-15 was 54.4 years and in the past five years was 61.5 years (ABS, 2016));

- Living in Townsville, Australia at retirement onset and when interviewed (to limit the impact of geographic location on participant experience)

- Living independently in the community;

- Retired (completely ceased paid work) within the past five years (it was anticipated retirement experiences would change the longer the retirement duration); and

- Participants self-reporting having chosen to retire (note definitions of retirement vary (Eagers et al., 2016))

Recruitment occurred through approaching local organisations such as health services and retirement villages to advertise the study, inviting people known to the research team to participate in the study and asking participants to advise others known to them of the study (snowballing). Interviews followed a semi-structured interview guide (Table 16). A retirement study in Sweden (Jonsson, 2000), MOHO (Forsyth & Kielhofner, 2012) and piloting with two retired persons assisted in the interview guide development. Piloting with the first person resulted in re-ordering of interview questions to improve discussion flow (retirement discussed before work) and development of a survey to collect demographic and pre-retirement job information. Piloting with the second person resulted in additional prompting questions around the participant's responses with these prompting questions incorporated into future interviews. Subsequently no further piloting was completed.

The first author completed the interviews in their office or the participant's home. Interview length ranged from 30 minutes to 1 hour 10 minutes. All participants provided informed written consent to participate in the study and to interview audio recording. The first author completed verbatim transcription of the interviews. For analysis a pseudonym was used, however, for ethical reasons participants are not identified in the paper using a number or pseudonym in order to protect participant identity. Participant quotes are derived from a variety of participants.

Table 16 Semi-structured Interview Guide

Can you describe to me what retirement means to you? *
How would you define retirement?
Can you tell me when you considered yourself retired?
Can you tell me your reasons for retiring?
Can you describe to me what you did to prepare for retirement? *
Can you tell me what you expected retirement to be like?
To what extent have those expectations of retirement been fulfilled?
Can you describe to me what you do in retirement and why? *
What is your partner's retirement status? Can you tell me how this impacts on your own retirement?
Are other people within your social network retired? Can you tell me how this impacts on your own retirement?
Do you have children and/or grandchildren?
Can you describe to me what work meant to you?
Can you tell me about what was involved in the work you were doing before you retired?
Is there anything you miss about work?
Is there anything else you want to say about your transition from work into retirement?

*Based on questions/themes used by Jonsson (2000) in his research on retirement in Sweden

4.3.3.3 Analysis

Interviews were analysed thematically using guidelines developed by Braun and Clarke (2006). Analysis involved 1) reading and transcribing interviews and initial thought identification; 2) initial coding of interview transcripts; 3) finding themes/sub-themes; 4) reviewing themes/sub-themes including reviewing transcripts to ensure all themes were captured; 5) final naming and description of themes/sub-themes; and 6) report compilation. Analysis was sample checked by the second and third authors. NVivo was used to assist in the analysis process (management of data and ideas) (Bazeley & Jackson, 2013).

Theoretical thematic analysis (themes from theoretical concepts) (Braun & Clarke, 2006) related findings to the work-to-retirement transition stages of preparation, transition and retired. Inductive thematic analysis (themes from data) (Braun & Clarke, 2006) was used to identify themes within each transition stage. Theoretical thematic analysis (Braun & Clarke, 2006) was used to relate sub-themes to the MOHO volitional processes (anticipation, choices, (activity and occupational), experience, interpretation). MOHO was utilised as it is a key theory used to understand occupational approaches including the work-to-retirement transition process (Eagers et al., 2016; Jonsson, 2000).

Participants' pre-retirement jobs were classified into groups (managers; professionals, technicians and trades workers; community and personal service workers; clerical and administrative

workers; sales workers; machinery operators and drivers; and labourers) using the ANZSCO (ABS, 2013b) and selection was based on ensuring diversity of pre-retirement job.

4.3.4 Findings

Eleven participants (five female; six male) were included in this study. Participants were from pre-retirement job groups of: managers; professionals; community and personal service workers; clerical and administrative workers; sales workers; and machinery operators and drivers. Participants were aged 58 to 75 years and had been retired between seven months and four years and three months. Educational backgrounds ranged from year 10 to doctorate.

Themes around work attributes were identified in all work-to-retirement transition stages (preparation, transition and retired) (Table 17).

Table 17 Themes and Sub-themes of Work Attributes

Retirement Stage	Theme	Sub-theme	Description
Preparation	Time to move on (retirement decision)	Readiness to give up working life	Feeling ready to cease working life and commence retirement life
		Work context	Factors within the workplace impacting on desire or ability to continue working
	Taking action (retirement preparation)	Making it known to others	Communicating the retirement decision
		Replacing work activities with retirement activities	Considering activities to undertake in retirement whilst still working
		Wrapping up work	Tying up loose ends at work and putting in place financial plans to fund retirement so one can retire
Transition	Ceasing work	Sudden or gradual	Reducing work hours and/or work tasks to cease work
		Work vs retirement	Influence of work on retirement and retirement on work
	Feeling retired		When one feels and considers themselves retired
Retired	Letting go	Relinquishing work	Emotional adjustment experienced in retirement associated with ceasing work
		Freedom from work	More time to participate in the activities that one wants to do and not having to meet work obligations
	Work related involvement	Retirement mimicking work	Retirement activities that relate to previous work activities
		Work options	Wanting to be working or considering returning to work
		Working life decisions influence retirement life	Neglecting activities and health whilst working influences retirement

4.3.4.1 Retirement Stage: Preparation

Two themes, *time to move on (retirement decision)* and *taking action (retirement preparation)* related to the preparation stage (Table 17).

4.3.4.1.1 Time to Move On (Retirement Decision)

Time to move on referred to making the decision to retire and the factors that influence the retirement decision. There were two sub-themes: *readiness to give up working life* and *work context* (Table 17).

4.3.4.1.1.1 Readiness to Give Up Working Life

Participants discussed feeling ready to cease work and commence retirement. Competing interests with work including travel, spending time with or looking after family and participating in hobbies could precipitate retirement. Financial security and health status were also considered when deciding when to cease work. A decline in health could facilitate the retirement decision and wanting to retire whilst being healthy could be an incentive to cease work:

> *I think the correct approach is to retire when you are young enough and healthy*
> *enough to enjoy doing the things that you want to do…*

A lack of enjoyment from work or not wanting to work anymore could occur. Finding the right time to retire for those who enjoyed their work could be difficult:

> *I was loathe to give up my profession … he [partner] was very supportive … we did*
> *have a discussion about it [retirement] and I said look I'm just not ready*

4.3.4.1.1.2 Work Context

Factors within the workplace impacted on the desire or ability to continue working including people, the nature of work and changes in work practices (technological, societal and governmental):

> *I was tired of having to learn the computer systems again and I felt technology*
> *was just getting to a point where I didn't want to change anymore*

A loss of job (even though participants reported choosing to retire) could also be seen to facilitate retirement. The perception of ageing workers could be a barrier to finding other employment:

> *I sort of put myself into an employer's position and thought if you've got two*
> *people … one with longevity, one with not so longevity in the job, they'd most*
> *probably take the younger person. And I suppose little bit of self-doubt crept in my*
> *mind*

Participants considered the workplace needs in situations where the workplace was reliant on or directed by them. The ability for the organisation to manage without them when taking extended leave could occur resulting in a decision to retire. The need to allow new people to develop was also recognised:

> *…you need to get out of the paddock [field] at some stage… you shouldn't block*
> *personal development with people who need to come into those main control*
> *positions*

4.3.4.1.2 Taking Action (Retirement Preparation)

Taking action referred to actions and activities undertaken to prepare for retirement. There were three sub-themes: *making it known to others*; *replacing work activities with retirement activities;* and *wrapping up work* (Table 17).

4.3.4.1.2.1 Making it Known to Others

Retirement intentions were communicated to other people. Communicating the decision to people within the workplace varied depending on the job role (employer, manager or employee) and included providing the boss with notice to cease work and/or letting staff know. The decision to retire was also communicated to other people including family members such as grown up children.

4.3.4.1.2.2 Replacing Work Activities with Retirement Activities

Participants considered activities to undertake in retirement whilst they were still working including holidays, hobbies and volunteer activities. This included both activities currently engaged in and new activities. The need to be engaged in meaningful occupation both in the long term and immediately upon commence of retirement was recognised:

> *… I started looking at what was I going to do with my free time because I didn't*
> *want to walk out the door and then go to the supermarket, sit there and twiddle*
> *me thumbs all day watching people come and go*

4.3.4.1.2.3 Wrapping Up Work

Preparation for retirement included tying up loose ends at work. This included closing a business or ensuring another person was able to complete job tasks. Juggling wrapping up work and planning retirement activities such as travel occurred. The importance of passing knowledge on before ceasing work was recognised:

> *I was still giving the teams the benefits of my knowledge and expertise but I was*
> *allowing them to take over more and more of the control of running the*
> *operations*

Preparing for cessation of work income also occurred. Financial plans to fund retirement related to superannuation, pension, shares and stocks. Plans to fund retirement were also

considered well in advance of retirement. A redundancy package (although participants reported they chose to retire) could also be considered. Consideration of items to be used in retirement and buying these items whilst still receiving an income from work could occur.

4.3.4.2 Retirement Stage: Transition

There were two themes, *ceasing work* and *feeling retired* related to the transition stage (Table 17).

4.3.4.2.1 Ceasing Work

Participants discussed their pathway taken to cease work and enter retirement. There were two sub-themes: *Sudden or gradual* and *work vs retirement* (Table 17)*.*

4.3.4.2.1.1 Sudden or Gradual

Some participants went straight from working full time to ceasing work. The nature of the job could influence the need for this abrupt transition:

> *… for me it needed to be a sudden change, it wasn't something that I could, you*
>
> *know, go lessen my work hours and go part time and gradually go*

Some participants experienced a gradual change and/or reduction in work hours and/or work tasks. Participants could move in and out of retirement which involved period(s) of retirement and re-engagement with the workforce occurring either in the same or a completely different job or profession. This could be an intentional plan where a planned period of not working occurred between retirement from a main job and commencing a new job position. Moving in and out of retirement could also occur following an initial abrupt transition as the opportunity of work arose in retirement.

4.3.4.2.1.2 Work vs Retirement

Some participants continued to have involvement with work following cessation of work. This could include being paid due to long service leave. Contact could be initiated by the workplace through emails. Having owned a business resulted in sorting out business affairs in retirement. A desire to maintain work connections was also seen:

> *I am still registered to practice but probably won't renew my registration this year*

Timing of retirement could be influenced by the workplace. This could relate to a specific time of the year (e.g. end of tax financial year) to handover or close a business. Retirement timing could be influenced by workplace suitability:

> *I originally planned to retire a month before we set off [on holiday], but it just*
> *dragged out. Physically it was impossible to do in my timeframe*

4.3.4.2.2 Feeling Retired

The point in time when participants considered themselves retired (and no longer a worker) emerged (Table 17). Some participants immediately felt retired as soon as they had ceased work. This could be due to retirement occurring on a specific planned date and a subsequent feeling of retirement as soon as work was ceased:

Some participants took time to feel retired. This could relate to difficulty adjusting to retirement due to a reluctance to retire. Feeling retired could also relate to engagement in retirement activities such as travelling or an age marker:

> *Probably when I reached 65 last month. That's when I probably felt it really.*
> *Before that I was self-funded and I was, it was like a big holiday*

Some participants recognised the difference between thinking of themselves as retired and actually feeling retired:

> *I considered myself retired officially on the day that I was not going to work*
> *anymore. But I don't think you realise that or can feel being in retirement mode to*
> *maybe six months have passed and you started to move from feeling of being still*
> *on holiday*

4.3.4.3 Retirement Stage: Retired

There were two themes, *letting go of work* and *work related involvement*, related to the retired stage (Table 17).

4.3.4.3.1 Letting Go of Work

An adjustment from working life to retirement life occurred. There were two sub-themes: *relinquishing work* and *freedom from work* (Table 17).

4.3.4.3.1.1 Relinquishing Work

A range of feelings were experienced in retirement associated with ceasing work. A sense of loss related to the work itself and work colleagues. Mixed emotions could be experienced:

> *Happiness of not having to go to work anymore and sadness because I'd had a*
> *good relationships with everybody I'd worked with…*

A loss of identity and the need to re-establish a new identity once ceasing work could occur:

> *…when you retire you go from having an identity and everybody knows who you*
> *are … and suddenly you are no longer there so your identity changes and you*
> *become a part of a sea of anonymous retirees*

Having already gone through an identity adjustment was evident for some participants. This included anticipation of this adjustment period in retirement and the ability to recognise depressive and low self-worth feelings. Other participants continued to identify themselves in relation to their job in retirement.

4.3.4.3.1.2 Freedom from Work

In retirement, participants were able to participate in the activities they wanted to do and had more choice and flexibility in the activities they undertook including extending pre-retirement activities or engaging in new activities. Although participants engaged in a variety of activities in retirement in place of work, having days where there was not much planned was also seen as enjoyable. Participants also acknowledged that although they had more time to complete activities in retirement they still never had enough time as not working resulted in a decreased structure to their life:

> *You keep running out of time to do things that you got to do … If you were*
> *working you'd set a time to do it, but because you're not working you tend to put*
> *it off a little bit because you can do it any time*

The freedom from work stress, responsibility and obligations was also experienced:

> *Away from the hassles of having to follow policy and working with other people*

4.3.4.3.2 Work Related Involvement

Retirement life could relate to working life. There were three sub-themes: *retirement mimicking work; work options;* and *working life decisions influence retirement life* (Table 17).

4.3.4.3.2.1 Retirement Mimicking Work

Participants engaged in retirement activities that related to their previous work activities. This could be in the form of hobbies or volunteer activities. Participants recognised their choice of work and retirement activities related to their skills, what they do well and gain satisfaction or enjoyment from:

> *…I do things that are my skills … so we all have special talents and you've just got*
>
> *to identify what they are early in life and then develop them and work with them…*

The relationship between retirement and work activities also related to a different kind of busy where, although participants were no longer working, their lifestyle and routine followed a similar pattern:

> *…I was chock a block with activities before and I'm still chock a block with*
>
> *activities, they're just slightly different now*

Hobbies could be seen to mimic work conditions. For example, a predominant retirement activity for one participant was around building and selling products with money received from sales only covering hobby costs. Social connections were also important. Continued work friendships post retirement occurred. New social connections to replace work friendships were also made which could help in adjusting to not seeing work colleagues every day.

4.3.4.3.2.2 Work Options

Some participants expressed a desire to still be working or were considering returning to work. Some participants were actively seeking work. Other participants had declined work opportunities. Some participants would consider work if the opportunity came along. Wanting to be working could be related to not wanting to retire in the first place (even though participants reported they had chosen to retire):

> *… it's not what I thought retirement would be. It's not what I wanted for me. I*
>
> *mean, I never wanted to retire*

4.3.4.3.2.3 Working Life Decisions Influence Retirement Life

A relationship between health in work and retirement emerged. A negative impact of a physical demanding job on one's health in retirement occurred. Delaying taking care of one's health whilst working could also lead to health issues in retirement. The importance of ceasing work at an age/health level where retirement could still be enjoyed was recognised. Reflection on retiring at a later age and subsequent impacts on health occurred:

> *…I'm a bit sorry that I left it so late to retire … because you start to feel your age*

Prioritising work activities over non work activities could also impact retirement:

> *I let that side of my life go … There was no time for craft or anything. And I regret*
>
> *that now … I'm really sorry that I let my work consume me and not make*
>
> *allowances for my retirement …*

4.3.4.4 Relationship to the Model of Human Occupation (MOHO)

Sub-themes encapsulated all MOHO volitional processes (anticipation, choices, experience, interpretation) (Figure 8). A relationship between volitional processes and specific work-to-retirement transition stages emerged demonstrating the cyclic nature of both processes. Anticipation only related to the preparation stage. Choices related to all work-to-retirement transition stages. Experience related to the preparation and transition stages. Interpretation only related to the retired stage.

Figure 8 Relationship of MOHO Volitional Processes to Work Attributes Sub-themes
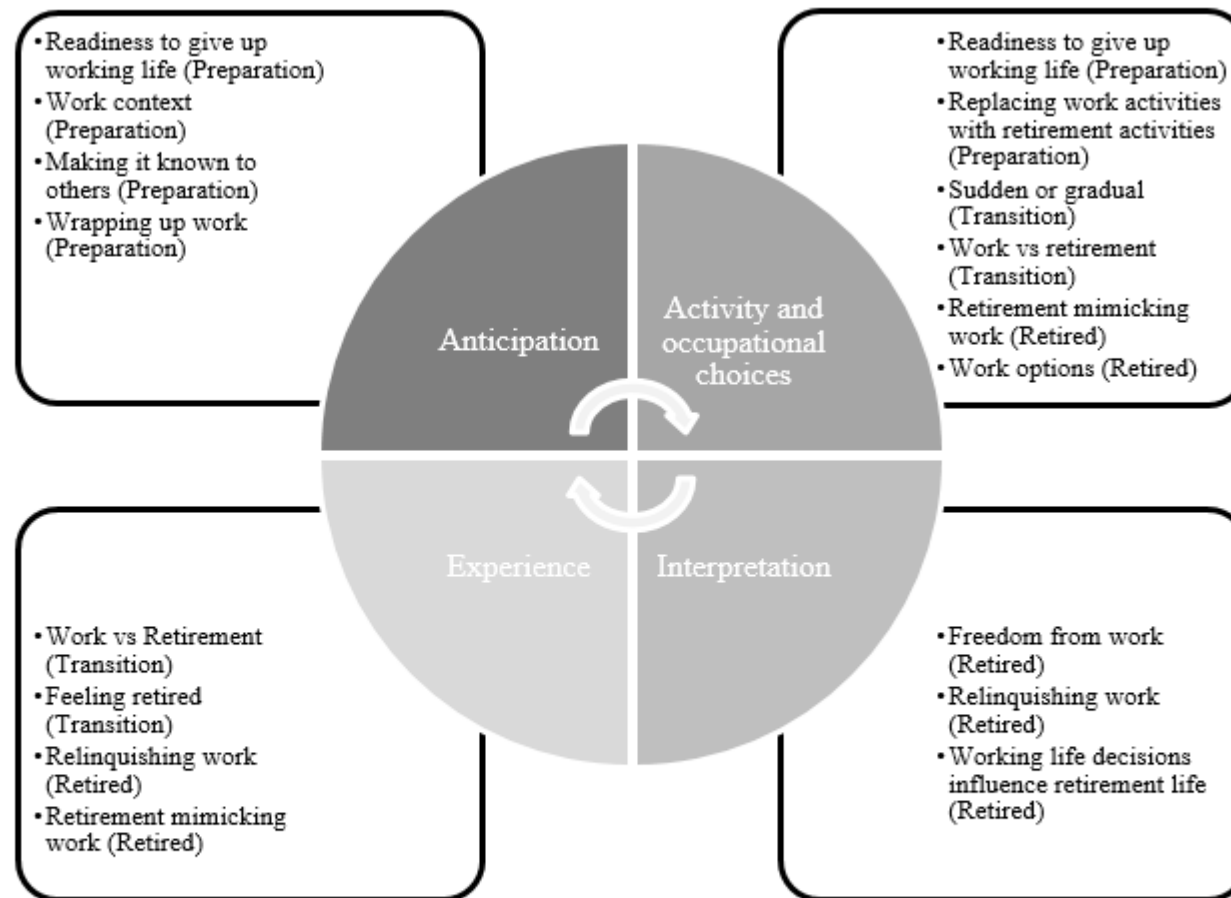
MOHO Volitional Processes (Kielhofner, 2008, p. 21): Anticipation "Noticing and reacting to potentials or expectations for actions"; Activity choices "short term, deliberate decisions to enter and exit occupational activities"; Occupational choices "Deliberate commitments to enter an occupational role, acquire a new habit, or undertake a personal project"; Interpretation "Recalling and reflecting on performance in terms of its significance for oneself and one's world"

4.3.5 Discussion and Implications

Work attributes related to personal factors, social factors, meaningful occupational engagement and the nexus of work and retirement influenced all work-to-retirement transition stages (preparation, transition, retired). This indicates pre-retirement job may be influential in the transition and adjustment to retirement. The relationship of sub-themes to MOHO volitional processes (anticipation, choices, experience, interpretation) has the potential to guide occupational therapy practice within this occupational transition.

4.3.5.1 Work Attributes and Volition

Like volitional processes (Kielhofner, 2008b), the work-to-retirement transition process is ongoing, non-linear and variable. Cycles within a stage occur. For example, although *time to move on (retirement decision)* was listed before *taking action (retirement preparation)* they may not occur in this order. Preparation for retirement (e.g. financial) can occur before making a decision of when to retire. Once a retirement decision is made preparation can re-occur (e.g. finalising work)*.* Moving back and forth between stages is also possible (e.g. ceasing work and then re-entering the workforce and overlap between stages is possible (e.g. ongoing involvement from work whilst undertaking retirement activities). The various work-to-retirement transition patterns represent the complexity of this transition. Cahill et al. (2015) found an abrupt permanent exit from the workforce is no longer the norm, with gradual transitions (bridge jobs i.e. a different job from a full time career job); workforce re-entry following an absence from work; or phased retirement (reduction in work hours in a career job) more likely to occur.

Work history/pre-retirement job potentially influences retirement as demonstrated by the relationship between work attributes and all stages of the work-to-retirement transition process. This also relates to the association between volition and an individual's personal circumstances and history (Kielhofner, 2008b). Similar to Damman et al. (2015), financial considerations and identity were seen to influence this transition. In Damman et al. (2015), the role of life histories in retirement adjustment was found to be associated with a steep upward career path and fewer financial difficulties but more difficulties adjusting to loss of work-related status.

Research conducted in Sweden, using volitional processes to explore the experience of work and anticipation of retirement, found most participants' narratives of retirement were as anticipated (Jonsson, Josephsson & Kielhofner, 2000; Jonsson et al., 2001; Jonsson et al., 1997). However, this did not always occur as "although narratives predispose persons toward certain actions, they also interweave with and incorporate changed directions as a result of ongoing life events and experiences" (Jonsson et al., 2001, p. 425). This further supports the relationship between work

narratives and the experience of the work-to-retirement transition process whilst acknowledging it is not the sole influencing factor in the adjustment to retirement.

The balance between choosing to retire and continuing to work can be influenced by health. Similar to Pond et al. (2010), enjoyment from working versus being able to enjoy retirement whilst still healthy was a consideration in retirement timing. Pond et al. (2010) identified retiring whilst healthy to engage in other life goals as a health-related retirement pathway along with two other pathways (retiring due to poor health and retiring to protect health). Health, work attributes and retirement are also related and influenced by personal circumstances and history. Health was a consideration in the preparation stage (*readiness to give up working life*) and the retired stage (*working life decision influencing retirement life*). Oakman and Howie (2013) suggested decreased work hours may assist older workers to remain in the workforce despite declining health due to age – this relates to the transition taken to cease work. The relationship between health and work attributes (and whether this is relevant to all pre-retirement jobs) warrants further investigation.

Perceived barriers to working in later age may impact older workers' engagement in the workforce. This study identified perceived barriers to working including advancement in technology and the perception of ageing workers which relates to volition around personal causation (one' sense of capacity and effectiveness) (Kielhofner, 2008b). Oakman and Howie (2013) also identified older workers self-perceived ability (related to age and health) to continue working and the need for supportive workplaces to enable older workers' ongoing workforce participation.

What people seek from work activities may be sought from retirement activities. This is represented through *retirement mimicking* work, volition recognising that people "want to do the things that they value, feel competent to do and find satisfying" (Kielhofner, 2008b, p. 13) and the utilisation of work skills and interests in retirement (Hewitt et al., 2010). This aligns with Atchley's continuity theory where consistency in activity occurs despite ageing (Atchley, 1999). Replacing work activities with retirement activities related to work (e.g. volunteer activities that utilise work skills and knowledge) may assist in transitioning into and adjusting to retirement as consistency in skills and interests are maintained. Further research on the relationship between work activities and retirement activities is required to determine whether this is relevant to all people (or people within specific pre-retirement jobs) and to what extent this influences the transition and adjustment from work to retirement.

4.3.5.2 Implications for Occupational Therapy

Occupational therapy's focus on engagement in meaningful occupation places the profession in a position to facilitate engagement in occupational choices to assist in adjustment to this complex

life transition (work-to-retirement). Work circumstances and history can be an influencing factor precipitating the need for occupational therapy to not only consider retirement but also work as part of the work-to-retirement transition. Giving the increasing pension age in Australia, the possibility of working to later in life is real (Australian Government, 2015). Occupational therapists can assist older workers to remain in the workforce (including as part of the transition to retirement) by collaborating with the worker and employer to make adaptations (e.g. ergonomic; assistive technology) to improve person, environment and occupation fit whilst utilising the strengths of the worker (e.g. skills and knowledge obtained from years of experience) (Moyers & Coleman, 2004).

Planning occupations to undertake in retirement before retiring may assist in retirement adjustment. Similar to Jonsson (2011), participants in this study also experienced freedom in retirement to undertake other activities. Jonsson (2011) also recognised the transition from one imbalance (demands from work) to another imbalance (absence of demands in retirement) occurred which he termed the paradox of freedom. Not all participants in this study identified planning for retirement activities whilst still working, highlighting the need to educate people on the importance of planning for meaningful retirement activities for health and well-being; a similar conclusion drawn by Pepin and Deutscher (2011).

Occupational therapists have the potential to be involved in the identification, planning and implementation of meaningful occupations in adjustment to retirement using individual and group approaches to assist in enabling health and well-being and balance in retirement life (Eagers et al., 2016). This could include determining retirement activities that are related to previous work activities to ensure continuity in occupational engagement from work to retirement. Identification of retirement activities whilst working may assist in ensuring availability of funds for retirement activities, consideration of desired health status for retirement activities and subsequently aid in the decision of when to transition to retirement. The consideration of work history may assist occupational therapists in providing not only individual but group interventions for people in similar pre-retirement jobs. The relationship of sub-themes to MOHO volitional processes (anticipation, choices, experience, interpretation) has the potential to assist occupational therapists in directing strategies to assist people through the work-to-retirement transition taking into consideration the stage they are in. Further research into the role of occupational therapy in the retirement transition is required.

4.3.5.3 Limitations

Participants' self-identification of having chosen to retire may have influenced results. Participants' identification of choosing to retire related to: being made redundant (but still

identifying has having chosen to retire); poor job satisfaction resulting in choosing to retire; no longer wanting to work; and due to health (own or a significant others').

4.3.6 Conclusion

Linking retirees' experiences to occupational therapy provides a unique view of the work-to-retirement transition and influences on health and well-being. This study supports the notion that work attributes related to personal factors, social factors, meaningful occupational engagement and the nexus of work and retirement influence the work-to-retirement transition process. Sub-themes encapsulated all stages (preparation, transition, retired). Volition processes (MOHO) assisted in explaining and demonstrating the complexity of and the potential for some people to require support to navigate this transition. Along with supporting older workers to remain in the workforce, occupational therapists could help people recognise the importance of and facilitate engagement in meaningful occupation in retirement.

Chapter 5 Phase Two—Occupational Therapy Scope of Practice
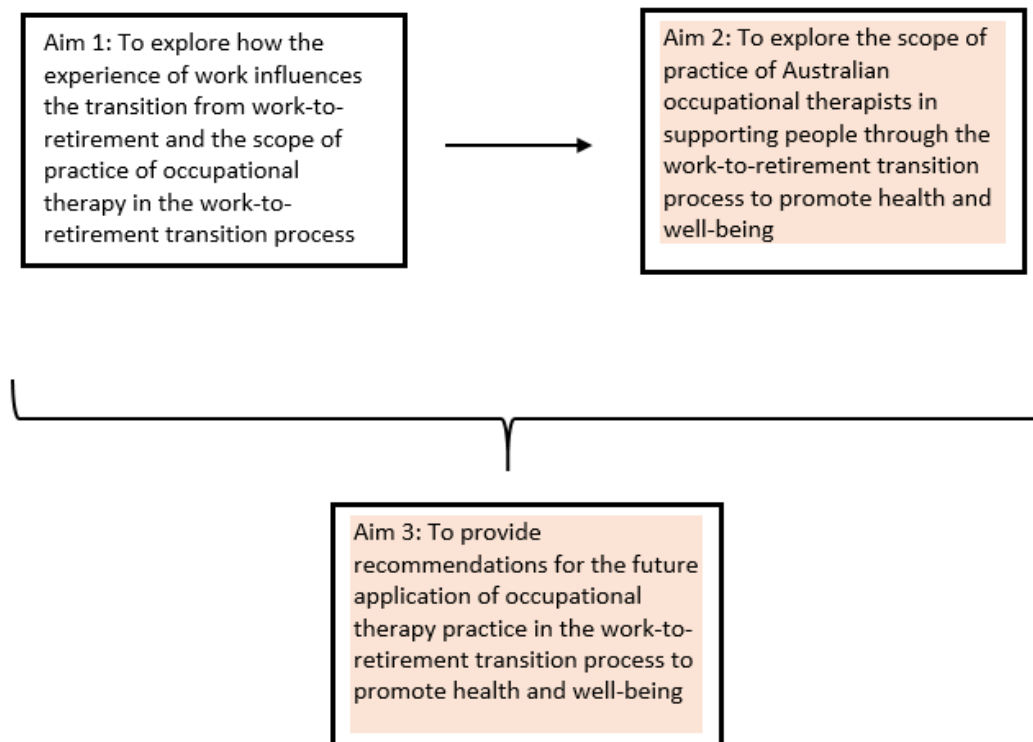
5.1 Chapter Overview

Chapter 5 is based on phase two of the doctoral study, where occupational therapists were interviewed to explore the scope of practice of occupational therapy in the work-to-retirement transition (Aim 2). As noted in Chapter 2, study phase one findings on the experience of work (Aim 1) assisted in the formulation of study phase two on occupational therapy scope of practice (Aim 2). The phase one findings identified that work can influence the work-to-retirement transition. Subsequently, an interview question about whether or not occupational therapists thought work influences people's retirement was included in the interviews with occupational therapists. The findings from this phase were also used to provide recommendations for future application of occupational therapy in the work-to-retirement transition (Aim 3).

One paper has been accepted for publication from this phase, with another paper submitted for publication. These papers form the basis of Chapter 5. Given that the findings from study phase two are contained within papers, each paper contains its own introduction, methods, results, discussion and conclusion sections.

5.2 Current Occupational Therapy Scope of Practice in the Work-to-Retirement Transition Process: An Australian Study

This section is based on a publication (Publication 5) in the *Scandinavian Journal of Occupational Therapy*:

> Eagers, J., Franklin, R., Broome, K., Yau, M. A., & Barnett, F. (2020). Current occupational therapy scope of practice in the work-to-retirement transition process: An Australia study. *Scandinavian Journal of Occupational Therapy*. Advance online publication. https://doi.org/10.1080/11038128.2020.1841286

Publication 5 presents findings from interviews with occupational therapists and focuses on the current scope of occupational therapy practice in the work-to-retirement transition. Three overarching themes are identified. Findings are related to frameworks used in occupational therapy of: 1) who, what, when, where; and 2) enablement skills to assist in articulating occupational therapy scope of practice in the work-to-retirement transition. The findings from this paper identify that occupational therapists are currently working in the work-to-retirement transition area mainly in the course of other work they perform including within the work and home settings. Publication 5 is the first study, to the author's knowledge, that has specifically explored what occupational therapists are currently doing in the work-to-retirement transition. This study confirms that occupational therapists are and can practice within the work-to-retirement transition. This study also supports recommendations for occupational therapy scope of practice in the work-to-retirement transition (Aim 3) provided in Chapter 6.

The paper has been reformatted for consistency with thesis formatting and is contained below. The published paper is also attached in Appendix G.

5.2.1 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 (Heybroek et al., 2015). However, little is known about the scope of practice of occupational therapy in the work-to-retirement transition (Eagers et al., 2016) despite the profession's focus on engagement in meaningful occupation to enable health and well-being (Broome & Kennedy-Behr, 2017) 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 (OECD, 2019). 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 (OECD, 2019). The normal retirement age is expected to rise to 67 years in Australia and the United States and 74 years in Denmark (OECD, 2019). No change in the normal retirement age for Norway and Sweden is expected (OECD, 2019).

"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 authorised to perform" (Occupational Therapy Australia, 2017, 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 (Occupational Therapy Australia, 2017). 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 (Occupational Therapy Australia, 2017). Professional judgement is therefore required to determine whether practice is within the scope of practice of occupational therapy (Occupational Therapy Australia, 2017). 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 (Broome & Kennedy-Behr, 2017).

Occupational therapy scope of practice relates to who occupational therapists work with, what occupational therapists are able to do and where occupational therapists work (Broome &

Kennedy-Behr, 2017). 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%) (Department of Health, 2017). 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 (Broome & Kennedy-Behr, 2017). Enablement skills (adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage and specialize) guide client-centred enablement in occupational therapy (Townsend et al., 2013).

The scope of occupational therapy practice continues to expand in response to needs and opportunities at local, national and global levels (Pattison et al., 2018). Within the workplace environment, occupational therapists have an established role with assisting people to return to work (Thew, 2011). Emerging areas of occupational therapy practice within the workplace environment include enhancing well-being with well employees (Thew, 2011). Aged care is the third highest practice area for Australian occupational therapists (Department of Health, 2017). Population ageing has highlighted the importance of enabling older adults to maximise their capacity and capabilities which has resulted in a focus on quality of life and preventative health (Pattison et al., 2018).

Occupational therapists can use their occupational perspective of health and humans to assist persons going through the work-to-retirement transition (Molineux & Baptiste, 2011). The necessity of occupation for health is the underlying philosophical view of occupational therapy practice (Wicks, 2017). 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. (2016) exploring "… how occupation may influence participation and may prevent or reduce social isolation in community dwelling older adults aged 60 years and over" (p. 23) found a "…positive relationship between occupation, social participation and the prevention of social isolation amongst community dwelling older adults ..." (p. 37) supporting the importance of occupation for health and well-being 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) (Eagers et al., 2016).

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 (Eagers, Franklin, Broome, & Yau, 2018; Eagers et al., 2019). Jonsson (2011) 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 (2018) 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.

5.2.2 Materials and Methods

5.2.2.1 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) (Braun & Clarke, 2006). 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.

5.2.2.2 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 (James Cook University Occupational Therapy page and the primary researchers' page); 4) Townsville Occupational Therapy Community Forum; 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.

5.2.2.3 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 (Braun & Clarke, 2006), while enabling flexibility in the exploration of the interview questions asked (Robson, 2011). Interview duration ranged from 20 minutes to one hour. Ethics approval was obtained from the James Cook University Human Research Ethics Committee (H7216). 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 (Eagers, Franklin, Broome, & Yau, 2018; Eagers et al., 2019) and from a review of the literature (Eagers et al., 2016) 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 (Eagers et al., 2016; Eagers, Franklin, Broome, & Yau, 2018; Eagers, Franklin, Yau, & Broome, 2018; Jonsson & Andersson, 1999), 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.

5.2.2.4 Data Analysis

The six phase thematic analysis approach by Braun and Clarke (2006) was utilised as a guide to explore the current scope of practice of occupational therapy in the work-to-retirement transition. This involved: 1) data familiarisation; 2) initial coding; 3) theme search; 4) theme review; 5) theme definition and naming; and 6) report production (Braun & Clarke, 2006). An inductive approach derived general themes from the data (Braun & Clarke, 2006). 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 (Braun & Clarke, 2006).

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 (Smith & McGannon, 2018). 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 finalised 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.

5.2.3 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 (Department of Health, 2017).

Three overarching themes, *occupational therapists' application of a contemporary occupational paradigm* (Table 18), *current approaches adopted by occupational therapists are add on, stylistic and talk based* (Table 19) and *contextual challenges and opportunities encountered by occupational therapists* (Table 20) were identified and collectively captured 12 sub-themes.

5.2.3.1.1 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 18).

Table 18 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 well-being 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 well-being, both physical and mental" (N)*
	Collaborating for work engagement and cessation	Working alongside pre-retirees to maximise 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)*

5.2.3.1.1.1 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 (Ludwig et al., 2007). However, more involved care needs of grandchildren could negatively impact well-being and engagement in meaningful occupation (Ludwig et al., 2007). 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.

5.2.3.1.1.2 Valuing Lived Experience

Not being retired was seen as inauthentic due to a lack of first-hand 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 contextualise 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.

First-hand 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 (Nicola-Richmond et al., 2016) including within the work-to-retirement transition.

5.2.3.1.1.3 Enabling Well-Being for Occupation

Participants facilitated physical and mental health and well-being 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 recognised. *"… 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) (Government Office for Science, 2008) 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.

5.2.3.1.1.4 Collaborating for Work Engagement and Cessation

Participants maximised 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 maximise 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. (2019) 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. (2015) 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. (2015)

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. (2019) 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 (Hovbrandt et al., 2019).

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 (Denton & Spencer, 2009; Eagers et al., 2016) ; 2) reduction of work hours (Denton & Spencer, 2009; Eagers et al., 2016); 3) intermittent work (Eagers et al., 2016); 4) receiving a retirement income (Denton & Spencer, 2009); 5) leaving a main employer (Denton & Spencer, 2009); and 6) career change in later life (Denton & Spencer, 2009).

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.

5.2.3.1.1.5 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 overutilisation in work and underutilisation 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 (Broome & Kennedy-Behr, 2017). The importance of engagement in meaningful occupation is also highlighted by Roberts and Bannigan (2018) through their qualitative metasynthesis. Roberts and Bannigan (2018) 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 (Wicks, 2017), 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.

5.2.3.1.1.6 "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.

5.2.3.1.2 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 19). 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*).

Table 19 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)*

5.2.3.1.2.1 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 (Nicola-Richmond et al., 2016). 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.

5.2.3.1.2.2 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 MOHO, Person Environment Occupation, OPMA and Kawa. The bio-psychosocial model and the FLAGS model to identify bio-psychosocial risk factors that can impede recovery (Transport Accident Commission et al., 2012) were used when working with the Defence Force as it was a practice requirement. One participant used an occupational well-being 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 standardised 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, 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 (Nicola-Richmond et al., 2016). 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.

5.2.3.1.2.3 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.

5.2.3.1.3 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 20).

Table 20 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 contextualise 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)*

5.2.3.1.3.1 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 contextualise 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 (Nicola-Richmond et al., 2016) highlighting the need to improve clarity of occupational therapy practice in the work-to-retirement transition.

5.2.3.1.3.2 Promoting of Occupational Therapy

A lack of understanding by others of the role of occupational therapy was evident. It was recognised 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 (Turner & Knight, 2015; Wilding, 2011) and can occur as a result of a medical model focus within the health care system (Wilding, 2011) and lack of a strong professional identity (Turner & Knight, 2015).

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 recognised. *"… 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).*

5.2.3.1.3.3 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 maximise 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 (Philip, 2015). 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 (Philip, 2015), however, the Australian health care system's medical model and acute care approach (Philip, 2015) 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.

5.2.3.2 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 21) and factors influencing current scope of practice (Table 22). Findings from this study identified a *lack of practice* clarity. Utilisation 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 21). 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*.

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 21). 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 (Nicola-Richmond et al., 2016). 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 (2011) 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 22) 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 recognised role would assist in a more proactive approach.

Table 21 Summary of Current Occupational Therapy Scope of Practice: Who, What, Where, When

Who	What	Where	When

• Client
• Workers
• Worker to retiree
• Retirees
  o Voluntary
  o Due to redundancy
  o 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
		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

- Case management
- Connect people with other services
- Referral to other health professionals

Design/Build

- Gradual reduction of work into retirement
- 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 22 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

5.2.3.3 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 rehabilitation 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

(Broome & Kennedy-Behr, 2017) and the necessity of occupation for health (Wicks, 2017) 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.

5.2.4 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 contextualise 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.

5.3 Potential Occupational Therapy Scope of Practice in the Work-to-Retirement Transition in Australia

This section is based on a paper (Paper 6) submitted for publication to the *Australian Journal of Occupational Therapy*:

> Eagers, J., Franklin, R., Broome, K., Yau, M. A., & Barnett, F. *Potential occupational therapy scope of practice in the work-to-retirement transition process: An Australia study* [Manuscript submitted for publication]. James Cook University.

Publication 5 (see Section 5.2) provided insight into the current scope of practice of occupational therapy in the work-to-retirement transition. Given the limited involvement and lack of clarity of occupational therapy practice in the work-to-retirement transition, analysis was also completed to explore potential scope of practice. Given the paucity of literature around the work-to-retirement transition, findings on current and potential occupational scope of practice were presented in separate papers. Two papers enabled clear articulation of what occupational therapists are currently doing and what they could potentially do.

Paper 6 presents findings from interviews with occupational therapists and focuses on the potential scope of occupational therapy practice in the work-to-retirement transition. There are six themes related to the proposed scope of practice of occupational therapy in the work-to-retirement transition. There are also six themes related to the factors influencing the proposed scope of practice of occupational therapy in the work-to-retirement transition. The study on potential occupational therapy scope of practice (paper 6) confirms findings from the study on current occupational therapy scope of practice (publication 5), as occupational therapy's core focus on meaningful occupation within the home, community and workplace is evident. The findings from paper 6 will also assist in guiding future practice of occupational therapy in the work-to-retirement transition. A diagram representing the recommended application of occupational therapy in the work-to-retirement transition is presented based on the 'who, what, when, where' framework and includes the application of enablement skills and consideration of contextual factors. Situating the work-to-retirement transition within other practice areas and as its own unique practice area is also presented. The study, in paper 6, also supports recommendations for occupational therapy scope of practice in the work-to-retirement transition (Aim 3) provided in Chapter 6.

The paper has been reformatted for consistency with thesis formatting and is contained below.

5.3.1 Introduction

Work provides structure, meaning and an avenue for relationships with others (Jahoda, 1982). Ceasing work and entering retirement is a major life event resulting in changes in occupations, which can be a positive or negative experience (Jonsson, Josephsson & Kielhofner, 2000). People living longer (Australian Government, 2015), occupation changes in retirement, and occupational therapy's focus on meaningful occupation, creates scope for occupational therapy to assist people in positively transitioning from work to retirement.

To ensure occupational therapists are prepared to work with people in the work-to-retirement transition, the profession's scope of practice in this area should be identified. "Scope of practice is the professional role and services that an individual health practitioner is trained, qualified and competent to perform" (Occupational Therapy Board AHPRA, 2019, p. 2). Scope of practice in occupational therapy is conveyed in general terms allowing the profession to grow and results in professional judgement to determine "… whether practice is within scope" (Occupational Therapy Australia, 2017, p. 4). In Australia, common areas of occupational therapy practice are rehabilitation, paediatrics, aged care, mental health, disability and occupational health (Department of Health, 2017).

Scope of practice encompasses 'who' the clients are that occupational therapists work with, 'where' occupational therapists perform work and 'what' activities occupational therapists perform (Broome & Kennedy-Behr, 2017). Occupational therapists consider personal, environmental and occupational factors that influence engagement in meaningful occupation to promote health and well-being (Broome & Kennedy-Behr, 2017). Enablement skills of adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage, and specialize (sic) assist in guiding occupational therapy practice (Townsend et al., 2013).

Occupational therapy scope of practice in Australia is influenced by university education, continuing professional development, competency standards, the registration board, the professional association, laws, personal circumstances (e.g. a therapist's current job) and employer expectations (e.g. services provided by the workplace) (Broome & Kennedy-Behr, 2017). Occupational therapy scope of practice can change in response to society and professional evolution, however, core scope of practice needs to be maintained: enabling engagement in meaningful occupation (Broome & Kennedy-Behr, 2017). Retirement necessitates a change in occupation.

Although a three stage process of retirement has being identified (i.e. preparation, transition, retired), (Eagers, Franklin, Yau, & Broome, 2018) varying experiences of the transition from work to retirement exist. Heybroek et al. (2015) explored life satisfaction pre and post

retirement and identified four different experiences of retirement: 1) maintenance of high life satisfaction across the work-to-retirement transition (40%); 2) decrease in life satisfaction following high life satisfaction pre-retirement (28%); 3) increase in life satisfaction following low life satisfaction pre-retirement (14%); and 4) decrease in life satisfaction following low life satisfaction pre-retirement (18%). Given negative impacts on life satisfaction can occur as a result of retirement, and due to WHO's (2020b) focus on healthy ageing, enabling people to do what they want throughout life, there is scope for occupational therapy within the work-to-retirement transition. Occupational therapy research has focused on the experience of workers and/or retirees and has identified that occupational therapy has the potential to work within the work-to-retirement transition (Eagers et al., 2016; Jonsson, 2011).

This paper forms part of a wider study exploring current and potential scope of practice of occupational therapy in the work-to-retirement transition in Australia. Besides the authors' own work exploring current scope of practice (Eagers et al., 2020), there appears to be no empirical studies published in peer reviewed journals that specifically explore scope of occupational therapy practice in the work-to-retirement transition. Given this is an emerging area of practice, which little is known about, the authors felt it was important to clearly differentiate findings on current and potential scope of practice of occupational therapy in the work-to-retirement transition.

The findings on current occupational therapy scope of practice, published elsewhere, identified that occupational therapists use their focus on enabling meaningful occupations and the skills they have in working with people in the home, community and workplace to work within the work-to-retirement transition (Eagers et al., 2020). Practice was limited and often occurred during the course of other work (Eagers et al., 2020).

The study in this paper aimed to provide further direction for occupational therapy in the work-to-retirement transition in Australia by exploring the potential scope of practice and factors influencing the potential scope of practice of occupational therapy in the work-to-retirement transition.

5.3.2 Methods

To obtain an in depth understanding of this practice area, the authors used a qualitative study guided by thematic analysis (Braun & Clarke, 2006) to explore scope of occupational therapy practice in the work-to-retirement transition. Semi-structured interviews with Australian occupational therapists were completed. An inductive thematic analysis approach (Braun & Clarke, 2006) facilitated data-driven themes and a theoretical thematic analysis approach (Braun & Clarke, 2006) enabled articulation of data-driven themes to the potential scope of practice of occupational

therapists in the work-to-retirement transition process. The first author completed initial coding of interview transcripts with input from all other authors to enable critical discussions and reflection on analysis ('critical friend' approach) (Smith & McGannon, 2018). The first author then mapped themes to enablement skills (Table 23) which were checked by the third author. Ethics approval from the James Cook University Human Research Ethics Committee (H7216) was obtained. Participants are de-identified in the paper through the allocation of a randomly generated letter of the alphabet in reporting of quotes. Further study methods details are published elsewhere (Eagers et al., 2020).

Table 23 Proposed Scope of Practice of Occupational Therapy Practice in the Work-to-Retirement Transitions: Practice Themes

Practice Theme	Application to the Work-to-Retirement Transition	Quote	Mapping to Enablement Skills (Townsend et al., 2013)
Finding meaningful occupation	Replacing work with other meaningful activities to enable the notion of 'retiring to' something and purposeful living in retirement.	*"I think from an OT perspective it's the sense of putting your life together after you retire … the two big things are what you're going to do when you retire so that you can still be happy and healthy, and how you're going to spend your time" (N)*	Adapt Coach Design/build Engage
Modifying lifestyles and homes for better living	Discussions around where people will live in retirement (e.g. smaller home; different town). Implementation of home modifications and assistive technology prescription to reduce the risk associated with living at home as a result of ageing to assist people to continue living in their homes.	*"As OTs we can go through and look at simplifying their life … to think for the future you should be looking, you know, at a house that's low-set and reduce risks at home" (A)*	Adapt Coach Design/build
Work engagement	Discussions with employees to decide whether to return to work following injury or to voluntarily retire; to help people to determine reasons for retiring; and to overcome barriers to continuing to work. Assisting people to remain at work and/or gradually transition from work to retirement including providing transitional programs within the workplace.	*"Do people wind down, sort of go from full time to part time, do they just work monthly? So look at the different models" (K)*	Adapt Coach Collaborate Consult Coordinate Design/build Engage
Filling knowledge gaps	Providing education on: the retirement process and what to expect in retirement; change in roles, routines, health and wellness, relationships and financial situations; meaningful activity; role of occupational therapy including proactive and not just reactive services.	*"… help people realise what, I guess, retirement really is all about" (D)*	Educate
Holistic and encompassing	Considering physical, biological, emotional, psychological, psychosocial, occupational, spiritual and financial factors. Providing services at the individual, group and community level.	*"… to be able to put on that macro lens to see the person holistically and provide support and assistance on a holistic level" (S)*	Specialize

Targeting services to specific groups/settings (e.g. Defence Force; within the workplace) and/or incorporating services into current work ('add on approach').

Using tools and approaches related to problem solving, coaching, counselling, public health, health promotion, psychoeducation, Acceptance Commitment Therapy, conversations/listening, community development, solution focused therapy and case management.

Using existing assessments and interventions such as goal setting (e.g. Canadian Occupational Performance Measure), needs assessment, interviews, mental health screenings/assessments (e.g. Kessler Psychological Distress Scale), social assessment, functional capacity and skills assessments, life skills, World Health Organisation Disability Assessment Schedule, general medical, community activities of daily living, interest and activity checklists, activity analysis, quality of life and social engagement measures, and time use planning.

Developing specific assessments for the work-to-retirement transition process (e.g. risk factor assessment to predict people's success in retirement).

Synergistic partnerships	Receiving referrals from: general practitioners who may be able to identify warning signs (e.g. mental health issues; retirement due to health reasons); accountants, financial planners and life planners via direct referral or as consultants within the company; workplaces; and the individual.	*"I think the connectivity that we have with other organisations and being able to influence collaboration between individuals, organisations, or other retirement goals that they have, I think is a key one for us as well" (E)*	Collaborate Coordinate
	Referring to or working with health and non-health professionals (e.g. exercise physiologists, physiotherapists, psychologists, occupational health and safety officers, social workers, (life) coaches, counsellors, health promotion officers, dieticians, diversional therapists, support workers, therapy assistants, financial planners, lawyers, human resource departments in the workplace)		
	Discussing with the client their plans, ideas and goals taking into consideration: not all people want to have a lot of activities in their life; variances exist in what people see as an active and fulfilling retirement; and understanding personality can assist in understanding a person's purpose and fit in life.		

5.3.3 Findings

Fourteen Australian occupational therapists, from Queensland and New South Wales, participated in this study. Other participant demographic information is reported elsewhere (Eagers et al., 2020).

There were six sub themes identified relating to the proposed scope of practice of occupational therapy in the work-to-retirement transition: *finding meaningful occupation; modifying lifestyles and homes for better living; work engagement; filling knowledge gaps; holistic and encompassing;* and *synergistic partnerships.* There were six sub themes identified which related to the factors influencing the proposed scope of practice of occupational therapy in the work-to-retirement transition: *right time; valuing our expertise; promoting occupation(al therapy); finding the money; life, work and retirement longevity;* and *social responsibility.*

5.3.3.1 Proposed Scope of Practice of Occupational Therapy in the Work-to-retirement Transition

Six themes emerged reflecting occupational therapy's potential to apply commonly used practices within the work-to-retirement transition process (Table 23): *finding meaningful occupation; modifying lifestyles and homes for better living; work engagement; filling the knowledge gaps; holistic and encompassing;* and *synergistic partnerships.* These themes reflect foundational occupational therapy practice and previous research on the current scope of practice of occupational therapy in the work-to-retirement transition (Eagers et al., 2020). Therefore, only a brief description of these themes are provided (Table 23) except *finding meaningful occupation* which is discussed in detail to clearly articulate this important focus of occupational therapy practice.

5.3.3.1.1 Finding Meaningful Occupation

As experts in occupation, participants identified that occupational therapists could facilitate the establishment of occupational opportunities in retirement. Participants discussed meaningful and purposeful retirement occupations could include activities that provide a connection to parts of work that the person misses, enjoys and/or were of importance; activities (e.g. volunteering, mentoring) that use skills acquired through work; new activities not related to work; expanding current or establishing new leisure activities; re-connecting with previous occupations engaged in throughout life; occupations that facilitate social engagement and connection; and physical activity. Participants recognised occupational therapists could work with people to identify and work towards their needs, interests and goals by exploring what purpose and meaning people experience through work; considering prolonging their working life; planning for and transitioning people into other

occupations prior to work cessation; establishing a large repertoire of occupations throughout the life course; and making contact with community groups.

Participants identified that occupational therapists could consider personal and contextual factors to facilitate the establishment of meaningful retirement occupations. For example, aligning skills and abilities (physical, psychological, psychosocial) with retirement goals; exploring barriers (e.g. transport, financial, mental health) and enablers to occupational engagement and strategies to overcome barriers; considering if the desired retirement location contains the desired occupational opportunities; considering if the desired retirement occupations will fit in their current life and family situation; and identifying if they can afford to participate in their desired retirement occupations. *"Where they're going to be … has equal consideration as to what they're going to be doing" (K).*

Participants also identified that occupational therapists could step people out of work concurrently with enabling people to build retirement lives (e.g. trialing new activities for retirement whilst still working). Moving location prior to ceasing work could also assist in a gradual exposure to a new place to live and enable people to make connections within the new community (e.g. via joining clubs, meeting neighbours).

Participants also identified the importance of enabling people to sustain retirement occupations. Participants reported occupational therapists could be involved in capacity building to equip people with skills to continue to respond to changes in their occupational situations throughout retirement including: discussing what a healthy transition and retirement life looks like; assisting people to embrace a new identity and sustain a positive identity in retirement; facilitating initial establishment of occupational opportunities; assisting people to remain connected to occupations and sustain changes in retirement; and empowering people to problem solve to come up with solutions when occupational changes occur in retirement.

5.3.3.2 Factors Influencing the Proposed Scope of Practice of Occupational Therapy in the Work-to-Retirement Transitions

Contextual influencers were identified that impact, positively and/or negatively, on the ability of occupational therapists to provide services in the work-to-retirement transition process. There were six sub themes: *right time; valuing our expertise; promoting occupation(al therapy); finding the money; life, work and retirement longevity;* and *social responsibility* (Table 24).

Table 24 Contextual Factors Influencing Scope of Practice of Occupational Therapy in the Work-to-Retirement Transition

Contextual Influencer Theme	Description	Quote
Right time	Determining the right time to provide occupational therapy services in the work-to-retirement transition which can vary between clients and can make it difficult to capture people.	*"… some people anguish over retirement for a very long time. There are other people that retire and just could not think of anything better, and they kind of get over that retirement, and to me they would be flying solo until illness strikes" (W)*
Valuing our expertise	Utilising skills and knowledge that are core to the occupational therapy profession but also upskilling where needed to provide services in the work-to-retirement transition.	*"I think we're the best placed to, and the only profession I can actually think of, that it really fits into our discipline nicely because it's all about occupation, and it's all about roles, and people are changing from one role to another, whether it be, you know, whether they don't have any plans or not. So there's a real need for us to make sure that people are, I think, aware of it." (B)*
Promoting occupation(al therapy)	Communicating and promoting the scope of practice of occupational therapy in the work-to-retirement transition by drawing on the profession's understanding of occupation to increase awareness of occupational therapy and referrals for occupational therapy.	*"… occupation is more than just work … it provides quality of life in all areas … using that as our impetus to say that, you know, we're the right people to formalise these sort of strategies and programs …" (E)*
Finding the money	Sourcing and justifying funding to provide occupational therapy services in the work-to-retirement transition process.	*"So I think there are lots of options for it to be funded and there's lots of ways that it could be funded. But I think it's just, it's a tight … Funding is always a difficult one. Who pays for it? Where's the money come from?" (S)*
Life, work and retirement longevity	People living longer, working longer and in retirement longer provides an opportunity for occupational therapy to enable health and well-being in the work-to-retirement transition.	*"… with this rapidly growing ageing population it's going to be more important and I think mental health issues will be more significant, important with people who are at a bit of a loss, not being occupied when they're still physically and cognitively quite equipped to do more than they're doing" (Z)*
Social responsibility	The responsibility of employers and retirees to 'give back' provides an opportunity for occupational therapy to be involved in the work-to-retirement transition.	*"… the increase we're seeing in corporate social responsibility and the need for people to … give back to the community, and how inherent that is for our own individual intrinsic well-being will position this sort of work in a really good place in the future" (E)*

5.3.3.2.1 Right Time

Participants identified that occupational therapists could assist people in various stages of the work-to-retirement transition. Participants felt that the preparation stage (prior to ceasing work) was a key time due to the value of early intervention and seeing the work-to-retirement transitions as a health and well-being perspective and not a medical problem. *"It's like most things to do with health and well-being, it's too late if we start at the point that the person's having problems" (K).* Participants reported occupational therapists could support people physically and mentally prior to retirement to assist in improving safety and independence in retirement including through using a health promotion perspective. Support prior to retirement could assist in avoiding problems in retirement, which could lessen the need for occupational therapy in the future. Various timeframes prior to retirement were proposed including up to 15 years prior or even at the beginning of working life in order to establish a large occupational repertoire (including non-work occupations) and to establish finances for retirement. A more active role for occupational therapy was proposed closer to the onset of retirement (e.g. planning for retirement activities, education about the retirement process and options for retirement).

Participants felt services were also needed to target retirees as people were not always ready to plan prior to retirement. Participants suggested people may need to experience difficulties in retirement and may need time to adjust to retirement before seeking help. *"In that honeymoon phase [early days] of the retirement, I'm not sure that anybody is ready to listen" (Q).*

Other suggested intervention points included when people are: setting a time point to retire by; thinking about their retirement financial situation; ready to receive assistance; forced to retire (e.g. due to poor health); and commencing retirement (e.g. to consider mental health). Occupational therapists could also sporadically come in and out of people's lives as their function declines in retirement or to ensure sustainment of retirement life. It was recognised that people need to volunteer to engage with occupational therapy. It could also be difficult to capture people and not all people would want or need to transition in the same way.

Various endpoints to the retired stage were proposed. Some participants felt that the retired stage ended when health began to dominate time use, whereas some participants felt that the retired stage ended upon death as roles continue to change throughout life. Other suggested endpoints to retirement were: when people were no longer making a valued contribution; when the person feels they are no longer in retirement (e.g. life is now the new norm); or linked to how people defined themselves in relation to their job.

5.3.3.2.2 Valuing our Expertise

The core foundational skills of occupational therapy were seen to situate the profession as potential experts in the work-to-retirement transition. Participants identified that occupational therapists' skills include understanding of meaningful occupation and purposeful engagement; understanding the interaction between person (biopsychosocial), environment (physical, social, emotional, spiritual) and occupation; supporting people through transitions; proactive (not just reactive) approach; clarifying goals for functional outcomes; enabling goal achievement through adaptation and sustainability; working with people in any life stage; connectivity with other organisations; and problem solving. *"… it's not a special role, it's a role that all occupational therapists can do, because we focus on people and what people do at all stages of life, and all people, not just people with impairments"* (K).

The need for occupational therapists to have more specific skills to provide services in the work-to-retirement transition was discussed. These skills related to public health, health promotion, coaching, case management and working at a community level. Participants identified that occupational therapists working in other practice areas already demonstrated skills needed in the work-to-retirement transition. For example, assisting people to overcome barriers to remain at work within work-related practice and working with people as function declines in ageing within aged care.

Barriers to establishing expertise within the work-to-retirement transition were evident. Lack of clarity around what makes a healthy retirement and lack of a starting point to work from were potential barriers. It was also thought that it may be more challenging for new graduate occupational therapists to practice in the work-to-retirement transition due to less experience working with older people, difficulty understanding the concept of not working and a lack of education on working at a community level. It was thought that new graduate occupational therapists could increase their experience by engaging with older people in aged care settings or with retirees in their personal life to assist in understanding retirement and through completing further education on working at a community level.

5.3.3.2.3 Promoting Occupation(al Therapy)

Participants identified the need for the profession to promote themselves as experts in occupation as occupational therapy has a good theoretical base around occupation and are the only profession who fully understands occupation. The need to help people understand the full meaning of occupation and that occupational therapy can be proactive (not just reactive) was also identified. The need for the profession to clarify their scope of practice and educate within the occupational therapy profession about the profession's scope of practice was also identified. *"If we can get a really*

clear role and a clear understanding of what we can do, and what we can provide, I think we'll be able to work with them. But if you can't define what you're doing, they won't know either …" (W). Participants thought that other professions may *"push into the area"* (N) or be *"lining up to do this sort of work"* (J).

5.3.3.2.4 Finding the Money

Participants suggested a variety of potential funding sources for occupational therapists to provide services in the work-to-retirement transition. Participants reported funding from the workplace for occupational therapy to deliver a transitional program in the lead up to retirement could be aligned with organisational engagement strategies or employee well-being programs. Workplace funding could relate to corporate social responsibility, demonstrating to employees their value to the workplace and making the organisation an employer of choice. Participants recognised that workplace funding may be better suited to large companies and not small business. Participants reported that possible models of service provision within workplaces could be contracting occupational therapists to provide services to the workplace or, with time, occupational therapists could be employed in house. *"… I wonder whether they [employer] would want to put their big toe in the water and just go, 'Oh look, we're happy to pay you on a contract basis, let's just feel and see how it goes'… It would only take one or two people starting to market and advertise that that's what they're doing and everyone else would jump onboard"* (W).

Participants also discussed what sector of the organisation the transitional program could be aligned with including human resources and rehabilitation/occupational health. How workplaces could fund occupational therapy services was also discussed with suggestions including grants, subsidies from the government and savings from reduced insurance costs (e.g. worker's compensation) as a result of enhanced engagement and wellness in the workplace.

The challenge of obtaining government funding was discussed. Participants reported the work-to-retirement transition was seen as a proactive service whereas government funding typically focused on illness and disability. Participants acknowledged a shift towards a focus on preventative health was needed to obtain government funding.

Participants did suggest possible government funding sources including the mental health sector, Centrelink, community health centers and council community development programs. Participants suggested the adjustments related to mental health, including a grief process when transitioning to retirement, could support funding through the mental health sector and occupational therapists could make connections with general practitioners to receive referrals through the Better Access to Mental Health care plans.

Funding for occupational therapy by the individual and industries was also discussed. Participants acknowledged individuals need to see the benefits of occupational therapy services in the work-to-retirement transition which could occur through education. Participants suggested occupational therapists could be employed as consultants in other industries (e.g. superannuation companies, private health insurance companies and financial planning companies). *"I wonder whether superannuation companies might offer that as an incentive to be, you know, part of their superannuation packages is that you get some consultation from occupational therapists, you know, in terms of a lifestyle after retiring" (W).*

5.3.3.2.5 Life, Work and Retirement Longevity

Participants acknowledged that people are living longer resulting in people working longer (influenced by government policies encouraging workers to remain at work into later life) and being in retirement longer. Participants saw this as an opportunity for occupational therapy to grow their scope of practice. Firstly, participants identified that an ageing workforce is changing the scope of practice of occupational therapy to now include assisting people, outside of a rehabilitation insurance model, to continue working in later life including through reduced work hours or workplace modifications. Secondly, participants identified that an increased retirement phase duration has increased the emphasis on purposeful engagement in retirement, increasing the opportunity for occupational therapy to be actively involved in enabling successful work-to-retirement transitions. Participants reported this is driven by the necessity for people to be occupied for health and well-being during retirement and avoid ill health to reduce financial burden on the health system.

5.3.3.2.6 Social Responsibility

Participants identified a corporate social responsibility to 'give back to employees' through assisting employees to transition from work to retirement. Participants reported a gradual transition from work may benefit the employer through retaining the person's knowledge and skill base and may benefit the individual by allowing them to gradually build a retirement life. Participants reported an employer providing a supportive environment to transition from work to retirement could be seen to honour what the individual has provided to the workplace; create a positive notion of retirement; create a positive workplace culture; enable employees to feel valued; and make them an employer of choice. Participants reported that employers may not have the internal skill set to provide these types of services creating an opportunity for the involvement of occupational therapy.

Participants identified giving back to society in retirement could include volunteering, supporting younger generations and helping older generations. Participants reported transitioning

well and staying active in retirement benefits society by reducing the burden on society and their partner and also benefits the individual as they feel like they are making a valued contribution to society.

5.3.4 Discussion

This study identified that occupational therapists have skills and expertise that can be applied to the work-to-retirement transition. Figure 9 and Figure 10 represent a summary of scope of practice of occupational therapy in the work-to-retirement transition based on findings from this study (Table 23 and Table 24) and to theoretical frameworks used in occupational therapy. Figure 9 summarises occupational therapy scope of practice in the work-to-retirement transition, through utilisation of the who, what, when and where framework (Broome & Kennedy-Behr, 2017); and the contextual factors (e.g. funding) that are barriers and/or facilitators to occupational therapy practice. Figure 10 further explores practice areas occupational therapists can work in by embedding the work-to-retirement transition in other practice areas and situating it as its own practice area ('where'). Figure 10 also further explores the work-to-retirement transition stages that occupational therapy can be involved in ('when'). Table 23 includes mapping of themes to enablement skills to summarise 'what' occupational therapists can do in the work-to-retirement transition.

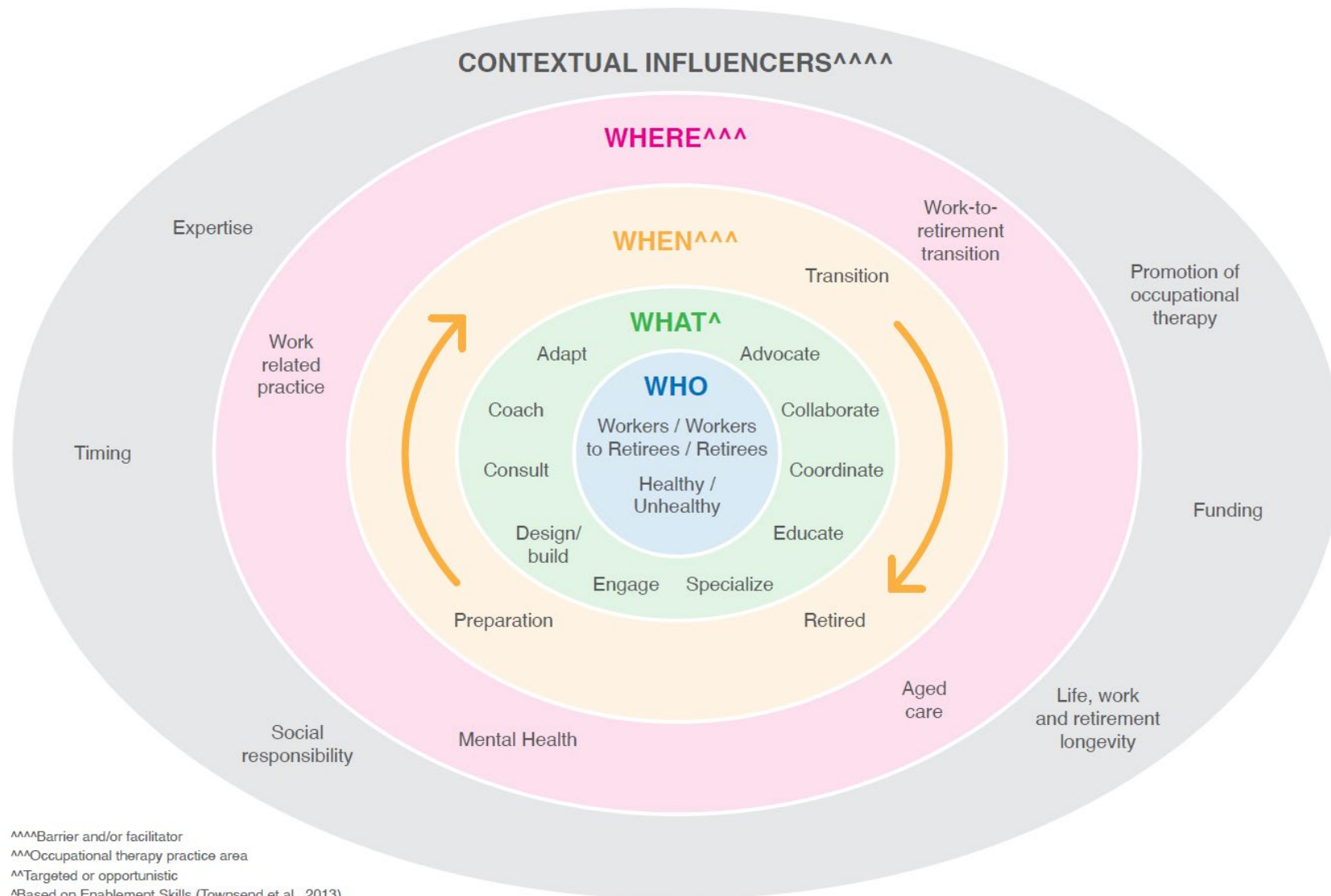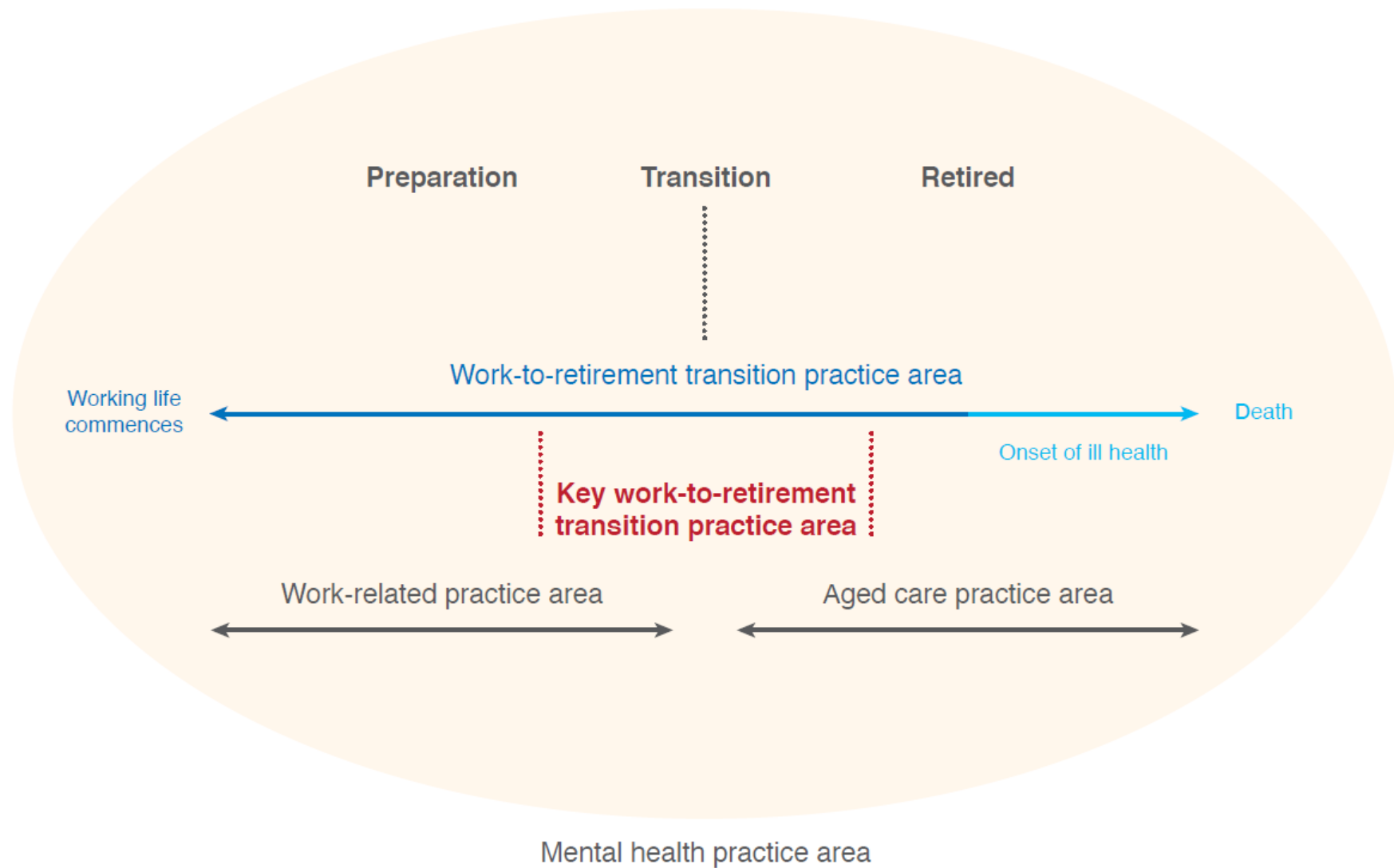*Figure 9 Scope of Practice of Occupational Therapy in the Work-to-Retirement Transition*

Figure 10 Situating the Work-to-Retirement Transition as a Practice Area within Occupational Therapy

Occupational therapists can work with people at any stage (preparation, transition, retired) of the work-to-retirement transition regardless of health status ('who') with a key period for occupational therapy involvement existing around the point of transition ('when') (Figure 9 and Figure 10). Given preparation for retirement was recommended by participants throughout their working life and there is a focus on healthy ageing (WHO, 2020b), the work-to-retirement transition practice area has the potential to span from the commencement of working life to the onset of ill health in later life or even death (Figure 10). The onset of ill health (represented by the grey shaded line in Figure 10) in retirement could precipitate a move from retirement into the next stage of life where the aged practice area is more prominent. This finding is consistent with some participants identifying the retired stage ends when health deteriorates and with Laslett's (1989) theory on stages of life where retirement precipitates the Third Age and disability in later life precipitates the Fourth Age (Jonsson, 2011).

A relationship between the work-to-retirement transition and other occupational therapy practice areas is evident ('where') (Figure 10) between: 1) workers and the work-related practice area (e.g. assisting people to gradually transition out of work); 2) retirees and the aged care practice areas (e.g. home modifications to improve home safety in response to declining function as people age); and 3) social health/wellness considerations for people transitioning from work-to-retirement and the mental health practice area. Occupational therapists working in work-related practice, aged care and mental health assisting people within the work-to-retirement transition could be seen as an expansion of scope of practice (Occupational Therapy Board AHPRA, 2019).

The work-to-retirement transition is also a unique practice area (Figure 10). Situating the work-to-retirement transition as its own practice area would bridge the gap between the work-related and aged care practice areas and allow a more targeted service at any stage of the work-to-retirement transition.

Mapping of enablement skills (Townsend et al., 2013) to themes assisted in articulating 'what' occupational therapists can do to enable meaningful occupation in the work-to-retirement transition (Table 23). The application of enablement skills to the work-to-retirement transition is congruent with and builds on the findings from the current scope of practice study (Eagers et al., 2020) and includes:

- *Adapting* daily activities; lifestyles and homes; and work duties.
- *Coaching* around retirement activities; identity in retirement; retirement living location; and cessation or continuation of work.

- *Collaborating* with clients around their work-to-retirement transition (e.g. sustainable retirement occupations, retirement living location, retirement goals). Collaborating with other health professionals and non-health professions to provide services in the work-to-retirement transition.

- *Consulting* with workplaces to provide recommendations on work-to-retirement transition programs.

- *Coordinating* work-to-retirement transitions and referrals to other services.

- *Designing/building* retirement occupations and lifestyles (e.g. new activities and continuation of previous activities related to work and non-work activities considering the individual's skills and abilities and contextual influencers); home modifications and assistive technology prescription (e.g. as function declines with age); and work-to-retirement transition programs (e.g. assisting people to step out of work).

- *Educating* on the work-to-retirement transition process (e.g. what makes a healthy transition to retirement, what to expect in and changes that occur in retirement); meaningful occupation (e.g. importance of and what is meaningful occupation); and occupational therapy role.

- *Engaging* people in meaningful retirement occupations, the work-to-retirement transition, work in later life.

- *Specializing* in the work-to-retirement transition practice area and specific skills related to the work-to-retirement transition (e.g. health promotion, working at a community level).

Although findings from this study did not identify the use of the enablement skill of 'advocate', occupational therapists could advocate for clients to receive support through the work-to-retirement transition. As 'advocate' is about acting on behalf of the client to assist in ensuring their needs are met (Curtin, 2017), occupational therapists may not be involved in advocating until something goes wrong. However, within the work-to-retirement transition 'advocate' could also potentially be used from a health and well-being perspective including advocating for employers to provide transition programs for workers to facilitate healthy work to retirement transitions. Further research is required to explore the use of 'advocate' by occupational therapists in the work-to-retirement transition.

Recommendations for the potential scope of practice of occupational therapy in the work-to-retirement transition in other literature are based on studies of workers and/or retirees or discussion papers. In Sweden, Jonsson (2011) identified that occupational therapists can communicate the importance of and support engagement in meaningful occupations including those not only related

to leisure but those that contribute to society such as volunteer activities: findings similar to our study. In Australia, Eagers, Franklin, Broome, and Yau, (2018) and Eagers et al., (2019) also identified occupational therapists can assist older workers to remain at work, assist people to balance work and other occupations and assist people to plan for retirement.

The 'Do It Now' retirement project run in Australian between October 2005 and June 2006 (Wicks, 2006a, 2006b) is the only literature, apart from the authors' own work, that the authors have identified pertaining to what activities occupational therapists have actually provided in the work-to-retirement transition. The program was targeted at pre-retirees and retirees and provided education on the importance of retirement planning including engagement in meaningful occupation (Wicks, 2006a, 2006b). Findings from the 'Do it Now' project identified participation in the program resulted in an intention to commence or increase participation in community based occupations (Wicks, 2006a). Findings from the 'Do it Now' project along with research from the authors' studies on current and potential scope of practice in the work-to-retirement transition could be used to formulate a program for occupational therapy in the work-to-retirement transition.

A number of contextual factors can influence occupational therapy involvement in the work-to-retirement transition process (Table 24; Figure 9). Funding appears to be a main barrier to occupational therapy working within the work-to-retirement transition. Potential funding sources identified within this study include government, the workplace, superannuation companies, financial planning companies, health insurance companies and the individual. An interrelationship between contextual influencers exists and a contextual influencer can be a barrier and facilitator. For example, if occupational therapists do not value their expertise and do not promote the value of the profession in promoting health and well-being in the work-to-retirement transition process then inability to obtain funding for occupational therapy may occur.

There is a need of occupational therapy to advocate for funding in the work-to-retirement transition. Given the Australian health care system's focus on the medical model and acute care (Philip, 2015), government funding for services prior to the onset of poor health may not be realistic in the short term but should continue to be advocated for. For occupational therapy to provide a preventative health and well-being focus in the work-to-retirement transition, funding through workplaces may be more readily available. The benefits of supporting older workers in the workplace, including remaining at work as part of a transition to retirement, should be highlighted to employers to assist in gaining funding. Benefits of remaining in paid employment for older workers include financial, social aspects, being occupied, having purpose, making a contribution and using skills (Fraser et al., 2009). Benefits to employers include utilisation of older workers' knowledge and

skills (Oakman & Howie, 2013). Further research on the benefits to employers is warranted to identify a wide range of benefits to employers to assist in advocating for their support with transitioning people from work to retirement.

When a decline in mental health occurs in retirement, the Better Access to Mental Health funding scheme can fund occupational therapy services: a funding source currently utilised by occupational therapists (Eagers et al., 2020). The Better Access to Mental Health initiative provides a structured treatment approach for people experiencing a mental health condition with rebates for services available through Medicare (Department of Health, 2019b). Given referral is often from general practitioners (Department of Health, 2019b), occupational therapists could promote themselves to general practitioners as experts in engagement of meaningful occupation for health and well-being and as a valuable resource to assist people to transition from work-to-retirement and when mental health declines in retirement.

5.3.4.1.1 Limitations

This study relates to an Australian context with most participants being from the State of Queensland. Occupational therapists in other areas of Australia and internationally may have different views on how occupational therapy could work within the work-to-retirement transition.

Collectively, participants often identified a range of considerations such as assessments and approaches that could be utilised, funding sources and who occupational therapy could work with and how. Further research may assist in articulating key factors of occupational therapy practice in the work-to-retirement transition. However, occupational therapists can work with a wide variety of people at different stages of the work-to-retirement transition and within different settings. It is possible a variety of factors are relevant to occupational therapy practice in the work-to-retirement transition and, as is common within occupational therapy, the clinician selects the tools that best suit the client and situation.

5.3.5 Key Points for Occupational Therapy

- Occupational therapists have expertise to practice in the work-to-retirement transition
- Contextual factors positively and/or negatively influence occupational therapy practice in the work-to-retirement transition
- Articulating skills that occupational therapy can offer in the work-to-retirement transition will enable the profession to promote their scope of practice

Chapter 6 Discussion, Recommendations and Conclusion
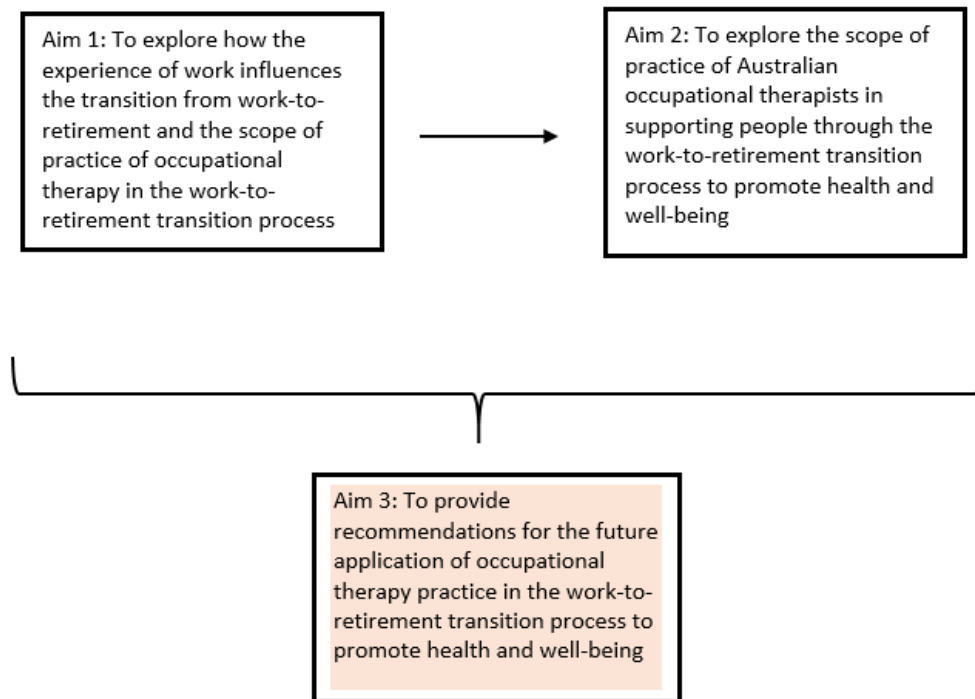
6.1 Chapter Overview

This doctoral study provides a unique insight into the work-to-retirement transition process and offers valuable lessons for improving the retirement process to promote the health and well-being of people retiring. The doctoral study encompassed multiple phases. Study phase one explored how the experience of work, from the perspectives of retirees, influences the transition from work to retirement and the scope of practice of occupational therapy in the work-to-retirement transition (related to Aims 1 and 3). Study phase two explored, from the perspective of occupational therapists, the scope of practice of Australian occupational therapists in the work-to-retirement transition (related to Aims 2 and 3). Each doctoral study phase resulted in two papers, with two preceding literature reviews also published. Overall, this doctoral study identified that: 1) the experience of work influences the work-to-retirement transition (Aim 1); 2) occupational therapists are currently practising in the work-to-retirement transition, although practice often occurs during the course of other work (Aim 2); and 3) there is potential for occupational therapists to increase their practice in the work-to-retirement transition, including providing targeted services to assist people to transition from work to retirement (Aim 2). This doctoral study also provided recommendations for the future application of occupational therapy practice in the work-to-retirement transition to promote health and well-being, based on the findings from study phase one and study phase two (Aim 3).

Chapter 6 provides a reflection on the findings from all studies and then focuses on additional implications and recommendations for future application of occupational therapy practice in the work-to-retirement transition (Aim 3). Chapter 6 also discusses corresponding implications and recommendations for research, student education and the community. The study strengths and limitations and concluding comments will also be presented.

6.2 Reflections

The findings from this doctoral study are contained within six papers. Each paper has its own introduction, methods, results, discussion and conclusion sections. A discussion on each paper was provided in the relevant thesis chapter. Subsequently, this section begins by providing a summary reflection on the doctoral study findings and then reflects on the lessons learnt from this doctoral study, based on the findings from all studies/papers. A summary of confirmation of the researcher's assumptions underpinning the doctoral study and the occupational therapy theoretical lens used within this study will also be presented.

6.2.1 Summary of Reflection on Study Findings

This doctoral study is based on six papers. Reflections on the findings contained within each paper were provided throughout the thesis (Chapter 2, Chapter 4 and Chapter 5), and are summarised in Table 25.

Table 25 Summary of Reflections on Study Findings

Study	Paper Title	Reflection Comments on Study Implications
Literature review	"A review of occupational therapy's contribution to and involvement in the work-to-retirement transition process: An Australian perspective"	It was identified that there is a paucity of literature on occupational therapy in the work-to-retirement transition. This assisted in identifying the need for and subsequent development of: 1) the focus of the doctoral study on scope of practice of occupational therapy in the work-to-retirement transition; and 2) study phase two exploring the scope of practice of occupational therapy in the work-to-retirement transition, from the perspective of occupational therapists, which assisted in providing recommendations for occupational therapy practice in the work-to-retirement transition process.
		Definitions of retirement and work-to-retirement transition stages were developed, which were then used in this doctoral study to assist in exploring the work-to-retirement transition from an occupational perspective.
		It was identified that MOHO and continuity theory are relevant to the work-to-retirement transition process. These frameworks were then used in the doctoral study to: 1) link findings to occupational therapy theory and practice; and 2) conceptualise healthy retirement as a maintenance of healthy occupation.
	"Pre-retirement job and the work-to-retirement transition process in Australia: A review"	It was identified that work affects the work-to-retirement transition, however, findings were not from an occupational perspective. This assisted in identifying the need for and subsequent development of study phase one exploring the experience and influence of work on the work-to-retirement transition from an occupational perspective, through interviews with retirees, which assisted in identifying the effect of work on the work-to-retirement transition from an occupational perspective.
		It was identified that a relationship between work and retirement exists as a result of the impact of work on the work-to-retirement transition. The relationship between work and retirement subsequently demonstrated the relationship of the work-to-retirement transition to continuity theory, and confirmed that a healthy retirement involves maintenance of healthy occupation.
		A number of job classification systems were identified. Some job classification systems (e.g. blue versus white collar) were not clearly defined and consistently used within and between studies, and failed to capture the diversity of jobs that may influence the retirement process. Of the job classification systems identified, ANZSCO was selected as a system balancing detail and conciseness when applied to the work-to-retirement system, and was subsequently used to classify participants' jobs in study phase one to improve study rigour.
Study phase one (experience of work)	"The experiences of work: Retirees' perspectives and the relationship to the role of occupational therapy in the work-to-retirement transition process"	The validity of MOHO to the experience of work to understand an occupational perspective of the work-to-retirement transition was confirmed. It was demonstrated that a link between work experiences and occupational therapy practice via theory (MOHO) exists. It was identified that MOHO can be used by occupational therapists to assist in understanding retirees' experience of work and to subsequently guide practice in the work-to-retirement transition, including as part of the therapeutic reasoning process.

	"Influence of work on the transition to retirement: A qualitative study"	Work influences the transition from work to retirement. This paper identified other facets related to work and the work-to-retirement transition: 1) the heterogeneity of the work-to-retirement transition experience and nonlinearity of the process, while acknowledging existence of broad stages; and 2) that there are positive and negative aspects of the work-to-retirement transition.
		It also confirmed the validity of MOHO to the experience of work to understand an occupational perspective of the work-to-retirement transition. The relationship of the influence of work on the work-to-retirement transition to MOHO volitional processes was identified to assist occupational therapists in directing strategies to assist people through the work-to-retirement transition.
Study phase two (occupational therapy scope of practice)	"Current occupational therapy scope of practice in the work-to-retirement transition: An Australian study"	It was identified that frameworks used in occupational therapy (who, what, when, where; enablement skills) are relevant to occupational therapy practice and can be used by occupational therapists to guide their practice in the work-to-retirement transition.
		It was identified that occupational therapists are practising and can practise within the work-to-retirement transition. This confirmed that the work-to-retirement transition is in the scope of practice of occupational therapists and provides a basis for future practice of occupational therapy in the work-to-retirement transition.
	"Potential occupational therapy scope of practice in the work-to-retirement transition in Australia"	The findings from the study on current occupational therapy scope of practice in the work-to-retirement transition were confirmed within this study on the potential occupational therapy scope of practice in the work-to-retirement transition.
		Recommendations were made for future application of occupational therapy in the work-to-retirement transition, based on the who, what, when, where framework and enablement skills, and taking into consideration contextual influencers. It was identified that the work-to-retirement transition is situated within other practice areas and as its own practice area. These findings assisted in providing further direction for future application of occupational therapy in the work-to-retirement transition.

6.2.2 Lessons Learnt

Four lessons were learnt from this research pertaining to the study aims: 1) the work-to-retirement transition process is a complex process requiring a flexible approach; 2) the inherent nature of occupational therapy results in incorporation of work-to-retirement transition practice; 3) occupational therapy practice in the work-to-retirement transition is evident, but advancement is needed; and 4) occupational therapy scope of practice is a complicated construct. Given that each paper contains its own introduction, methods, results, discussion and conclusion sections, these lessons were formulated through collective consideration of the whole doctoral study. To draw together the findings from this doctoral study, these lessons also contain reflections on the researcher's assumptions underpinning the research (as presented in Chapter 3), and reflection on the key theories and concepts adopted within this doctoral study: continuity theory, the Third Age, health promotion, basic assumptions about occupation, threshold concepts in occupational therapy, MOHO and enablement skills (as presented in Chapter 1 and Chapter 2).

The lessons learnt refer to two key occupational therapy studies previously conducted: 1) a 10-year longitudinal study on retirement by Jonsson (2000, 2011) in Sweden; and 2) the 'Do it Now' retirement project conducted in Australia (Wicks, 2006a, 2006b). An overview of the study by Jonsson is provided in Box 1 and an overview of the 'Do it Now' project is provided in Box 2 to enable ease of reference to these studies within the lessons learnt. The findings from these studies relevant to this doctoral thesis are incorporated into the lessons learnt.

Box 1: Retirement Study by Jonsson (2000, 2011) in Sweden

Jonsson (2000, 2011) completed a 10-year longitudinal study in Sweden following a group of people from work into retirement to study the work-to-retirement transition from an occupational perspective. Jonsson (2000) proposed a model based on MOHO for use in his study. The research encompassed five studies.

Study one was a quantitative study that explored how work and retirement are viewed from the perspective of people who are about to retire (Jonsson, 2000; Jonsson & Andersson, 1999). A total of 76 participants (39 male), aged 63 to 64 years during the year of the study, were recruited to study one (Jonsson, 2000).

Studies two to five were qualitative studies based on three interview time points: 1) when participants were aged 63 to 64 years (workers), 2) when participants were aged 65 to 66 years (new retirees); and 3) when participants were aged 70 to 71 years (established retirees) (Jonsson, 2000).

Study two explored how participants (aged 63 to 64 years) anticipated retirement (Jonsson, 2000; Jonsson et al., 1997). Study two used 32 participants (16 male) who had participated in study one (Jonsson, 2000). Study three explored the experience of retirement as a new retiree (aged 65 to 66 years) (Jonsson, 2000; Jonsson, Josephsson, & Kielhofner, 2000). Study three contained 29 participants (15 males) who had participated in study two (Jonsson, 2000). Narrative analysis was used to explore whether anticipated retirement narratives (from study two) actually occurred in retirement (from study three) (Jonsson, 2000; Jonsson, Josephsson, & Kielhofner, 2000).

Study four explored the work-to-retirement transition through a seven-year longitudinal study following people from working to being established retirees, using all three interviews (when participants were aged 63 to 64 years as workers, aged 65 to 66 years as new retirees, and aged 70 to 71 years as established retirees) (Jonsson, 2000; Jonsson et al., 2001). Study four contained 12 participants (six males) (Jonsson, 1993).

Study five explored how retirees (aged 65 to 66 years) spent their time and their experience of retirement (Jonsson, 2000; Jonsson, Borell, & Sadlo, 2000). Study five used the same participants as study three: 29 participants (15 males) who had participated in study two (Jonsson, 2000).

Box 2: 'Do it Now' Retirement Project in Australia

The 'Do it Now' project was a retirement education program conducted in Shoalhaven, NSW, Australia, between July 2005 and June 2006 (Jonsson, 2000; Wicks, 2006a, 2006b). The purpose of the 'Do it Now' project was to provide education on the importance of planning activities for retirement and staying involved with community activities in retirement (Wicks, 2006b). The 'Do it Now' project drew on evidence from the Well Elderly Study, Jonsson's longitudinal study in Sweden (Jonsson, 2000; Wicks, 2006b), and the relationship between occupation and health (Wicks, 2006a). The Australasian Occupational Science Centre (AOSC) conducted the project (Wicks, 2006b). The project was jointly funded by the Australian Government Regional Partnership Programme, Shoalhaven Council and AOSC (Wicks, 2006b).

One hundred and seventy-one residents from Shoalhaven participated in the program (Wicks, 2006b). There were 20 programs run in total, with separate programs for people aged 55 to 64 years and for people aged 65 years and over (Wicks, 2006a, 2006b). Programs were conducted as a focus group (Wicks, 2006a). Participants were not required to pay to attend the program (Wicks, 2006b).

The program for people aged 55 to 64 years involved one three-hour session (Wicks, 2006a). The program involved asking participants a range of questions in relation to occupational participation in retirement and providing general guidelines around the importance of engagement in occupation during retirement (Wicks, 2006a). Fifty-three people participated in the program (60% male), with the majority being workers (Wicks, 2006b).

The program for people aged 65 years and over involved two three-hour sessions (Wicks, 2006a). The first session provided education on the relationship between occupation and health (Wicks, 2006a). The second session provided education on local community resources and the opportunity to complete an instrument exploring occupational patterns in life and coping with life changes (Wicks, 2006a). In total, 118 people participated in the program (27% male), with the majority being retirees (Wicks, 2006b).

Qualitative and quantitative data were collected from participants. Participants completed a questionnaire during the program to collect information on demographics, current occupational participation and barriers to participation (Wicks, 2006a). Follow-up interviews, approximately three months following the end of the program, were completed with participants to collect information regarding the effect of the program on participants (Wicks, 2006a).

6.2.2.1 Lesson One: The Work-to-Retirement Transition is a Complex Process Requiring a Flexible
Approach

This doctoral study formulated and operated a definition of retirement; however, difficulty
was experienced in use of this definition because of the complexity of the work-to-retirement
transition. No single definition of retirement was identified in the included studies in the literature
review on occupational therapy in the work-to-retirement transition (Section 2.2.1). Subsequently,
this study formulated a definition of retirement that was used in this doctoral study: complete
cessation of paid work (Eagers et al., 2016). Application of the retirement definition proved difficult
in study phase one (experience of work). Participants were recruited on the basis that they were no
longer working because they had chosen to retire. Despite this, some participants indicated that they
would recommence work if the opportunity arose, meaning if the person returned to work, they
would no longer be considered retired. Nonlinearity of the work-to-retirement transition, as people
may move in and out of work, is also supported in the literature (Kojola & Moen, 2016; Maestas,
2010; Platts et al., 2019). To provide a flexible approach to the work-to-retirement transition,
'complete cessation of paid work' could still be used to define retirement, whilst acknowledging that
the stages of retirement (preparation, transition, retired) are not linear and people can move back
and forth between stages.

The difficulty in applying the retirement definition was also evident in study phase two
(occupational therapy scope of practice). Occupational therapists referred to transitioning out of the
Defence Force as a work-to-retirement transition, despite acknowledging that the person may seek
civilian work. The retirement experience of transitioning into alternative work is congruent with
findings from Denton and Spencer (2009), who, from a review of the literature, identified measures
of retirement that included change of career or employment later in life, and/or leaving a main
employer. Once again, the retirement definition of 'complete cessation of paid work' could still be
used, acknowledging that subsets of this definition may exist to accommodate varying experiences of
retirement, including retirement from a job that has unique characteristics, such as the Defence
Force, or an early retirement scheme, such as the Queensland Police Force. Acknowledgement of
subsets of retirement would be particularly important when retirement is due to factors outside the
person's control (e.g. medical retirement from the Defence Force) and results in uncertainty about
whether the person will work again and/or results in the person working in a different environment
(e.g. civilian workforce, as opposed to military workforce).

The use of the word 'retirement' was also identified by one occupational therapist as being
associated with negative connotations and being counterintuitive to occupational therapists.

Although this finding was not reported within a paper as part of this doctoral thesis, one occupational therapy participant noted that, "all people throughout their life need to be actively engaged in meaningful occupation and the word retirement means to withdraw from". The participant preferred words such as 'regeneration', 'regrowth' and 'recreation'. This alternative language to 'retirement' relates to Laslett's (1989) theory on the Third Age, where engagement in meaningful occupation has been identified as important to this life stage, which commences upon retirement (Jonsson, 2011). The reconceptualisation of the language around retirement, taking into consideration the Third Age, is also acknowledged in the literature (Collins, 2003). The use of retirement in this doctoral study as "complete cessation of paid work" may still be applicable, as it relates to withdrawal from the workforce. However, renaming the 'retired' stage of the work-to-retirement transition to more clearly demonstrate continued engagement in meaningful occupation after ceasing work may be warranted. Alternatively, the 'retired' stage may still exist, but instead relate to withdrawal from the workforce, with inclusion of a fourth stage to represent continued engagement in meaningful occupation post-working life. Further research is recommended to reconceptualise the work-to-retirement transition stages, in line with an occupational perspective language.

Although there is a work-to-retirement transition process, varying experiences of this transition result in heterogeneity in terms of experience—a finding that was not surprising. The literature review on occupational therapy in the work-to-retirement transition (Section 2.2.1) identified three stages of retirement that were used in this doctoral study: preparation, transition and retired (Eagers et al., 2016). This doctoral study incorporated 'complete cessation of paid work' within the retired stage, with other processes within the work-to-retirement transition (e.g., gradual reduction in work) incorporated in other stages. The process of retirement was used to conceptualise findings in the literature review exploring pre-retirement job and the work-to-retirement transition (Section 2.3.1). Variances in experiences in all stages of the work-to-retirement transition were identified between white and blue collar workers. The process of retirement was also applied to findings from study phase one (experience of work) concluding that work experiences can positively or negatively influence every stage of the work-to-retirement transition.

The identification and application of the work-to-retirement transition stages in this doctoral study supports the researcher's first, second and third assumptions (presented in Chapter 3) that, respectively, there is a work-to-retirement transition process, work influences the work-to-retirement transition experience, and transitioning from work affects everyday occupational life. Work experiences (e.g., access to flexible work conditions, such as the ability to reduce work hours, and having meaningful and purposeful work) have also been identified in the literature as influencing

retirement pathways (Kojola & Moen, 2016). In Sweden, the study by Jonsson, Josephsson, and Kielhofner (2000) (see Box 1 for study details) also identified a relationship between a person's work experiences and retirement: "to understand a retirement narrative one must understand how a person interpreted his or her work life" (p. 51). The relationship between work experiences and retirement also relates to occupational therapy's basic assumption regarding occupation bringing meaning to life (Polatajko et al., 2013). The meaning attributed to the occupation of work may influence the work-to-retirement transition, which also has a relationship to continuity theory, where similarities exist between work occupations and retirement occupations.

Health was also identified, from this doctoral study, as a factor that can influence the work-to-retirement transition, contributing to the complexity of this transition. Congruent with findings from study phase one (experience of work), poor health has been identified as a factor in deciding to retire (Kojola & Moen, 2016; Pond et al., 2010). In addition, poor health has been identified as a factor in the decision to change jobs or decrease work (Kojola & Moen, 2016; Pond et al., 2010). Study phase one (experience of work) also identified decisions about health, while working could positively or negatively impact retirement. In study phase two (occupational therapy scope of practice), occupational therapists identified that loss of meaningful occupation in retirement could negatively impact health. The relationship between health, work and retirement precipitates varying experiences of the transition from work-to-retirement and provides an avenue for occupational therapy in the work-to-retirement transition. In study phase two (occupational therapy scope of practice), occupational therapists' current scope of practice in the work-to-retirement transition included enabling positive physical and mental health to support occupational engagement in work in later life and retirement. The study exploring the potential scope of practice of occupational therapy in the work-to-retirement transition also supported occupational therapy involvement in facilitating engagement in work and meaningful occupations in retirement—a finding that aligns with the literature (Bratun & Zurc, 2020; Emas et al., 2018; Jonsson et al., 2001). Study phase two (occupational therapy scope of practice) also identified that occupational therapists could assist people to decide whether to work or retire following injury, work with people forced to retire because of poor health, and work with people upon commencement of retirement to consider mental health.

This doctoral study identified that the financial circumstances of the individual are another factor impacting and contributing to the complexity of the work-to-retirement transition. In study phase one (experience of work), financial security could affect the retirement decision, which is congruent with findings in the literature (ABS, 2020; Kojola & Moen, 2016). Study phase one (experience of work) also identified that financial planning could be part of retirement preparation—

a retirement planning activity also identified in the literature (Hunter et al., 2007; Moffatt & Heaven, 2017). Impacts from the COVID-19 pandemic or similar subsequent world events could also potentially influence financial circumstances and subsequently the work-to-retirement transition. The 2007 global financial crisis caused people to reconsider their retirement timing, with some people considering returning to the workforce (Kendig et al., 2013). In study phase two (occupational therapy scope of practice), occupational therapists identified that lack of finances could negatively impact retirement activities. The influence and complexity of financial circumstances for work, retirement and subsequent engagement in work and retirement occupations provides another opportunity for occupational therapy involvement in the work-to-retirement transition. In study phase two (occupational therapy scope of practice), it was identified that occupational therapists can be involved in consideration of retirement finances, and occupational therapists have previously worked and have the potential to work with financial planners.

Involuntary or voluntary retirement may also precipitate varying work-to-retirement transition experiences. In study phase one (experience of work), interviews with retirees were completed with people who had self-identified as choosing to retire. Involuntary retirement (e.g., due to poor health or redundancy (Moffatt & Heaven, 2017; Quine et al., 2007) also exists. Involuntary retirement may precipitate a different experience of, and different support (including occupational therapy) required during, the work-to-retirement transition, compared with someone who has chosen to retire. Little choice in the retirement decision can be associated with poorer health, lower happiness levels (Quine et al., 2007) and poorer life satisfaction (Newton et al., 2019; Noone et al., 2013). In study phase two (occupational therapy scope of practice), occupational therapists identified that forced retirement could be a time point where occupational therapy could become involved in supporting people in the work-to-retirement transition. Other research has identified that occupational therapists could potentially work with people who are transitioning from work to retirement because of poor health, including people who have dementia (Andrew et al., 2019) and progressive neurological conditions, to enhance their quality of life (Brown, 2018). Further research is recommended to explore the experiences of people who involuntarily retire and how this relates to the scope of practice of occupational therapy in the work-to-retirement transition.

Overall, flexibility in the occupational therapy approach to the work-to-retirement transition is recommended to account for differing client experiences in this transition. A flexible approach to practice should also take into account evolving experiences of the work-to-retirement transition. Jonsson, Josephsson, and Kielhofner (2000) (see Box 1 for study details) identified that the way people anticipate retirement varies, with some people anticipating positive and some people anticipating negative experiences, with the actual experience of retirement evolving as anticipated or

changing as a result of external circumstances. Varying and changing experiences in the work-to-retirement transition relate to occupational therapy's basic assumption that occupation is idiosyncratic (Polatajko et al., 2013). Occupation, and thus the occupational changes as a result of the transition from work to retirement, are personal in nature.

6.2.2.2 Lesson Two: The Inherent Nature of Occupational Therapy Results in Incorporation of Work-to-Retirement Transition Practice

It was evident that occupational therapists were incorporating work-to-retirement transition services in their practice, as a result of the profession's focus on meaningful occupation, despite a lack of occupational therapists explicitly working in the work-to-retirement transition. Firstly, occupational therapists mainly used an 'add-on approach' by providing services related to the work-to-retirement transition when working with clients in other practice areas (e.g. occupational rehabilitation) when the client's occupation was impacted as a result of retirement or potential retirement onset. Secondly, some participants did not actually identify as practising in the work-to-retirement transition, but, through analysis, it was determined they actually were. It is likely that the core focus of occupational therapy—engagement in meaningful occupation, along with client-centredness—precipitated occupational therapists' practice in the work-to-retirement transition to promote health and well-being, despite their lack of awareness of or limitations in doing so. The impact of the work-to-retirement transition on a person's life, resulting in occupational therapy involvement, supports the researcher's third assumption (presented in Chapter 3) that transitioning from work to retirement affects everyday occupational life. The impact of retirement on occupational life is supported by Jonsson (2011) (see Box 1 for study details), who identified 'the paradox of freedom', where retirees experience freedom from work demands, yet experience an absence of demands in retirement. The impact of retirement on occupational life also relates to occupational therapy's assumptions regarding occupation organising time and giving life structure, and occupation influencing health and well-being (Polatajko et al., 2013, p. 21). Work can assist in structuring a person's life and the onset of retirement precipitates the need to restructure time to facilitate engagement in meaningful occupations for health and well-being in later life.

The impact of the work-to-retirement transition on a person's life, resulting in occupational therapy involvement, also supports the researcher's fourth assumption (presented in Chapter 3) that the work-to-retirement transition is within the scope of occupational therapy practice. The scope for occupational therapy to facilitate engagement in meaningful occupation in the work-to-retirement transition is also proposed in other research (Bratun & Zurc, 2020; Emas et al., 2018; Jonsson et al.,

2001). Engagement in meaningful occupation in retirement also relates to Laslett's (1989) theory on the Third Age, where active engagement in non-work occupations occurs.

Occupational therapy's focus on meaningful occupation in the work-to-retirement transition aligns with the shift back to the occupation paradigm within the profession (Gustafsson et al., 2014) and relates to competency standards and an occupational perspective of health. Under the AOTCS, Australian occupational therapists are required to support health and well-being through occupation, and acknowledge the link between health, well-being and occupation (Occupational Therapy Board AHPRA, 2020a). Occupational therapy's focus on meaningful occupation in the work-to-retirement transition also highlights the relevance of an occupational perspective of health: doing, being, becoming and belonging (Wilcock & Hocking, 2015). Retirement can be linked to a process of 'becoming', as the transition from work to retirement precipitates a change in life, requiring reworking of goals and aspirations. Consequently, a shift in doing, being and belonging occurs. The loss of the occupation of work may require the reconceptualisation of meaningful occupations for retirement (doing), identity and the sense of who one is (being), and relationships with others (belonging). For example, in study phase one (experience of work), it was identified that preparing for retirement involves consideration of retirement occupations, including current and new activities whilst still working, and retirement occupations could be seen to relate to the person's pre-retirement job (doing). It was also identified that work assists in establishing an identity, and identity loss could occur in retirement, precipitating establishment of a new retirement identity (being). Positive working relationships with work colleagues were also evident, and, in retirement, along with continuing work friendships, new friendships were established outside the workplace to replace lost social connections (belonging).

The relation of retirement to an occupational perspective of health is also evident in the literature. Bratun and Zurc (2020) related findings around motives to continue working after people become eligible for retirement to the concepts of doing, being, becoming and belonging. 'Doing' encompassed occupational engagement and identity related to work. 'Being' encompassed occupational engagement and identity related to work, and searching for meaning in retirement occupations whilst still working (Bratun & Zurc, 2020). 'Becoming' encompassed searching for meaning in retirement occupations whilst still working (Bratun & Zurc, 2020). 'Belonging' encompassed relationships with the organisation and society (Bratun & Zurc, 2020). Bratun and Zurc (2020) called for occupational therapists to recognise these dimensions of an occupational perspective of health in relation to work when working with older workers.

6.2.2.3 Lesson Three: Occupational Therapy Practice in the Work-to-Retirement Transition is Evident, but Advancement is Needed

Study phase two (occupational therapy scope of practice) identified that occupational therapists are currently, albeit often within limitations, beginning to practise within the work-to-retirement transition.

6.2.2.3.1 Assessments, Approaches and Models

A range of tools (assessments, approaches and models) used in occupational therapy practice have been used by occupational therapists when working in this practice area, supporting the researcher's fourth assumption (Chapter 3) that the work-to-retirement transition is within the scope of occupational therapy practice. Pinpointing the more relevant tools may assist in establishing a toolkit for use within the work-to-retirement transition, providing a clearer direction for occupational therapy practice and further shaping the education of occupational therapists and undergraduate occupational therapy students in this practice area. The use of specific tools (e.g. assessments and approaches) in the work-to-retirement transition should be validated.

MOHO was used to contextualise, through a theoretical lens, how the experience of work influences the transition from work to retirement, as this is a common model used in occupational therapy (Lee et al., 2008; Lee et al., 2009). Drawing on work narratives to understand the work-to-retirement transition is also supported by the study of Jonsson, Josephsson, and Kielhofner (2000) (see Box 1 for study details). Mapping of retirees' experience of work (study phase one) to MOHO resulted in the construction of therapeutic reasoning questions for practice, which occupational therapists can use in discussions with clients and/or in their clinical reasoning processes when considering the relevance of someone's work to the work-to-retirement transition. The use of MOHO as part of clinical reasoning processes and to understand the client is evident in the literature (Lee et al., 2009). Findings were also situated within MOHO volitional processes to provide insight into how work influences the work-to-retirement transition over time as people experience, interpret, anticipate and choose occupations. The application of MOHO to findings in this doctoral study supports the researcher's sixth assumption (presented in Chapter 3) that MOHO is appropriate to use in the work-to-retirement transition. This study only used MOHO to explore retirees' experiences of work. Further research to map MOHO to occupational therapy in the work-to-retirement transition could further assist occupational therapists in practising in this area, such as by applying MOHO to retirement experiences and using the findings to generate further therapeutic reasoning questions for occupational therapists to use in practice.
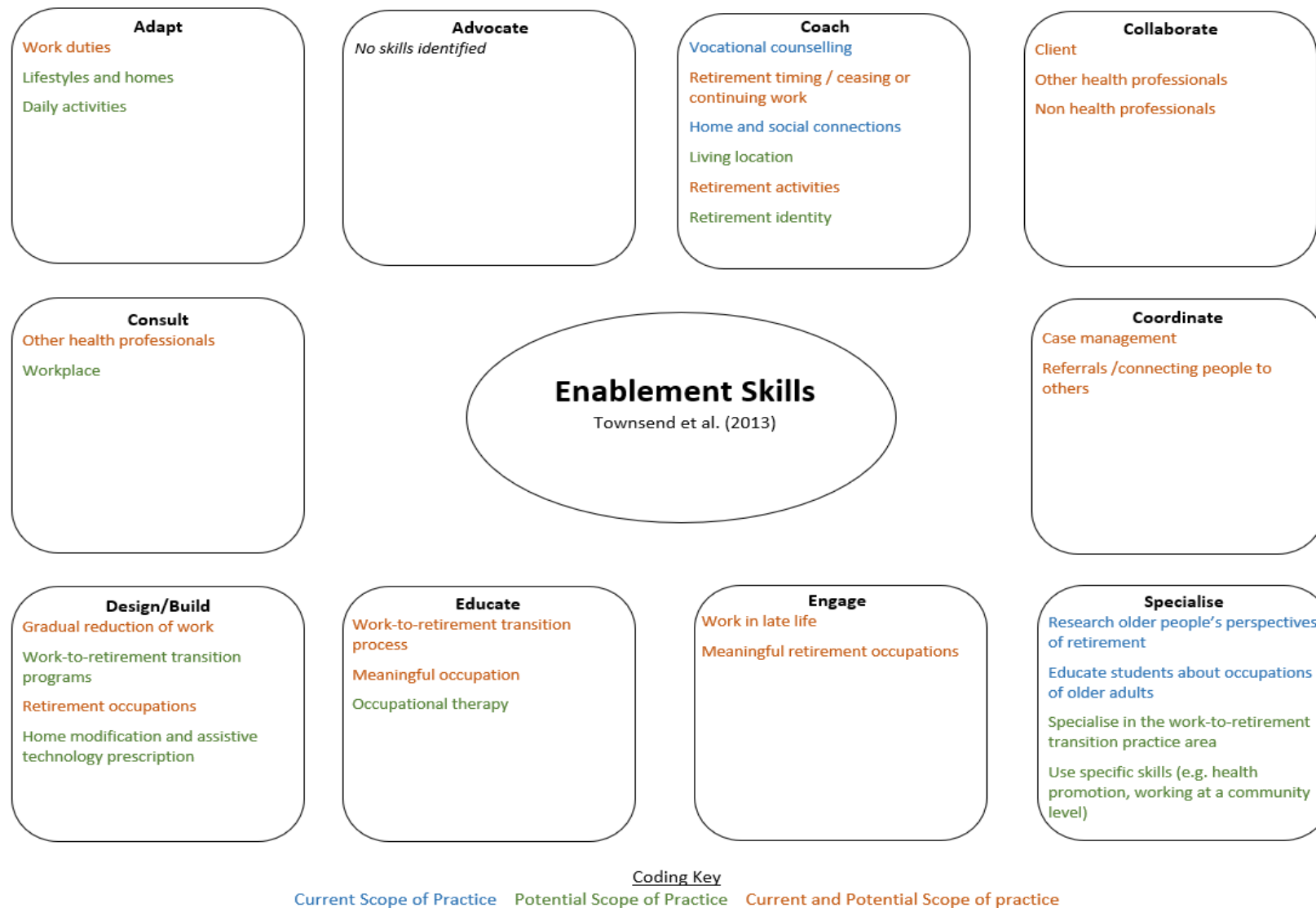
6.2.2.3.2 Who, What, When and Where

Given that the work-to-retirement transition is an emerging area of practice, assisting occupational therapists to understand practice in the work-to-retirement transition, through a framework, will be important. Recommendations for the future application of the occupational therapy scope of practice in the work-to-retirement transition occurred through mapping study phase two (occupational scope of practice) findings to the framework of who, what, when and where (Figure 9). Identification of potential occupational therapy scope of practice supports the researcher's fourth assumption (presented in Chapter 3) that the work-to-retirement transition is within the scope of occupational therapy practice. Occupational therapists can work with workers, people who are transitioning from workers to retirees, and retirees, regardless of health status ('who') (Figure 9).

The application of study findings to enablement skills articulated 'what' occupational therapists can more specifically do in the work-to-retirement transition to enable engagement in meaningful occupation. Application of enablement skills also supports the researcher's fourth assumption (presented in Chapter 3) that the work-to-retirement transition is within the scope of occupational therapy practice. Enablement skills identified from the current and potential scope of practice studies (Chapter 5) are combined in

Figure 11. All enablement skills were identified as being relevant to occupational therapy practice in the work-to-retirement transition, except 'advocate'. Many of the specific examples related to use of the enablement skills were identified both within the current and potential scope of practice studies, which assists in validating the findings. Further studies validating the application of enablement skills, including how 'advocate' can be used, to the work-to-retirement transition are recommended.

Figure 11 Application of Enablement Skills to the Work-to-Retirement Transition

Adapt
Work duties

Lifestyles and homes

Daily activities

Advocate
No skills identified

Coach
Vocational counselling

Retirement timing / ceasing or continuing work

Home and social connections

Living location

Retirement activities

Retirement identity

Collaborate
Client

Other health professionals

Non health professionals

Consult
Other health professionals

Workplace

Enablement Skills
Townsend et al. (2013)

Coordinate
Case management

Referrals /connecting people to others

Design/Build
Gradual reduction of work

Work-to-retirement transition programs

Retirement occupations

Home modification and assistive technology prescription

Educate
Work-to-retirement transition process

Meaningful occupation

Occupational therapy

Engage
Work in late life

Meaningful retirement occupations

Specialise
Research older people's perspectives of retirement

Educate students about occupations of older adults

Specialise in the work-to-retirement transition practice area

Use specific skills (e.g. health promotion, working at a community level)

<u>Coding Key</u>
Current Scope of Practice   Potential Scope of Practice   Current and Potential Scope of practice

The 'Do it Now' retirement education project (see Box 2 for program details) could also be drawn upon to inform occupational therapy practice in the work-to-retirement transition. As an education program, the 'Do it Now' project has a strong link to the enablement skill of 'educate'. As a result of participation in the 'Do it Now' education project, some participants, who were already involved in community-based occupations, intended to engage in new community-based occupations, and some participants, who were not currently participating in community-based occupations, intended to engage in community-based occupations (Wicks, 2006a). The majority (99%) of participants who participated in follow-up interviews agreed that participating in community-based occupations has a positive influence on health (Wicks, 2006b). The study phase two (occupational therapy scope of practice) findings also identified that occupational therapists could be involved in providing education, including on the importance of occupation in retirement, to people in the work-to-retirement transition. The education component of the 'Do it Now' project, combined with findings from this doctoral study, could inform education strategies for future occupational therapy programs. Further exploration of the 'Do it Now' project in conjunction with findings from this doctoral study is recommended.

This doctoral study situated the work-to-retirement transition as its own unique occupational therapy practice area to bridge the gap between the work and aged care practice areas ('where') (Figure 10). Situating the work-to-retirement transition as its own practice area will enable occupational therapists to consider how they may move into the work-to-retirement transition practice area. This also supports the researcher's fifth assumption (presented in Chapter 3) that the work-to-retirement transition is situated between the work-related and aged care practice areas. This study also situated the work-to-retirement transition as embedded in other occupational therapy practice areas, including work-related practice, aged care and mental health ('where') (Figure 10). Situating the work-to-retirement transition in other practice areas will enable occupational therapists to consider how they can include work-to-retirement transition services within their current work. In study phase one (experience of work), it was identified that some retirees wished to return to work. In study phase two (occupational therapy scope of practice), the current scope of practice, validated by the potential scope of practice findings, included working with older workers to enable them to work later in life and as part of a transition from work to retirement. Therefore, occupational therapists working in work-related practice may have opportunities to implement work-to-retirement transition interventions with older workers—a finding supported by Bratun and Zurc (2020). Occupational therapists have also been identified as suited to working with older adults in the workplace as a result of expertise in activity analysis, assessment and modification of work duties, health promotion and healthy ageing (Early et al., 2019).

Occupational therapists working in aged care may also have the opportunity to implement work-to-retirement transition interventions. In study phase two (occupational therapy scope of practice), the current scope of practice of occupational therapists in the work-to-retirement transition included working with older people because of health reasons and seeing the outcome of a person's retirement. Potential scope of practice of occupational therapy in the work-to-retirement transition related to assisting people to remain living at home as health deteriorates because of age. Working with older adults, as a result of a decline in health, relates to secondary or tertiary health promotion preventive measures. Aged care in occupational therapy is now also focusing on preventive health with well older adults (Clark et al., 1997; WFOT, 2020b) creating opportunities for occupational therapists working with older adults to incorporate the work-to-retirement transition in their practice to promote health and well-being as part of a primary health promotion preventive measure. The 'Do it Now' project (see Box 2 for project details) is an example of a health promotion preventive measure. In particular, a focus on education strategies, with pre-retirees, in planning for retirement activities in retirement was encouraged prior to retirement to assist in preventing ill health in retirement. Further work to explore preventive occupational therapy in relation to the work-to-retirement transition in aged care settings is required, including consideration of how the 'Do it Now' project could be used for future practice.

Occupational therapists working in mental health may also be able to incorporate work-to-retirement transition practice in their work. In study phase one (experience of work), it was identified that the transition from work to retirement could be difficult to adjust to, and a sense of loss and loss of identity could occur, resulting in feelings of depression and low self-worth. In study phase two (occupational therapy scope of practice), current practice of occupational therapists in the work-to-retirement transition included facilitating mental health (including addressing social isolation and loneliness) to support occupational performance—a practice that aligns with the Royal Commission aged care reform (Royal Commission into Aged Care Quality and Safety, 2021). Some occupational therapists were using the Better Access to Mental Health funding scheme when working with people experiencing poor mental health in retirement. Findings on the potential scope of practice also supported occupational therapists' consideration of mental health and funding through Better Access to Mental Health.

6.2.2.3.3 Contextual Influencers

The frameworks used and developed in this doctoral study (who, what, when, where; enablement skills; situation of the work-to-retirement transition as a practice area) can also be used to promote and communicate the role of occupational therapy practice in this transition to people

outside the profession. Study phase two (occupational therapy scope of practice) identified that barriers to occupational therapy practice in the work-to-retirement transition include a lack of understanding of the profession by others, and that occupational therapists need to promote their services. A lack of understanding of occupational therapy by others is not uncommon to occupational therapy. A study of the general public's understanding of occupational therapy services for older people in Australia identified that over half of the participants had a limited understanding of occupational therapy (Rahja & Laver, 2019). A lack of understanding of occupational therapy by other health professionals and clients has been identified as a source of job dissatisfaction for occupational therapists (Moore et al., 2006). Other consequences of lack of a strong professional identity in occupational therapy include an inability to think strategically, being influenced too much by other practitioners and feeling undervalued (Turner & Knight, 2015). Educating other health professionals and the general public on the role of occupational therapy in the work-to-retirement transition will be important for occupational therapists to receive referrals. If other people do not understand what the occupational therapy profession can offer, they will be unlikely to seek and engage with occupational therapy.

This doctoral study also identified a number of contextual influences (barriers and facilitators) to the scope of occupational therapy practice in the work-to-retirement transition: promotion of occupational therapy; funding; expertise; timing; life, work and retirement longevity; and social responsibility (Figure 9). Barriers to practice should be addressed, with funding appearing to be a main barrier. Without clear funding sources, occupational therapy practice in the work-to-retirement transition is limited. For example, study phase two (occupational therapy scope of practice) identified that occupational therapists often provide work-to-retirement transition services in the course of other work, with services being limited because of this service provision model. Lack of funding for occupational therapy services is not unique to the work-to-retirement transition. In Australia, lack of funding has also been identified as a barrier for occupational therapists working in community health settings (Quick et al., 2010) and palliative care (Halkett et al., 2010).

Use of other contextual influencers may assist in overcoming funding barriers. The contextual influences of life, work and retirement longevity, and social responsibility provide an opportunity for occupational therapy to work in the work-to-retirement transition. The contextual influences of occupational therapy expertise and promotion of occupational therapy highlight valuable resources that the occupational therapy profession can use to advocate for the profession in the work-to-retirement transition. Understanding the expertise of occupational therapy and how this relates to the work-to-retirement transition is important for the profession to be able to promote occupational therapy and the role of occupational therapy in the work-to-retirement transition. By

focusing on the need for engagement in meaningful occupation as people age and the value of occupational therapy to achieving this, the profession may be able to obtain funding to provide services in the work-to-retirement transition.

Health economics could be used to assist in advocating for funding for occupational therapy involvement in the work-to-retirement transition. Health economics focuses on "improving the level and distribution of population health with the resources available" (V. Wiseman, 2011, pp. 19-20). Economic evaluation involves comparing courses of action in relation to costs and consequences (Drummond et al., 2015). Cost-effectiveness analysis is a common economic evaluation associated with healthcare (Sampson et al., 2014; V. Wiseman & Jan, 2011) and enables comparison of interventions through consideration of costs and health outcomes (V. Wiseman & Jan, 2011). Interventions assessed through cost-effectiveness analysis include: 1) a single intervention compared with no intervention or current practice; 2) expanding or contracting an intervention; and 3) comparing two interventions competing for the same resources (Walker, 2011). Health economics has previously been used in occupational therapy, including in the Lifestyle Redesign® study (Clark et al., 2012), where "the intervention group had a significantly greater increment in quality-adjusted life years (p <0.02)" (Clark et al., 2012, p. 782). Health economics has also been used to examine occupational therapy interventions for older people with dementia (Graff et al., 2008) and occupational therapy pre-discharge home assessment visits versus pre-discharge home assessment interviews after stroke (Sampson et al., 2014). In relation to the work-to-retirement transition, a comparison of interventions could potentially include the use of occupational therapy intervention versus no occupational therapy intervention. Different types of occupational therapy interventions could also be compared when funding is limited to determine which occupational therapy intervention funding should be directed towards, such as comparing occupational therapy interventions prior to people ceasing work versus interventions once people have retired. Further research is recommended to complete a health economics analysis in relation to occupational therapy practice in the work-to-retirement transition.

Understanding the 'right time' to provide occupational therapy services in the work-to-retirement transition—another contextual influencer—is important to direct the promotion of occupational therapy to the best target audience and obtain relevant funding. Study phase two (occupational therapy scope of practice) identified a variety of time points where occupational therapy intervention may be beneficial in the work-to-retirement transition. Intervention time points include prior to ceasing work to assist in the transition to retirement (aligning with health promotion primary prevention) and once people are retired and experiencing difficulties in retirement (aligning with health promotion secondary or tertiary prevention). These same time points were also

identified in other research, providing recommendations for occupational therapy in the work-to-retirement transition (Bratun & Zurc, 2020; Pettican & Prior, 2011).

In study phase two (occupational therapy scope of practice), the workplace was identified as a potential funding source and a setting to deliver occupational therapy programs to assist people in transitioning from work to retirement. The workplace setting would align with targeting people prior to retirement and to a primary health promotion prevention approach (WHO, 1998) through facilitating positive transitions to retirement and preventing ill health as a result of transitioning from work to retirement. Participants in study phase two (occupational therapy scope of practice) related workplace funding to corporate social responsibility. Various definitions of corporate social responsibility exist; however, five dimensions of corporate social responsibility have been identified: environmental, social, economic, stakeholder and voluntariness (Dahlsrud, 2008). The stakeholder dimension of corporate social responsibility has particular relevance to older workers and the work-to-retirement transition, as it includes "how organisations interact with employees" (Dahlsrud, 2008, p. 4). Research has identified engagement in corporate health responsibility as being "significantly and negatively associated with employee turnover" ($p=0.001$) and significantly associated with a positive firm reputation ($p=0.000$) (Galbreath, 2010, p. 421). Therefore, drawing on the premise of corporate social responsibility, including the benefits to the workplace of giving back to employees, may assist occupational therapists to receive workplace funding to implement work-to-retirement transition programs in the workplace.

Other workplace setting funding schemes, such as workers' compensation and JobAccess, have the potential to be used by occupational therapists to assist older workers to remain at work as part of a transition from work to retirement. Workers' compensation is currently accessed by occupational therapists when working in the work-related practice area, including as part of clarifying whether a person is fit to continue performing their job or not. As funding schemes evolve, there is potential for more explicit funding from work-related funding schemes to be available for occupational therapists to support people transitioning from work to retirement. Occupational therapists should monitor work-related funding schemes for any potential changes relevant to supporting the profession to practise in the work-to-retirement transition.

General practitioners are another possible referral source for occupational therapy in the work-to-retirement transition. In study phase two (occupational therapy scope of practice), it was identified that general practitioners refer older people for occupational therapy. Most people are also in contact with general practitioners, with 85% of Australians in 2014-15 having consulted at least one general practitioner in the past 12 months (AIHW, 2018), making general practitioners a

potential avenue to assist occupational therapy to capture people in the work-to-retirement transition. It is also possible that general practitioners may consult with older adults more regularly than with the average person because of declining function with age, thus further increasing the opportunity for occupational therapists to capture people, through general practitioners, in the work-to-retirement transition. Referral from general practitioners could align with primary, secondary or tertiary health promotion prevention strategies (WHO, 1998), depending on the time point in the client's life at which referral occurs.

Although general practitioners may be a key source of referrals for occupational therapy, as they already have contact with older adults, raising awareness of occupational therapy in the work-to-retirement transition is required. In study phase two (occupational therapy scope of practice), it was identified that referral of older people from general practitioners to occupational therapists is not for a specific service. Non-specific referrals may indicate that general practitioners have a lack of awareness of occupational therapy, providing a barrier for referral—a factor not uncommon within occupational therapy and other allied health professions. A study on referrals from general practitioners to allied health professionals for falls prevention identified that some general practitioners were unaware how allied health professionals can assist with falls prevention (Liddle et al., 2020). General practitioners were also more likely to refer to allied health professionals if they knew the allied health professional, rather than through the allied health professional sending a brochure to a general practitioner promoting their services (Liddle et al., 2020). Although findings from this study were based on a different program (falls prevention) and not just with occupational therapists, some of the same barriers may exist for occupational therapy in the work-to-retirement transition (Liddle et al., 2020). Therefore, it may be insufficient to generally promote occupational therapy to general practitioners. Instead, occupational therapists may need to source referrals from general practitioners using their existing relationships with specific general practitioners.

Possible funding avenues for occupational therapy for people who are referred by their general practitioner also need to be explicit. Funding avenues could include Better Access to Mental Health or private health insurance. Although not clearly identified by participants as a current or potential funding scheme for occupational therapy in the work-to-retirement transition, there is potential for the NDIS, as it continues to evolve, to fund occupational therapy to support people with a disability to transition from work to retirement. Occupational therapists should monitor the NDIS for any potential changes relevant to supporting the profession to practise in the work-to-retirement transition. Further research is required on using general practitioners as a source for referral to occupational therapy and subsequent funding for occupational therapy in the work-to-retirement transition.

Financial planners may be another referral source for occupational therapy in the work-to-retirement transition. Study phase two (occupational therapy scope of practice) identified that partnerships with financial planners have previously been an avenue and are a potential future avenue to promote occupational therapy in the work-to-retirement transition. Partnerships with financial planners could be a way to target people prior to retirement relating to a primary health promotion prevention approach to assist in facilitating positive and healthy retirement transitions. The literature review on pre-retirement jobs and the work-to-retirement transition, completed as part of this thesis (Section 2.3.1), identified financial planning, retirement funds and financial satisfaction as influencing factors in the work-to-retirement transition (Eagers, Franklin, Yau, & Broome, 2018). Financial planning for retirement has also been reported as a common planning activity undertaken by retirees (Hunter et al., 2007; Moffatt & Heaven, 2017), along with planning a retirement life, including retirement occupations (Moffatt & Heaven, 2017). Therefore, relating occupational therapy (engagement in meaningful occupation) (Broome & Kennedy-Behr, 2017) to the financial side of retirement (funds for what people want to do in retirement) creates opportunity for the profession to work with financial planners in the work-to-retirement transition. Occupational therapists may also be able to incorporate financial considerations for retirement occupations as part of their work—a finding identified in study phase two (occupational therapy scope of practice); however, further research on this is required.

6.2.2.3.4 Future Directions

The findings from this doctoral study indicate that occupational therapy has the potential to use population-based and individual approaches in the work-to-retirement transition. Other research has also identified that occupational therapy has the potential to work at individual and societal levels (Jonsson & Andersson, 1999). Study phase two (occupational therapy scope of practice) identified that occupational therapists could work with pre-retirees, people transitioning from work to retirement, and retirees. The workplace, general practitioners and other companies (e.g. financial planning, private health insurance and superannuation) were identified as sources of funding, referrals and/or settings for occupational therapy practice in the work-to-retirement transition. Further research could explore the benefits of occupational therapy in various contexts, such as: 1) whether occupational therapy programs in the workplace should be targeted at a group or individual level and what these programs should look like; and 2) whether occupational therapists should promote themselves to general practitioners as providing one-on-one services or group-based programs (or both).

6.2.2.4 Lesson Four: Occupational Therapy Scope of Practice is a Complicated Construct

Occupational therapy scope of practice in relation to work, retirement and ageing was identified as being complicated in four ways: 1) broad application and range of terms used inconsistently; 2) overlap between practice areas; 3) occupational therapy scope of practice based on findings from a variety of studies; and 4) general and advanced scope of practice frameworks.

Occupational therapy scope of practice is expressed in general terms (Occupational Therapy Australia, 2017). A general scope of practice is advantageous to the profession, as it allows the breadth of practice within the profession to be reflected and for the profession to evolve (Occupational Therapy Australia, 2017), providing scope for the work-to-retirement transition to be included in occupational therapy practice. However, during this research, a lack of clarity around occupational therapy scope of practice was evident as a result of a range of terms used in the literature that are not always used consistently. In relation to occupational therapy in the practice area related to work, the researcher had previously used the term 'occupational rehabilitation' to refer to both workplace injury prevention and injury management. However, exploration of the literature during the course of this doctoral study identified a range of terms used in the practice area related to work (as described in the Chapter 1). These terms include 'occupational health', 'work-related practice', 'occupational rehabilitation', 'workplace rehabilitation' and 'vocational rehabilitation', with inconsistency in definitions of these terms occurring at times. Subsequently, in this thesis, a variety of terms were used when referring to occupational therapy in the practice area related to work. Reflecting on what the researcher now knows, 'work-related practice' may be a more appropriate overarching term for use in occupational therapy, which encompasses occupational rehabilitation (injury management only), injury prevention and vocational rehabilitation (attaining employment) elements. Occupational health could be seen as a wider concept, as it applies to other areas besides occupational therapy. There is a need to clarify and consolidate these terms and their relationship to each other.

An overlap between practice areas was also demonstrated within this doctoral study. This study embedded the work-to-retirement transition in other occupational therapy practice areas of work-related practice, aged care and mental health. For example, occupational therapy practice in the work-to-retirement transition may relate to work-related practice activities. Occupational rehabilitation, related to the work-to-retirement transition, may involve the management of injured older workers, including consideration of whether to continue working or retire (a finding identified in study phase two—occupational therapy scope of practice). Injury prevention, related to the work-to-retirement transition, may involve a gradual reduction of work into retirement and/or adapting

work duties to enable continuation of work in a safe manner (a finding identified in study phase two—occupational therapy scope of practice). Vocational rehabilitation, related to the work-to-retirement transition, may involve engaging people in work in later life (a finding identified in study phase two—occupational therapy scope of practice). The scope for occupational therapy to work with older workers as part of the work-to-retirement transition is also supported in the literature. Occupational therapists can help people make the decision to retire or to continue working, and assist people to continue working or plan for retirement occupations (Bratun & Zurc, 2020). Clarification and consolidation of work-related practice terms and relationship to the work-to-retirement transition practice is required to assist in articulating occupational therapy scope of practice in the work-to-retirement transition.

An overlap between the practice areas may assist occupational therapists working in other practice areas to incorporate work-to-retirement transition practice within their current work. However, it may inadvertently influence the ability to obtain clarity on the scope of practice of occupational therapy in the work-to-retirement transition, as work-to-retirement transition practice may not be explicit in what occupational therapists do. Therefore, this doctoral study also situated the work-to-retirement transition as its own unique occupational therapy practice area to assist in clearly articulating occupational therapy practice in this area.

Recommendations for occupational therapy scope of practice in the work-to-retirement transition are based on findings from a variety of studies within this doctoral study (interviews with retirees and occupational therapists), demonstrating a range of factors that can be used to establish scope of practice. Other researchers have previously provided recommendations based on studies (qualitative and/or qualitative) with workers and/or retirees (not with occupational therapists), as evidenced by: 1) the literature review completed as part of this study on occupational therapy in the work-to-retirement transition in Australia, in which all included studies were qualitative (Eagers et al., 2016); 2) the qualitative study in Australia published since the literature review (Goods & Millsteed, 2016); and 3) international qualitative studies (Bratun & Zurc, 2020; Jonsson, 2011; Jonsson et al., 2001; Jonsson, Josephsson, & Kielhofner, 2000; Pettican & Prior, 2011), quantitative studies (Chan et al., 2015; Dorfman & Rubenstein, 1994; Jonsson & Andersson, 1999; Oakley & Pratt, 1997) and mixed-methods studies (Cole & Macdonald, 2011; Emas et al., 2018) (Chapter 2). Recommendations in this qualitative doctoral study on the scope of practice of occupational therapy in the work-to-retirement transition were based on: 1) the experience of work (from the perspective of retirees); 2) the current scope of practice of occupational therapists (from the perspective of occupational therapists); and 3) the potential scope of practice recommendations (from the perspective of occupational therapists). Subsequently, this doctoral study expands on the scope of

practice of occupational therapy in the work-to-retirement transition, while also demonstrating the multifaceted nature of providing recommendations on scope of practice.

This doctoral study also reflects the depth of information that can be obtained from a qualitative study. Upon commencement of this doctoral study, it was anticipated that a mixed-methods study design would be used. However, because of the complexity of scope of practice (who, what, when and where factors) and the subsequent depth of information obtained from interviews with occupational therapists, it was decided that the results from the interviews would not be used within this doctoral study to inform a quantitative study to assist in further informing occupational therapy scope of practice in the work-to-retirement transition. It was determined that use of a survey approach in an emerging area of practice would add little additional detail to the qualitative data already obtained. As the field of occupational therapy in the work-to-retirement transition grows, to obtain a greater understanding of the work-to-retirement process, follow-up work will be required, which may include quantitative studies, including surveying occupational therapists.

Occupational therapy practice in the work-to-retirement transition can be seen to relate to occupational therapy general and advanced scope of practice, demonstrating the complexity of occupational therapy practice in this occupational transition. Threshold concepts in occupational therapy were identified as relevant in the work-to-retirement transition (Section 6.2.4). The use of threshold concepts in the work-to-retirement transition could be related to occupational therapy general scope of practice (Occupational Therapy Australia, 2017), as threshold concepts (e.g. meaningful occupation and client-centred practice) are core activities relevant to all occupational therapists. More complex and/or less used concepts by occupational therapists—such as health promotion, coaching, case management and working at a community level—were also evident within this doctoral study and can be related to advanced scope of practice, where a higher level of knowledge and skills are required to practise in the work-to-retirement transition (Occupational Therapy Australia, 2017). This indicates that occupational therapists have core skills that can be applied to the work-to-retirement transition; however, upskilling may be needed to enable occupational therapists to be experts in the work-to-retirement transition.

6.2.3 Confirmation of Assumptions

Six assumptions underpinning the research were presented in Chapter 3. This doctoral study confirmed these assumptions, as discussed in the previous section on the lessons learnt (Section 6.2.2), indicating that the work-to-retirement transition is relevant to an occupational perspective and occupational therapy practice. Summary comments on the confirmation of these assumptions are presented in Table 26.

Table 26 Confirmation of Assumptions Underpinning the Research

Assumption	Confirmatory Comments
1. There is a work-to-retirement transition process	Stages of retirement (preparation, transition, retired) were identified within the literature review exploring occupational therapy in the work-to-retirement transition (Section 2.2.1).
	The stages of the work-to-retirement transition were used to conceptualise findings within the literature review exploring pre-retirement jobs and the work-to-retirement transition (Section 2.3.1) in study phase one (experience of work—Chapter 4) and study phase two (occupational therapy scope of practice—Chapter 5).
2. Work influences the work-to-retirement transition experience	The literature review exploring pre-retirement jobs and the work-to-retirement transition identified varying experiences between people from different pre-retirement jobs in all stages of this transition.
	Study phase one (experience of work) confirmed that work experiences can positively and negatively influence every stage of the work-to-retirement transition (Chapter 4).
3. Transitioning from work to retirement affects everyday occupational life	Study phase one (experience of work) confirmed that work experiences can positively or negatively influence the work-to-retirement transition (Chapter 4).
	Study phase two (occupational therapy scope of practice) identified that occupational therapists are currently practising in the work-to-retirement transition when the need arises in the course of other work in which they are engaged, as a result of occupational impacts on the client related to retirement or potential retirement onset (Chapter 5).
4. There is scope for occupational therapy to practise in the work-to-retirement transition to assist people to transition from work to retirement and to enable health and well-being	Study phase two (occupational therapy scope of practice) identified that occupational therapists are currently practising in the work-to-retirement transition. The study identified that occupational therapists currently use a range of tools (assessments, approaches, models) in the work-to-retirement transition. Findings were mapped to occupational therapy frameworks (who, what, when, where; enablement skills) to assist in articulating occupational therapy scope of practice in the work-to-retirement transition (Chapter 5).
5. Occupational therapy practice in the work-to-retirement transition can be situated between the work-related and aged care practice areas	Findings from study phase two (occupational therapy scope of practice) were used to recommend future application of occupational therapy in the work-to-retirement transition. This included situating the work-to-retirement transition between the work-related and aged care practice areas (Chapter 5).
6. MOHO is appropriate for use in an Australian context to understand the occupational perspective of the work-to-retirement transition and to assist in guiding occupational therapy practice	In study phase one (experience of work), MOHO was used to contextualise how the experience of work influences the transition from work to retirement. Findings from this study supported a theoretical link between work experience and occupational therapy practice via occupational therapy theory (MOHO) (Chapter 4).

6.2.4 Confirmation of Occupational Therapy Theoretical Lens

Four main occupational therapy theoretical constructs were adopted in this doctoral study. This study confirmed the applicability of occupational therapy's basic assumptions about occupation,

threshold concepts in occupational therapy, MOHO and enablement skills to occupational therapy practice in the work-to-retirement transition, as discussed under lessons learnt (Section 6.2.2). Table 27 provides summary comments on the confirmation of these theoretical constructs.

Table 27 Confirmation of Theoretical Constructs Used in This Doctoral Study

Theoretical Construct	Confirmatory Comments
Basic assumptions about occupation	*Occupation affects health and well-being:* Work can assist in structuring a person's life, and the onset of retirement precipitates the need to restructure time to facilitate engagement in meaningful occupations for health and well-being in later life.
	Occupation organises time and brings structure to life: Work can assist in structuring a person's life, and the onset of retirement precipitates the need to restructure time to facilitate engagement in meaningful occupations for health and well-being in later life.
	Occupation brings meaning to life: The meaning attributed to the occupation of work may influence the work-to-retirement transition.
	Occupations are idiosyncratic: Occupation, and thus the occupational changes as a result of the transition from work to retirement, are personal in nature.
Threshold concepts	*Occupational therapy models and theory:* Findings from this doctoral study supported a theoretical link between work experience and occupational therapy practice in the work-to-retirement transition via MOHO.
	Evidence-based practice: This doctoral study provides research evidence to support the scope of practice of occupational therapy in the work-to-retirement transition. This study used findings from retirees' narratives on their experience of work and occupational therapists' clinical experiences related to and suggestions on scope of practice of occupational therapy in the work-to-retirement transition to inform occupational therapy practice in this occupational transition.
	Clinical reasoning: Therapeutic reasoning questions for practice (from MOHO) were developed, in response to retirees' experience of work, to assist in guiding occupational therapy practice in the work-to-retirement transition.
	Discipline-specific skills and knowledge: This doctoral study has developed knowledge of occupational therapy practice in the work-to-retirement transition practice. This includes identifying possible assessments and approaches that occupational therapists can use to support people in this occupational transition. The application of discipline knowledge around occupation (basic assumptions about occupation; occupational perspective of health) also contributes to the skills and knowledge for occupational therapy practice in the work-to-retirement transition.
	Practising in context: This doctoral study has provided links between occupational therapy theory (e.g., enablement skills) and current occupational therapy practice in the work-to-retirement transition to assist the advancement of occupational therapy practice in this transition in the 'real world'. This doctoral study has also provided links between theory (e.g., MOHO, enablement skills) and potential occupational therapy practice in the work-to-retirement transition, and considered contextual influencers on occupational therapy practice in the work-to-retirement transition, to further advance the profession in this practice area. In particular, potential funding systems that occupational therapists could use to fund the profession to practice in the work-to-retirement transition were discussed.
	Client-centred approach: Study phase one (experience of work) provided an understanding of the experience of work, from the perspective of retirees, and how this relates to occupational therapy in the work-to-retirement transition. Findings from study phase two (occupational therapy scope of practice) also identified, from the perspective of occupational therapists, the importance of understanding the client's individual experiences.

	Occupation: This doctoral study identified recommendations for the occupational therapy profession to enable people to engage in meaningful occupation in the work-to-retirement transition to promote health and well-being as people age. This included considering retirement occupations that relate to work. *Occupational therapist role:* Study phase two (occupational therapy scope of practice) assisted in articulating the scope of occupational therapy in the work-to-retirement transition (e.g. through the framework of who, what, when, where). This study situated the work-to-retirement transition as an occupational therapy practice area embedded within other practice areas and as its own unique practice area. This study also situated 'occupation' as the focus of occupational therapy practice in the work-to-retirement transition. *Reflective practice:* Study phase two (occupational therapy scope of practice) enabled occupational therapists to reflect on their current practice and the profession's potential scope of practice in the work-to-retirement transition. *Holistic approach:* Study phase two (occupational therapy scope of practice) identified the various client factors (personal, environmental, occupational) that occupational therapists should consider when working in the work-to-retirement transition.
MOHO	Findings in study phase one (experience of work) were mapped to the concepts within the MOHO to understand the experience of work from an occupational perspective. Therapeutic reasoning questions for occupational therapy practice were then produced from the study findings/MOHO concepts. Findings in study phase one (experience of work) were also mapped to MOHO volitional processes to assist in understanding the experience of work from an occupational perspective. Findings from this study supported a theoretical link between work experience and occupational therapy practice via MOHO (Chapter 4).
Enablement skills	Findings in study phase two (occupational therapy scope of practice) were used to articulate what occupational therapists are currently doing in the work-to-retirement transition (current scope of practice) and what they can potentially do in the work-to-retirement transition (potential scope of practice) through application of enablement skills (Chapter 5).

6.3 Implications and Recommendations

In discussing the lessons learnt from this doctoral study (Section 6.2.2), a number of recommendations were evident relevant to occupational therapy practice and research. This section begins by providing a summary of the recommendations for occupational therapy practice and research. Implications and recommendations for the community and student education are also discussed.

6.3.1 Implications and Recommendations for Future Application of Occupational Therapy Practice

Recommendations for future application of occupational therapy practice in the work-to-retirement transition process were presented in the lessons learnt from this doctoral study (Section 6.2.2). This section provides a summary of these recommendations, along with additional recommendations. Recommendations for future application of occupational therapy practice in the work-to-retirement transition could include:

- Use of MOHO to understand the client and as part of clinical reasoning processes.

- Use of frameworks within this doctoral study (who, what, when, where; enablement skills; situation of the work-to-retirement transition as a practice area) to: 1) assist occupational therapists to understand the profession's scope of practice in the work-to-retirement transition; and 2) provide a useful scope of practice framework to advance the profession in other practice areas.

- Use of findings from this doctoral study in conjunction with the 'Do it Now' project to design health-promoting programs for retirees and pre-retirees.

- Communicating occupational therapy scope of practice in the work-to-retirement transition. Given that the work-to-retirement transition is an emerging area of practice about which little is known, communicating findings from this doctoral study will be important for the development of occupational therapy practice in this transition. The frameworks within this study (who, what, when, where; enablement skills; situation of the work-to-retirement transition as a practice area) can be used to promote and communicate the role of occupational therapy practice in this transition to people outside the profession.

- Recognising the work-to-retirement transition as an occupational therapy practice area. The work-to-retirement transition has not been clearly recognised as a practice area in occupational therapy. Advocating to occupational therapy profession bodies (e.g. Occupational Therapy Australia) may assist in having the work-to-retirement transition identified as a practice area in occupational therapy. This would also assist in promoting and communicating occupational therapy in the work-to-retirement transition and hopefully increase the work of occupational therapists in this practice area.

- Advocating for referrals/funding for occupational therapy in the work-to-retirement transition. For occupational therapy to practise in the work-to-retirement transition, connections with potential referral sources need to be established to advocate for referrals and funding. Workplaces, general practitioners and financial planners may be suitable avenues to whom to advocate.

Subsequently, the following next steps are recommended for occupational therapists to action the profession's practice in the work-to-retirement transition:

- Consulting with large companies to develop work-to-retirement transition programs, funded by the workplace, to assist in facilitating healthy retirement transitions of workers. A needs analysis of the company, focusing on work-to-retirement transition requirements, should be conducted. Findings from the needs analysis should be incorporated with findings from this doctoral thesis along with educational components

from the 'Do it Now' project around the importance of planning for retirement, including engagement in occupation, to develop a work-to-retirement transition program. The work-to-retirement transition program could include assisting older workers to remain in the workforce (e.g. through adapting their work duties) as part of their transition from work-to-retirement whilst establishing meaningful retirement activities. Services could involve group and individual components for workers. Evaluation of the effectiveness of programs should occur assisting in the establishment of a baseline work-to-retirement transition program which can be adapted to suit a workplace's needs (based on a needs analysis).

- Establishment of a referral network with general practitioners whereby general practitioners can refer to occupational therapists to provide individual consulting services to people experiencing difficulties as a result of the work-to-retirement transition. Occupational therapists could use their existing general practitioner networks to promote their services. Services occupational therapists could offer may include establishment of meaningful retirement activities and home environments to promote healthy ageing in retirement. Funding for occupational therapy could occur through Better Access to Mental Health, Department of Veteran or private health insurance.

- Establishment of connections with financial planners, whereby occupational therapists provide educational components, based on the 'Do it Now' project, to assist people to plan for retirement including establishment of meaningful retirement occupations within a person's financial means. Services could be provided either as part of financial planning group education sessions, funded by the financial planning company, or one-on-one consulting services funded by the individual or through private health insurance. Evaluation of the effectiveness of group programs should occur assisting in the establishment of a baseline work-to-retirement transition program which can be marketed to financial planners.

6.3.2 Implications and Recommendations for Research

Recommendations for research related to occupational therapy practice in the work-to-retirement transition process were presented in the lessons learnt from this doctoral study (Section 6.2.2). This section provides a summary of these recommendations, along with additional recommendations. Further research related to occupational therapy and the work-to-retirement transition could include the following:

- Reconceptualise the work-to-retirement transition stages in line with an occupational perspective to demonstrate the continued engagement in meaningful occupation post-working life.

- Explore the experiences of people who involuntarily retire and how this relates to the scope of practice of occupational therapy in the work-to-retirement transition.

- Prospectively apply MOHO to retirement experiences to further assist occupational therapists in understanding the client and in the development of further therapeutic reasoning questions to guide occupational therapy practice in the work-to-retirement transition.

- Further validate occupational therapy scope of practice in the work-to-retirement transition. The frameworks of who, what, when and where, and enablement skills were used to assist in guiding occupational therapy practice in the work-to-retirement transition.

- Further validate the frameworks developed to situate the work-to-retirement transition as a practice area in occupational therapy. A variety of approaches, assessments and interventions for occupational therapy practice in the work-to-retirement transition were also identified.

- Formulate and validate a toolkit of approaches, assessments and interventions, including a work-to-retirement program, to assist in more clearly guiding occupational therapy practice in this area.

- Explore and validate the incorporation of findings from the 'Do it Now' project with findings from this doctoral study to inform future occupational therapy educational programs.

- Explore preventive occupational therapy in relation to the work-to-retirement transition and aged care.

- Undertake a health economics analysis in relation to occupational therapy practice in the work-to-retirement transition.

- Explore general practitioners as a source of referral to occupational therapy in the work-to-retirement transition and subsequent available funding sources for occupational therapy services.

- Explore how occupational therapists can incorporate financial considerations for retirement occupations as part of their practice in the work-to-retirement transition.

- Explore population-based approaches versus individual approaches to occupational therapy practice in the work-to-retirement transition.

- Explore terms used in work-related practice, their relationship to each other, and their relationship to occupational therapy practice in the work-to-retirement transition.

- Explore how occupational therapists can assist people to gradually transition from work to retirement through supportive workplace practices (e.g. reduced works hours and modified work tasks).

6.3.3 Implications and Recommendations for Student Education

The findings from this doctoral study could be used in the education of undergraduate occupational therapy students to situate the work-to-retirement transition as a practice area. The work-to-retirement transition has not been identified as a main principal scope of practice of Australian occupational therapists (Department of Health, 2017) and is an emerging practice area. The literature review completed as part of this thesis (Section 2.2.1) also identified no research articles on the current scope of practice of occupational therapy in the work-to-retirement transition. Findings from this study identified that some occupational therapists were not explicitly working in this area, although were providing services related to the work-to-retirement transition. As a result of limited information available about occupational therapy in the work-to-retirement transition, it is likely that the work-to-retirement transition is not discussed in detail (or discussed at all) as a practice area of occupational therapy within university curriculum. Findings from this doctoral study can be used as an evidence base to include scope of practice of occupational therapy in the work-to-retirement transition in occupational therapy university degree curriculums. Inclusions in university curriculum will assist in the development of occupational therapists to practise in the work-to-retirement transition.

Occupational therapy practice in the work-to-retirement transition could also be used as an example to educate students on the importance of occupation for health and well-being. Some occupational therapists who participated in this doctoral study viewed the work-to-retirement transition as a health and well-being area, and not a medical problem. Subsequently, the work-to-retirement transition could be used as an example of the importance of engagement in meaningful occupation to promote health and well-being with a 'well' population and as people age. This relates to the 'occupation' threshold concept, which encompasses a link between meaningful occupation and health and well-being (Nicola-Richmond et al., 2016). The importance of teaching the relationship between occupation and health is also conveyed in the Subject-Centred Integrative Learning Model—a model designed to situate occupation as central to occupational therapy curriculum and education (B. Hooper et al., 2020). Postgraduate education opportunities could also be created to assist occupational therapists in developing skills to work in the work-to-retirement

transition. Postgraduate education could involve education around financial factors that occupational therapists can consider in conjunction with their core knowledge base around meaningful occupation to facilitate the identification of and engagement in meaningful retirement occupations that match a person's financial means.

6.3.4 Implications and Recommendations for the Community

The findings from this doctoral study have the potential to improve the health and well-being of people in the work-to-retirement transition process. Retirement has been identified as having a positive or negative influence on life satisfaction (Heybroek et al., 2015) and health (physical and psychological) (Wang, 2007). Engagement in meaningful occupation in retirement has been identified as important (Jonsson, 2011). The focus of occupational therapy is on enabling engagement in meaningful occupation (Broome & Kennedy-Behr, 2017), and engagement in meaningful occupation has been identified as important for healthy ageing (WFOT, 2020a). Therefore, if occupational therapists are providing more services in the work-to-retirement transition, then hopefully this will result in more people experiencing a positive transition to retirement. A positive retirement transition will, hopefully, assist in improving or maintain a person's health and well-being, subsequently reducing the burden on the health system as people age.

6.4 Strengths and Limitations

The work-to-retirement transition is an emerging area of practice. This doctoral study builds on findings in the literature on occupational therapy in the work-to-retirement transition. Other studies have used the experiences of workers and/or retirees to provide recommendations for potential occupational therapy practice in the work-to-retirement transition. The 'Do it Now' project is the only source of information, to the researcher's knowledge, that has specifically studied an occupational therapy program in the work-to-retirement transition. The findings from this doctoral study contribute to the evidence based on findings from the perspective of retirees (study phase one—experience of work) and also contains, to the researcher's knowledge, the first study (study phase two—occupational therapy scope of practice) publishing findings in a peer-reviewed journal on the current scope of practice of occupational therapists in the work-to-retirement transition.

The small sample size and location of participants—11 retirees (from the town of Townsville) and 14 occupational therapists (majority from the state of Queensland)—may limit the ability to transfer these findings. However, as acknowledged previously, the findings from this doctoral study that provide recommendations for future application of occupational therapy scope of practice in the work-to-retirement transition should be validated.

Limitations also related to the demographics of participants for phase one (experience of work), where retirees were interviewed, and phase two (occupational therapy scope of practice), where occupational therapists were interviewed. The work-to-retirement transition is unique to the individual. Subsequently, only interviewing a small number of retirees from a small part of Australia may not have captured the diversity of experiences of the work-to-retirement transitions. Other people may have different experiences, including those who retired involuntarily. Further information about the limitations of the participants are contained within the relevant papers (Chapter 4 and Chapter 5).

This doctoral study focused on retirees' experience of work and how this relates to the work-to-retirement transition. Therefore, this doctoral study only provides an insight into one aspect of the experience of the work-to-retirement transition, as the way people experienced retirement was not specifically explored.

6.5 Conclusion

This doctoral study has identified that there is scope for occupational therapy to practise in the work-to-retirement transition to promote health and well-being. This is the first study, to the author's knowledge, that has explored the current and potential scope of practice of occupational therapy in the work-to-retirement transition from the perspective of occupational therapists. Other research has studied workers and/or retirees to provide recommendations for potential occupational therapy practice in the work-to-retirement transition.

This doctoral study contained two phases. Study phase one (experience of work) added to the literature on occupational therapy in work-to-retirement transition from the perspective of retirees. Study phase one explored the experience of work (from the perspective of retirees) to provide insight into the experience of work and how work influences the work-to-retirement transition process. Study phase one found that the experience of work can positively and negatively influence the transition from work to retirement. The findings from this study supported a theoretical link between work experience and occupational therapy practice via MOHO, confirming that MOHO can assist in guiding occupational therapy practice in the work-to-retirement transition.

Study phase two (occupational therapy scope of practice) explored current and potential occupational therapy scope of practice in the work-to-retirement transition from the perspective of occupational therapists. Study phase two expands on the literature on occupational therapy in the work-to-retirement transition by exploring the scope of practice of occupational therapy in this transition through a study with occupational therapists. Study phase two found that occupational therapists are currently working in the work-to-retirement transition, yet mainly providing an 'add-

on approach' in the course of other roles. Occupational therapy's core focus on enabling meaningful occupation for health and well-being was evident in practice in the work-to-retirement transition.

Recommendations for future application of occupational therapy in the work-to-retirement transition were also provided. Study phase two (occupational therapy scope of practice) findings were mapped to the frameworks of who, what, when and where, and enablement skills to assist in articulating recommended occupational therapy scope of practice in the work-to-retirement transition. The work-to-retirement transition was identified as its own occupational therapy practice area to bridge the gap between the work-related and aged care practice areas. The work-to-retirement transition was also embedded within other occupational therapy practice areas (work-related, aged care and mental health) to enable occupational therapists working in these areas to consider how they can include work-to-retirement transition services within their current practice.

Contextual influencers that affect occupational therapy practice in the work-to-retirement transition were also identified in study phase two (occupational therapy scope of practice). Contextual influences could be a barrier and/or facilitator, and include promotion of occupational therapy; funding; expertise; timing; life, work and retirement longevity; and social responsibility. Suggestions to overcome contextual influences that were a barrier were provided, with a particular focus on funding and how using other contextual influencers (e.g., promotion of occupational therapy) to the profession's advantage could assist in addressing funding issues and subsequently enable occupational therapists to practice in the work-to-retirement transition.

Overall, this doctoral study resulted in a number of recommendations to continue the work on the emerging practice area of occupational therapy in the work-to-retirement transition. Validation of the recommendations provided in this doctoral study is required (e.g., frameworks to guide occupational therapy practice in the work-to-retirement transition). Communication of these doctoral study findings and advocating for occupational therapy in the work-to-retirement transition is also recommended. For occupational therapy practice in the work-to-retirement transition to continue to expand, recognition of the work-to-retirement transition as a practice area by the profession, inclusion of the work-to-retirement transition in the university curriculum, and funding sources for occupational therapy to practise in the work-to-retirement transition are required.

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Appendices

Appendix A: Ethics Approval for Interviews with Retirees

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Appendix B: Ethics Approval for Interviews with Occupational Therapists

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Appendix C: Publication 1—'A Review of Occupational Therapy's Contribution to and Involvement in the Work-to-Retirement Transition: An Australian Perspective'

The publication abstract, which has been reformatted for consistency with thesis formatting, and the published paper ([doi: 10.1111/1440-1630.12300](doi: 10.1111/1440-1630.12300)) are contained below:

Background: Retirement from paid work is an occupational transition which can have a profound impact on a person's life. This review explored occupational therapy's contribution to and involvement in the work-to-retirement transition process in Australia.

Methods: An integrative literature review was undertaken using seven article repository databases. PRISMA guidelines informed searches. Articles were included if participants were Australian; researchers' discussed retirement from an occupational perspective or the scope of practice of occupational therapists; and publication was from 1994 to June 2015 in a peer-reviewed journal. Articles were critically appraised and thematic analysis explored: 1) occupational perspective; 2) occupational therapy scope of practice; 3) theory; and 4) retirement definitions.

Results: Eight articles met the review criteria. Three occupational perspective themes were identified: retirement intention influences; retirement preparation; and retirement roles and activities. No articles on the current scope of practice of occupational therapy were found. Three articles discussed potential occupational therapy approaches. Three themes on what retirement is were identified: complete cessation, gradual transition and intermittent worker. Four theory themes were identified: occupational therapy; ageing; identity; and work.

Conclusion: Occupational therapy has the potential to be involved in improving health and well-being for people in the work-to-retirement transition process. It is suggested that future research explore not only people's experiences, but also the approaches of occupational therapy in assisting people through this occupational transition. The use of theory to guide Australian occupational therapy practice on retirement should also be explored. Use of consistent retirement definitions will assist in understanding research.

Literature Review

A review of occupational therapy's contribution to and involvement in the work-to-retirement transition process: An Australian perspective

Jackie Eagers,[1] Richard C. Franklin,[2] Kieran Broome[3] and Matthew K. Yau[1,4]

[1]Discipline of Occupational Therapy, College of Health Care Sciences, James Cook University, [2]College of Public Health, Medical & Veterinary Sciences, James Cook University, Townsville, [3]Cluster for Health Improvement, University of the Sunshine Coast, Maroochydore, Queensland, Australia and [4]School of Medical and Health Sciences, Tung Wah College, Hong Kong

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KEY WORDS active ageing, occupational perspective, occupational transition, older adult, retiree.

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Jackie Eagers MPH, BOccThy; PhD Candidate and Lecturer in Occupational Therapy. **Richard C. Franklin** PhD, BSc, MSocSC; Associate Professor in Public Health. **Kieran Broome** PhD, Grad Cert Research Commercialisation, BOccThy (HonsI); Lecturer in Occupational Therapy. **Matthew K. Yau** PhD, OTR, CST; Professor in Occupational Therapy.

Correspondence: Jackie Eagers, James Cook University, Townsville, QLD 4811, Australia. Email: jackie.eagers@jcu.edu.au

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Appendix D: Publication 2—'Pre-retirement Job and the Work-to-Retirement Transition Process in Australia: A Review'

The publication abstract, which has been reformatted for consistency with thesis formatting, and the published paper ([doi: 10.1111/1440-1630.12452](doi: 10.1111/1440-1630.12452)) are contained below:

Introduction: The transition from work to retirement is a complex process and unique experience, with a relationship existing between work and retirement, with implications for health in later life. This review explored the relationship between pre-retirement job and participation in the work-to-retirement transition process in Australia by exploring: 1) factors influencing retirement in relation to pre-retirement job; 2) how jobs are classified; 3) the effect of pre-retirement job (based on categories) on this occupational transition; and 4) the potential role for occupational therapy in this occupational transition.

Method: An integrative literature review was completed. PRISMA guidelines were used. Study designs were analysed for methodological quality using the National Health and Medical Research Council levels of evidence. Thematic analysis determined retirement factors, which were used to compare differences between jobs.

Results: This review included 15 papers. There were two Level III-2, one Level III-3 and 13 Level IV studies. Factors influencing retirement related to the stages of work—preparation, transition and retired. White collar and blue collar was the most common job classification system. Although white collar and blue collar worker definitions utilised were inconsistent, differences between the two groups were still determined in all stages.

Conclusion: Differences in the work-to-retirement transition process, based on pre-retirement job, are evident. Understanding differences by job groupings may assist occupational therapists to understand individualised needs during this occupational transition and subsequent tailoring of interventions (both individual and group based) to enable engagement in meaningful occupation in the work-to-retirement occupational transition to effect active healthy ageing.

Review Article

Pre-retirement job and the work-to-retirement occupational transition process in Australia: A review

Jackie Eagers,[1,2] Richard C. Franklin,[1] Matthew K. Yau[4] and Kieran Broome[3]

[1]College of Public Health, Medical & Veterinary Sciences, [2]College of Healthcare Sciences, James Cook University, Townsville, [3]Cluster for Health Improvement, University of the Sunshine Coast, Maroochydore, Queensland, Australia and [4]School of Medical and Health Sciences, Tung Wah College, Hong Kong

Background: The transition from work to retirement is a complex process and unique experience with a relationship existing between work and retirement with implications for health in later life. This review explored the relationship between pre-retirement job and participation in the work-to-retirement transition process in Australia by exploring: (i) factors influencing retirement in relation to pre-retirement job; (ii) how jobs are classified; (iii) the effect of pre-retirement job (based on categories) on this occupational transition; and (iv) the potential role for occupational therapy in this occupational transition.

Method: An integrative literature review was completed. PRISMA guidelines were used. Study designs were analysed for methodological quality using the National Health and Medical Research Council levels of evidence. Thematic analysis determined retirement factors which were used to compare differences between jobs.

Results: This review included 15 papers. There were two Level III-2, one Level III-3 and 13 Level IV studies. Factors influencing retirement related to the stages of work, preparation, transition and retired. White collar and blue collar was the most common job classification system. Although white collar and blue collar worker definitions utilised were inconsistent, differences between the two groups were still determined in all stages.

Conclusion: Differences in the work-to-retirement transition process, based on pre-retirement job, are evident. Understanding differences by job groupings may assist occupational therapists to understand individualised needs during this occupational transition and subsequent tailoring of interventions (both individual and group based) to enable engagement in meaningful occupation in the work-to-retirement occupational transition to effect active healthy ageing.

KEY WORDS job classification, occupational transition, older adult, retiree.

Jackie Eagers MPH, BOccThy; Lecturer in Occupational Therapy, and PhD Candidate. **Richard C. Franklin** MSocSC, BSc, PhD; Associate Professor in Public Health. **Matthew K. Yau** PhD, OTR, CST; Professor in Occupational Therapy. **Kieran Broome** PhD, GradCertResearchCommercialisation, BOccThy (Hons).; Lecturer in Occupational Therapy.

Correspondence: Jackie Eagers, College of Healthcare Sciences and College of Public Health, Medical and Veterinary Sciences, James Cook University, Townsville Qld 4811, Australia. Email: jackie.eagers@jcu.edu.au

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Appendix E: Publication 3—'The Experiences of Work: Retirees' Perspectives and the Relationship to the Role of Occupational Therapy in the Work-to-Retirement Transition Process'

The publication abstract, which has been reformatted for consistency with thesis formatting, and the published paper (doi: 10.3233/WOR-192996) are contained below:

Background: Work experiences have the potential to influence retirement. Occupational therapists' understanding of the importance of engagement in occupation for active healthy ageing places them in a position to facilitate the work-to-retirement transition.

Objective: To describe the experience of work from retirees' perspectives to understand the influence of work on retirement and to discuss the role of occupational therapy in the work-to-retirement transition.

Methods: Semi-structured interviews with retirees were utilised. Thematic analysis identified themes and categories in relation to the experience of work. Categories were related to the Model of Human Occupation (MOHO).

Results: Eleven retirees were interviewed. Twelve categories relating to the experience of work were identified and were captured under three over arching themes: *Varied experiences and motivators*; *Intersection of work and life;* and *Impact of context*. Categories collectively covered all MOHO concepts. Questions to guide therapeutic reasoning were developed to assist putting MOHO theory in to practice.

Conclusions: Working experiences can be an influencing factor on retirement life. Occupational therapy could enable active healthy ageing through understanding the experience of work and how this can assist older workers to remain in the workforce, find a balance between work and other areas of life, and to choose retirement activities.

The experiences of work: Retirees' perspectives and the relationship to the role of occupational therapy in the work-to-retirement transition process

Jackie Eagers[a,b,*], Richard C. Franklin[a], Kieran Broome[c] and Matthew K. Yau[d]
[a]*College of Public Health, Medical & Veterinary Sciences, James Cook University, Townsville, Queensland, Australia*
[b]*College of Healthcare Sciences, James Cook University, Townsville, Queensland, Australia*
[c]*Cluster for Health Improvement, University of the Sunshine Coast, Maroochydore, Queensland, Australia*
[d]*Department of Occupational Therapy, School of Medical and Health Sciences, Tung Wah College, Hong Kong*

Abstract.
BACKGROUND: Work experiences have the potential to influence retirement. Occupational therapists' understanding of the importance of engagement in occupation for active healthy ageing places them in a position to facilitate the work-to-retirement transition.
OBJECTIVE: To describe the experience of work from retirees' perspectives to understand the influence of work on retirement and to discuss the role of occupational therapy in the work-to-retirement transition.
METHODS: Semi-structured interviews with retirees were utilised. Thematic analysis identified themes and categories in relation to the experience of work. Categories were related to the Model of Human Occupation (MOHO).
RESULTS: Eleven retirees were interviewed. Twelve categories relating to the experience of work were identified and were captured under three over-arching themes: *Varied experiences and motivators; Intersection of work and life;* and *Impact of context.* Categories collectively covered all MOHO concepts. Questions to guide therapeutic reasoning were developed to assist putting MOHO theory in to practice.
CONCLUSIONS: Working experiences can be an influencing factor on retirement life. Occupational therapy could enable active healthy ageing through understanding the experience of work and how this can assist older workers to remain in the workforce, find a balance between work and other areas of life, and to choose retirement activities.

Keywords: Retirement, occupational therapy role, occupational transition, active ageing, occupation

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*Address for correspondence: Jackie Eagers, James Cook University, Townsville, QLD 4811, Australia. Tel.: +61 07 4781 6610; E-mail: jackie.eagers@jcu.edu.au.

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Appendix F: Publication 4—'Influence of Work on the Transition to Retirement: A Qualitative Study'

The publication abstract, which has been reformatted for consistency with thesis formatting, and the published paper (doi: 10.1177/0308022618766244) are contained below:

Introduction: Retirement from work is a complex process, with work influencing this transition. Occupational therapists can facilitate a meaningful occupational transition to retirement for better health and well-being in later life. This paper explored: 1) how work attributes influence and relate to the work-to-retirement transition stages; (2 the relationship of findings to the Model of Human Occupation volitional processes; and 3) the potential occupational therapy role.

Method: Semi-structured interviews were completed with retirees. In this qualitative study, themes were identified in relation to the work-to-retirement transition stages using thematic analysis, with findings related to the Model of Human Occupation volitional processes.

Findings: Eleven Australian participants (five female; six male) were recruited. Themes and sub themes were identified within each stage of the work-to-retirement transition and collectively encapsulated all volitional processes. Themes were: time to move on; taking action; ceasing work; feeling retired; letting go; work-related involvement.

Conclusion: Work attributes related to personal factors, social factors, meaningful occupational engagement and the nexus of work and retirement influence all work-to-retirement transition stages. Volition assists in explaining the complexity of this transition. Occupational therapists' can assist older workers to continue working or identify and implement meaningful occupations to replace work activities in retirement.

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The influence of work on the transition to retirement: A qualitative study

Jackie Eagers[1], Richard C Franklin[2] , Kieran Broome[3] and Matthew K Yau[4]

Abstract

Introduction: Retirement from work is a complex process, with work influencing this transition. Occupational therapists can facilitate a meaningful occupational transition to retirement for better health and wellbeing in later life. This article explores (1) how work attributes influence and relate to the work-to-retirement transition stages, (2) the relationship of findings to the Model of Human Occupation volitional processes and (3) the potential occupational therapy role.

Method: Semi-structured interviews were completed with retirees. In this qualitative study, themes were identified in relation to the work-to-retirement transition stages using thematic analysis with findings related to the Model of Human Occupation volitional processes.

Findings: Eleven Australian participants (five females, six males) were recruited. Themes and sub-themes were identified within each stage of the work-to-retirement transition and collectively encapsulated all volitional processes. Themes were time to move on, taking action, ceasing work, feeling retired, letting go and work-related involvement.

Conclusion: Work attributes related to personal factors, social factors, meaningful occupational engagement and the nexus of work and retirement influence all work-to-retirement transition stages. Volition assists in explaining the complexity of this transition. Occupational therapists can assist older workers to continue working or identify and implement meaningful occupations to replace work activities in retirement.

Introduction

Population ageing is a worldwide occurrence affecting health and social systems (World Health Organization (WHO), 2015). Ageing often results in declining physical and mental health and is associated with life transitions including retirement (WHO, 2015). Active ageing promotes physical activity for health and quality of life in older adults (WHO, 2017) and will be important for occupational adjustment from work to retirement. Increasing life (and healthy life) expectancy is likely to contribute to a longer working life and/or increasing retirement age (Australian Government, 2015), thus the need and opportunity for older adults to engage in meaningful occupation (within and/or outside the workplace) for health and wellbeing in work and retirement will increase.

Work is a predominant occupation within life and provides personal meaning (Braveman, 2012). Rosso et al. (2010) completed a review on the meaning of work and found the meaning of work can be related to self (values, motivations and beliefs), others (co-workers, leaders, groups and communities and family), context (job task, workplace mission, individual's finances, relationship of work to non-work domains and culture) and spiritual life (spirituality and sacred calling to a vocation). Work

can also influence retirement intentions. Oakman and Howie (2013) completed focus groups with older Australian workers and found influences on retirement intentions include personal (outside of the work environment), organisational (workplace policy and work environment perceptions including job satisfaction and control) and legislative factors (related to superannuation, that is, work-related retirement income and the aged pension). The variety of meanings associated with work and the influences on retirement intentions can make the occupational transition and adjustment from work to retirement a complex and major life event.

[1] Lecturer in Occupational Therapy, College of Healthcare Sciences and PhD Candidate, College of Public Health, Medical & Veterinary Sciences, James Cook University, Queensland, Australia
[2] Associate Professor in Public Health, College of Public Health, Medical & Veterinary Sciences, James Cook University, Queensland, Australia
[3] Lecturer in Occupational Therapy, Cluster for Health Improvement, University of the Sunshine Coast, Queensland, Australia
[4] Professor in Occupational Therapy, School of Medical and Health Sciences, Tung Wah College, Hong Kong

Corresponding author:
Jackie Eagers, James Cook University, College of Healthcare Sciences, James Cook Drive, Townsville QLD 4811, Australia.
Email: jackie.eagers@jcu.edu.au

The work-to-retirement transition encompasses multiple stages: preparation (retirement intention and preparation while still working), transition (from worker to retiree, that is, actually ceasing work and retiring) and retired (retirement itself, where continual adjustment is occurring and retirement roles and activities are undertaken) (Eagers et al., 2016; Jonsson and Andersson, 1999).

Occupational therapists currently provide services within workplace and ageing settings with emerging involvement in the retirement sphere (Eagers et al., 2016). A longitudinal study in Sweden exploring the work-to-retirement transition from an occupational perspective, with people from when they were working to established retirement, identified this transition as dynamic and affecting occupational patterns (Jonsson, 2000). Less is known about the work-to-retirement transition process in Australia from an occupational perspective, and no studies have explored the actual role of occupational therapy (Eagers et al., 2016). However, Pepin and Deutscher (2011) conducted interviews with Australian retirees to explore their experience of retirement. They identified the importance of planning for retirement and suggested occupational therapists can facilitate programmes looking at time use to enable engagement in meaningful occupation to assist in retirement adjustment (Pepin and Deutscher, 2011).

Occupational therapy's core focus on enabling occupation (people's day-to-day activities) and use of an occupational perspective places the profession in an ideal position to explore and facilitate the work-to-retirement transition process. Given the paucity of literature on the role of occupational therapy in the work-to-retirement transition process (Eagers et al., 2016) models, such as the Model of Human Occupation (MOHO), can guide occupational therapy practice in the work-to-retirement transition process (Eagers et al., 2016; Jonsson, 2000). MOHO facilitates a holistic perspective to occupation-based practice (Kielhofner, 2008). Volition is a component of the MOHO that looks at how a person anticipates, chooses, experiences and interprets occupation (Kielhofner, 2008). Understanding people's choice and motivation for occupation using a volitional lens may assist occupational therapists in understanding and therefore facilitating occupational adjustment in the work-to-retirement transition process to enable better health and wellbeing.

Aims

The aims of this article were to explore (1) how work attributes (personal, environmental, activities and experiences) influence and relate to the work-to-retirement transition process stages (preparation, transition and retired), (2) the relationship of findings to the MOHO volitional processes (anticipation, choices, experience and interpretation) and (3) the potential role of occupational therapy.

Method

Design

A qualitative study using a thematic analysis (Braun and Clarke, 2006) of semi-structured interviews was conducted. The interviews are part of a larger study exploring the experiences of work and the work-to-retirement transition process and the role of occupational therapy (Eagers et al., 2016). A qualitative study allowed exploration of retirees' experiences of work and retirement, to understand how occupational therapy may be able to assist in enabling this occupational transition. The James Cook University Human Research Ethics Committee provided ethics approval for this study (approval no. H6283) on 21 August 2015.

Data collection

Eleven participants were recruited between November 2015 and April 2016, with the aim to include people from a variety of pre-retirement jobs and genders in the study. The inclusion criteria were as follows:

- Aged 50 years or over at retirement onset (average Australian retirement age in 2014–2015 was 54.4 years, and in the past 5 years was 61.5 years (Australian Bureau of Statistics, 2016);
- Living in Townsville, Australia at retirement onset and when interviewed (to limit the effect of geographic location on participant experience);
- Living independently in the community;
- Retired (completely ceased paid work) within the past 5 years (it was anticipated retirement experiences would change the longer the retirement duration) and
- Participants self-reporting having chosen to retire (note that definitions of retirement vary (Eagers et al., 2016)).

Recruitment occurred through approaching local organisations such as health services and retirement villages to advertise the study, inviting people known to the research team to participate in the study and asking participants to advise others known to them of the study (snowballing). Interviews followed a semi-structured interview guide (Table 1). A retirement study in Sweden (Jonsson, 2000), the MOHO (Forsyth and Kielhofner, 2012) and piloting with two retired persons assisted in the interview guide development. Piloting with the first person resulted in re-ordering of interview questions to improve discussion flow (retirement discussed before work) and development of a survey to collect demographic and pre-retirement job information. Piloting with the second person resulted in additional prompting questions around the participant's responses with these prompting questions incorporated into future interviews. Subsequently no further piloting was completed.

The first author completed the interviews in their office or the participant's home. Interview length ranged from 30 minutes to 1 hour 10 minutes. All participants provided

Table 1. Semi-structured interview guide.

Can you describe to me what retirement means to you?[a]
How would you define retirement?
Can you tell me when you considered yourself retired?
Can you tell me your reasons for retiring?
Can you describe to me what you did to prepare for retirement?[a]
Can you tell me what you expected retirement to be like?
To what extent have those expectations of retirement been fulfilled?
Can you describe to me what you do in retirement and why?[a]
What is your partner's retirement status? Can you tell me how this impacts on your own retirement?
Are other people within your social network retired? Can you tell me how this impacts on your own retirement?
Do you have children and/or grandchildren?
Can you describe to me what work meant to you?
Can you tell me about what was involved in the work you were doing before you retired?
Is there anything you miss about work?
Is there anything else you want to say about your transition from work into retirement?

[a]Based on questions/themes used by Jonsson (2000) in his research on retirement in Sweden.

informed written consent to participate in the study and to interview audio recording. The first author completed verbatim transcription of the interviews. For analysis a pseudonym was used; however, for ethical reasons participants are not identified in the article using a number or pseudonym to protect participant identity. Participant quotations are derived from a variety of participants.

Analysis

Interviews were analysed thematically using guidelines developed by Braun and Clarke (2006). Analysis involved the following: (1) reading and transcribing interviews and initial thought identification, (2) initial coding of interview transcripts, (3) finding themes/sub-themes, (4) reviewing themes/sub-themes including reviewing transcripts to ensure all themes were captured, (5) final naming and description of themes/sub-themes and (6) report compilation. Analysis was sample checked by the second and third authors. NVivo was used to assist in the analysis process (management of data and ideas) (Bazeley and Jackson, 2013).

Theoretical thematic analysis (themes from theoretical concepts) (Braun and Clarke, 2006) related findings to the work-to-retirement transition stages of preparation, transition and retired. Inductive thematic analysis (themes from data) (Braun and Clarke, 2006) was used to identify themes within each transition stage. Theoretical thematic analysis (Braun and Clarke, 2006) was used to relate sub-themes to the MOHO volitional processes (anticipation, choices, (activity and occupational), experience, interpretation). The MOHO was used as it is a key theory used to understand occupational approaches including the work-to-retirement transition process (Eagers et al., 2016; Jonsson, 2000).

Participants' pre-retirement jobs were classified into groups (managers; professionals; technicians and trades

workers; community and personal service workers; clerical and administrative workers; sales workers; machinery operators and drivers; and labourers) using the Australian and New Zealand Standard Classification of Occupations (Australian Bureau of Statistics, 2013) and selection was based on ensuring diversity of pre-retirement job.

Findings

Eleven participants (five females, six males) were included in this study. Participants were from pre-retirement job groups of managers; professionals; community and personal service workers; clerical and administrative workers; sales workers; and machinery operators and drivers. Participants were aged 58 to 75 years and had been retired between 7 months and 4 years 3 months. Educational backgrounds ranged from year 10 to doctorate.

Themes around work attributes were identified in all work-to-retirement transition stages (preparation, transition and retired) (Table 2).

Retirement stage: Preparation

Two themes, *time to move on (retirement decision)* and *taking action (retirement preparation)*, related to the preparation stage (Table 2).

Time to move on (retirement decision). Time to move on referred to making the decision to retire and the factors that influence the retirement decision. There were two sub-themes: *readiness to give up working life* and *work context* (Table 2).

Readiness to give up working life: Participants discussed feeling ready to cease work and commence retirement. Competing interests with work including travel, spending time with or looking after family and participating in hobbies could precipitate retirement. Financial security and health status were also considered when deciding when to cease work. A decline in health could facilitate the retirement decision and wanting to retire while being healthy could be an incentive to cease work:

> I think the correct approach is to retire when you are young enough and healthy enough to enjoy doing the things that you want to do...

A lack of enjoyment from work or not wanting to work anymore could occur. Finding the right time to retire for those who enjoyed their work could be difficult:

> I was loathe to give up my profession... he [partner] was very supportive... we did have a discussion about it [retirement] and I said look I'm just not ready...

Work context. Factors within the workplace affected the desire or ability to continue working including people,

Table 2. Themes and sub-themes of work attributes.

Retirement stage	Theme	Sub-theme	Description
Preparation	Time to move on (retirement decision)	Readiness to give up working life	Feeling ready to cease working life and commence retirement life
		Work context	Factors within the workplace affecting desire or ability to continue working
	Taking action (retirement preparation)	Making it known to others	Communicating the retirement decision
		Replacing work activities with retirement activities	Considering activities to undertake in retirement while still working
		Wrapping up work	Tying up loose ends at work and putting in place financial plans to fund retirement so one can retire
Transition	Ceasing work	Sudden or gradual	Reducing work hours and/or work tasks to cease work
		Work versus retirement	Influence of work on retirement and retirement on work
	Feeling retired		When one feels and considers themselves retired
Retired	Letting go	Relinquishing work	Emotional adjustment experienced in retirement associated with ceasing work
		Freedom from work	More time to participate in the activities that one wants to do and not having to meet work obligations
	Work-related involvement	Retirement mimicking work	Retirement activities that relate to previous work activities
		Work options	Wanting to be working or considering returning to work
		Working life decisions influence retirement life	Neglecting activities and health while working influences retirement

the nature of work and changes in work practices (technological, societal and governmental):

> I was tired of having to learn the computer systems again and I felt technology was just getting to a point where I didn't want to change anymore.

A loss of job (even though participants reported choosing to retire) could also be seen to facilitate retirement. The perception of ageing workers could be a barrier to finding other employment:

> I sort of put myself into an employer's position and thought if you've got two people… one with longevity, one with not so longevity in the job, they'd most probably take the younger person. And I suppose little bit of self-doubt crept in my mind.

Participants considered the workplace needs in situations where the workplace was reliant on or directed by them. The ability for the organisation to manage without them when taking extended leave could occur resulting in a decision to retire. The need to allow new people to develop was also recognised:

> …you need to get out of the paddock [field] at some stage… you shouldn't block personal development with people who need to come into those main control positions.

Taking action (retirement preparation). Taking action referred to actions and activities undertaken to prepare for retirement. There were three sub-themes: *making it known to others, replacing work activities with retirement activities* and *wrapping up work* (Table 2).

Making it known to others: Retirement intentions were communicated to other people. Communicating the decision to people within the workplace varied depending on the job role (employer, manager or employee) and included providing the boss with notice to cease work and/or letting staff know. The decision to retire was also communicated to other people including family members such as grown up children.

Replacing work activities with retirement activities: Participants considered activities to undertake in retirement while they were still working including holidays, hobbies and volunteer activities. This included both activities currently engaged in and new activities. The need to be engaged in meaningful occupation both in the long term and immediately upon commence of retirement was recognised:

> I started looking at what was I going to do with my free time because I didn't want to walk out the door and then go to the supermarket, sit there and twiddle me thumbs all day watching people come and go.

Wrapping up work: Preparation for retirement included tying up loose ends at work. This included closing a

business or ensuring another person was able to complete job tasks. Juggling wrapping up work and planning retirement activities such as travel occurred. The importance of passing knowledge on before ceasing work was recognised:

> I was still giving the teams the benefits of my knowledge and expertise but I was allowing them to take over more and more of the control of running the operations.

Preparing for cessation of work income also occurred. Financial plans to fund retirement related to superannuation, pension, shares and stocks. Plans to fund retirement were also considered well in advance of retirement. A redundancy package (although participants reported they chose to retire) could also be considered. Consideration of items to be used in retirement and buying these items while still receiving an income from work could occur.

Retirement stage: Transition

There were two themes, *ceasing work* and *feeling retired* related to the transition stage (Table 2).

Ceasing work. Participants discussed their pathway taken to cease work and enter retirement. There were two subthemes: *Sudden or gradual* and *work versus retirement* (Table 2).

Sudden or gradual: Some participants went straight from working full time to ceasing work. The nature of the job could influence the need for this abrupt transition:

> for me it needed to be a sudden change, it wasn't something that I could, you know, go lessen my work hours and go part time and gradually go.

Some participants experienced a gradual change and/or reduction in work hours and/or work tasks. Participants could move in and out of retirement which involved period(s) of retirement and re-engagement with the workforce occurring either in the same or a completely different job or profession. This could be an intentional plan where a planned period of not working occurred between retirement from a main job and commencing a new job position. Moving in and out of retirement could also occur following an initial abrupt transition as the opportunity of work arose in retirement.

Work versus retirement: Some participants continued to have involvement with work following cessation of work. This could include being paid due to long service leave. Contact could be initiated by the workplace through emails. Having owned a business resulted in sorting out business affairs in retirement. A desire to maintain work connections was also seen:

> I am still registered to practice but probably won't renew my registration this year.

Timing of retirement could be influenced by the workplace. This could relate to a specific time of the year (for example, end of the tax financial year) to handover or close a business. Retirement timing could be influenced by workplace suitability:

> I originally planned to retire a month before we set off [on holiday], but it just dragged out. Physically it was impossible to do in my timeframe.

Feeling retired. The point in time when participants considered themselves retired (and no longer a worker) emerged (Table 2). Some participants immediately felt retired as soon as they had ceased work. This could be because of retirement occurring on a specific planned date and a subsequent feeling of retirement as soon as work was ceased.

Some participants took time to feel retired. This could relate to difficulty adjusting to retirement resulting from a reluctance to retire. Feeling retired could also relate to engagement in retirement activities such as travelling or an age marker:

> Probably when I reached 65 last month. That's when I probably felt it really. Before that I was self-funded and I was, it was like a big holiday.

Some participants recognised the difference between thinking of themselves as retired and actually feeling retired:

> I considered myself retired officially on the day that I was not going to work anymore. But I don't think you realise that or can feel being in retirement mode to maybe 6 months have passed and you started to move from feeling of being still on holiday.

Retirement stage: Retired

There were two themes, *letting go of work* and *work-related involvement*, related to the retired stage (Table 2).

Letting go of work. An adjustment from working life to retirement life occurred. There were two sub-themes: *relinquishing work* and *freedom from work* (Table 2).

Relinquishing work: A range of feelings were experienced in retirement associated with ceasing work. A sense of loss related to the work itself and work colleagues. Mixed emotions could be experienced:

> Happiness of not having to go to work anymore and sadness because I'd had good relationships with everybody I'd worked with.

A loss of identity and the need to re-establish a new identity once ceasing work could occur:

> When you retire you go from having an identity and everybody knows who you are... and suddenly you are

no longer there so your identity changes and you become a part of a sea of anonymous retirees.

Having already gone through an identity adjustment was evident for some participants. This included anticipation of this adjustment period in retirement and the ability to recognise depressive and low self-worth feelings. Other participants continued to identify themselves in relation to their job in retirement.

Freedom from work: In retirement, participants were able to participate in the activities they wanted to do and had more choice and flexibility in the activities they undertook, including extending pre-retirement activities or engaging in new activities. Although participants engaged in a variety of activities in retirement in place of work, having days where there was not much planned was also seen as enjoyable. Participants also acknowledged that although they had more time to complete activities in retirement, they still never had enough time, as not working resulted in a decreased structure to their life:

> You keep running out of time to do things that you got to do... If you were working you'd set a time to do it, but because you're not working you tend to put it off a little bit because you can do it any time.

The freedom from work stress, responsibility and obligations was also experienced:

> Away from the hassles of having to follow policy and working with other people.

Work-related involvement. Retirement life could relate to working life. There were three sub-themes: *retirement mimicking work, work options* and *working life decisions influence retirement life* (Table 2).

Retirement mimicking work: Participants engaged in retirement activities that related to their previous work activities. This could be in the form of hobbies or volunteer activities. Participants recognised their choice of work and retirement activities related to their skills, what they do well and gain satisfaction or enjoyment from:

> I do things that are my skills... so we all have special talents and you've just got to identify what they are early in life and then develop them and work with them.

The relationship between retirement and work activities also related to a different kind of busy where, although participants were no longer working, their lifestyle and routine followed a similar pattern:

> I was chock a block with activities before and I'm still chock a block with activities, they're just slightly different now.

Hobbies could be seen to mimic work conditions. For example, a predominant retirement activity for one participant was around building and selling products with money received from sales only covering hobby costs. Social connections were also important. Continued work friendships post retirement occurred. New social connections to replace work friendships were also made, which could help in adjusting to not seeing work colleagues every day.

Work options: Some participants expressed a desire to still be working or were considering returning to work. Some participants were actively seeking work. Other participants had declined work opportunities. Some participants would consider work if the opportunity came along. Wanting to be working could be related to not wanting to retire in the first place (even though participants reported they had chosen to retire):

> It's not what I thought retirement would be. It's not what I wanted for me. I mean, I never wanted to retire.

Working life decisions influence retirement life: A relationship between health in work and retirement emerged. A negative effect of a physically demanding job on one's health in retirement occurred. Delaying taking care of one's health while working could also lead to health issues in retirement. The importance of ceasing work at an age/health level where retirement could still be enjoyed was recognised. Reflection on retiring at a later age and subsequent effects on health occurred:

> I'm a bit sorry that I left it so late to retire... because you start to feel your age.

Prioritising work activities over non-work activities could also affect retirement:

> I let that side of my life go... There was no time for craft or anything. And I regret that now... I'm really sorry that I let my work consume me and not make allowances for my retirement.

Relationship to the MOHO

Sub-themes encapsulated all MOHO volitional processes (anticipation, choices, experience and interpretation) (Figure 1). A relationship between volitional processes and specific work-to-retirement transition stages emerged, demonstrating the cyclic nature of both processes. Anticipation only related to the preparation stage. Choices related to all work-to-retirement transition stages. Experience related to the preparation and transition stages. Interpretation only related to the retired stage.

Discussion and Implications

Work attributes related to personal factors, social factors, meaningful occupational engagement and the nexus of work and retirement influenced all work-to-retirement transition stages (preparation, transition and retired).
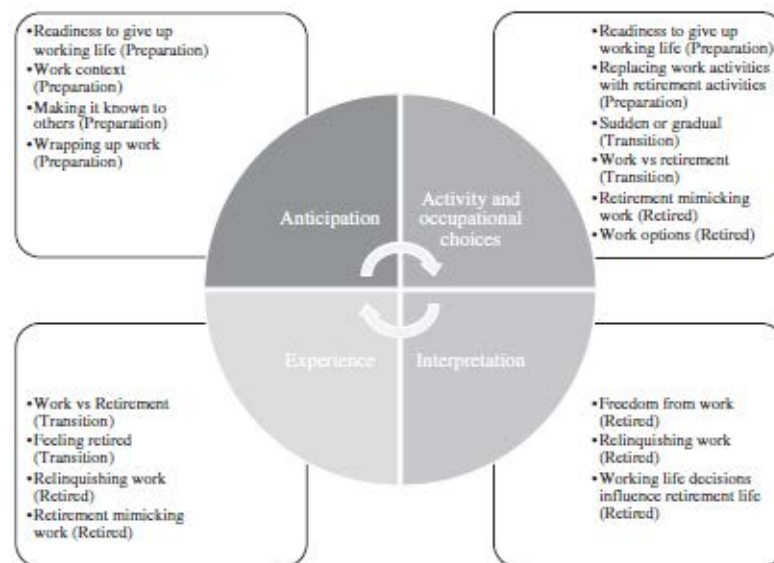
Figure 1. Relationship of the Model of Human Occupation (MOHO) volitional processes to work attributes sub-themes. MOHO volitional processes are defined as follows (Kielhofner, 2008: 21). Anticipation: noticing and reacting to potentials or expectations for actions. Activity choices: short-term, deliberate decisions to enter and exit occupational activities. Occupational choices: deliberate commitments to enter an occupational role, acquire a new habit, or undertake a personal project. Interpretation: recalling and reflecting on performance in terms of its significance for oneself and one's world.

This indicates pre-retirement job may be influential in the transition and adjustment to retirement. The relationship of sub-themes to the MOHO volitional processes (anticipation, choices, experience, interpretation) has the potential to guide occupational therapy practice within this occupational transition.

Work attributes and volition

Like volitional processes (Kielhofner, 2008), the work-to-retirement transition process is ongoing, non-linear and variable. Cycles within a stage occur. For example, although *time to move on (retirement decision)* was listed before *taking action (retirement preparation)*, they may not occur in this order. Preparation for retirement (for example, financial) can occur before making a decision of when to retire. Once a retirement decision is made preparation can re-occur (for example, finalising work). Moving back and forth between stages is also possible (for example, ceasing work and then re-entering the workforce) and overlap between stages is possible (for example, ongoing involvement from work while undertaking retirement activities). The various work-to-retirement transition patterns represent the complexity of this transition. Cahill et al. (2015) found an abrupt permanent exit from the workforce is no longer the norm, with gradual transitions (bridge jobs, that is, a different job from a full-time career job), workforce re-entry following an absence from work or phased retirement (reduction in work hours in a career job) more likely to occur.

Work history/pre-retirement job potentially influences retirement as demonstrated by the relationship between work attributes and all stages of the work-to-retirement transition process. This also relates to the association between volition and an individual's personal circumstances and history (Kielhofner, 2008). Similar to Damman et al. (2015), financial considerations and identity were seen to influence this transition. In Damman et al. (2015), the role of life histories in retirement adjustment was found to be associated with a steep upward career path and fewer financial difficulties but more difficulties adjusting to loss of work-related status.

Research conducted in Sweden, using volitional processes to explore the experience of work and anticipation of retirement, found most participants' narratives of retirement were as anticipated (Jonsson et al., 1997; Jonsson et al., 2000; Jonsson et al., 2001). However, this did not always occur as 'although narratives predispose persons toward certain actions, they also interweave with and incorporate changed directions as a result of ongoing life events and experiences' (Jonsson et al., 2001: 425). This further supports the relationship between work narratives and the experience of the work-to-retirement transition process while acknowledging it is not the sole influencing factor in the adjustment to retirement.

The balance between choosing to retire and continuing to work can be influenced by health. Similar to Pond et al. (2010), enjoyment from working versus being able to enjoy retirement while still healthy was a consideration in retirement timing. Pond et al. (2010) identified retiring while healthy to engage in other life goals as a health-related retirement pathway along with two other pathways (retiring because of poor health and retiring to

protect health). Health, work attributes and retirement are also related and influenced by personal circumstances and history. Health was a consideration in the preparation stage (*readiness to give up working life*) and the retired stage (*working life decision influencing retirement life*). Oakman and Howie (2013) suggested decreased work hours may assist older workers to remain in the workforce despite declining health due to age – this relates to the transition taken to cease work. The relationship between health and work attributes (and whether this is relevant to all pre-retirement jobs) warrants further investigation.

Perceived barriers to working in later age may affect older workers' engagement in the workforce. This study identified perceived barriers to working including advancement in technology and the perception of ageing workers, which relates to volition around personal causation (one's sense of capacity and effectiveness) (Kielhofner, 2008). Oakman and Howie (2013) also identified older workers self-perceived ability (related to age and health) to continue working and the need for supportive workplaces to enable older workers' ongoing workforce participation.

What people seek from work activities may be sought from retirement activities. This is represented through *retirement mimicking work*, volition recognising that people 'want to do the things that they value, feel competent to do and find satisfying' (Kielhofner, 2008: 13) and the utilisation of work skills and interests in retirement (Hewitt et al., 2010). This aligns with Atchley's continuity theory, where consistency in activity occurs despite ageing (Atchley, 1999). Replacing work activities with retirement activities related to work (for example, volunteer activities that utilise work skills and knowledge) may assist in transitioning into and adjusting to retirement as consistency in skills and interests are maintained. Further research on the relationship between work activities and retirement activities is required to determine whether this is relevant to all people (or people within specific pre-retirement jobs) and to what extent this influences the transition and adjustment from work to retirement.

Implications for occupational therapy

Occupational therapy's focus on engagement in meaningful occupation places the profession in a position to facilitate engagement in occupational choices to assist in adjustment to this complex life transition (work-to-retirement). Work circumstances and history can be an influencing factor precipitating the need for occupational therapy to not only consider retirement but also work as part of the work-to-retirement transition. Giving the increasing pension age in Australia, the possibility of working to later in life is real (Australian Government, 2015). Occupational therapists can assist older workers to remain in the workforce (including as part of the transition to retirement) by collaborating with the worker and employer to make adaptations (for example, ergonomic and assistive technology) to improve person, environment and occupation fit while utilising the strengths of the worker (for example, skills and knowledge obtained from years of experience) (Moyers and Coleman, 2004).

Planning occupations to undertake in retirement before retiring may assist in retirement adjustment. Similar to Jonsson (2011), participants in this study also experienced freedom in retirement to undertake other activities. Jonsson (2011) also recognised the transition from one imbalance (demands from work) to another imbalance (absence of demands in retirement) occurred, which he termed the paradox of freedom. Not all participants in this study identified planning for retirement activities while still working, highlighting the need to educate people on the importance of planning for meaningful retirement activities for health and wellbeing; a similar conclusion drawn by Pepin and Deutscher (2011).

Occupational therapists have the potential to be involved in the identification, planning and implementation of meaningful occupations in adjustment to retirement, using individual and group approaches to assist in enabling health and wellbeing and balance in retirement life (Eagers et al., 2016). This could include determining retirement activities that are related to previous work activities to ensure continuity in occupational engagement from work to retirement. Identification of retirement activities while working may assist in ensuring availability of funds for retirement activities, consideration of desired health status for retirement activities and subsequently aid in the decision of when to transition to retirement. The consideration of work history may assist occupational therapists in providing not only individual but group interventions for people in similar pre-retirement jobs. The relationship of sub-themes to the MOHO volitional processes (anticipation, choices, experience and interpretation) has the potential to assist occupational therapists in directing strategies to assist people through the work-to-retirement transition, taking into consideration the stage they are in. Further research into the role of occupational therapy in the retirement transition is required.

Limitations

Participants' self-identification of having chosen to retire may have influenced results. Participants' identification of choosing to retire related to being made redundant (but still identifying has having chosen to retire), poor job satisfaction resulting in choosing to retire, no longer wanting to work and due to health (own or a significant other).

Conclusion

Linking retirees' experiences to occupational therapy provides a unique view of the work-to-retirement transition and influences on health and wellbeing. This study supports the notion that work attributes related to personal factors, social factors, meaningful occupational engagement and the nexus of work and retirement influence the work-to-retirement transition process. Sub-themes encapsulated all stages (preparation, transition and retired). Volition processes (MOHO) assisted in explaining and demonstrating the complexity of and the potential for some people to require support to navigate this transition.

Along with supporting older workers to remain in the workforce, occupational therapists could help people recognise the importance of and facilitate engagement in meaningful occupation in retirement.

Key findings

- Work attributes influence work-to-retirement transition stages.
- Volitional processes (MOHO) assisted in explaining the complexity of the work-to-retirement transition.
- Occupational therapists can facilitate engagement in occupational choices through the work-to-retirement transition.

What this study has added

Consideration of the influence of work and pre-retirement job on the work-to-retirement transition process may assist in facilitating positive engagement in meaningful work and retirement occupations.

Research ethics

Ethical approval was obtained from James Cook University Human Research on 21 August 2015 (reference number H6283). All participants provided written informed consent.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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ORCID iD

Richard C Franklin http://orcid.org/0000-0003-1864-4552.

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Appendix G: Publication 5—'Current Occupational Therapy Scope of Practice in the Work-to-Retirement Transition Process: An Australian Study'

The publication abstract, which has been reformatted for consistency with thesis formatting, and the published paper (doi: 10.1080/11038128.2020.1841286) are contained below:
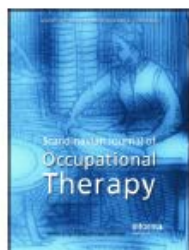
Background: Occupational therapists have skills to work with people considering or experiencing the transition from paid work to retirement.

Aim: The aims were to explore: 1) occupational therapists' experiences and perceptions in working with people transitioning to retirement; 2) the 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.

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

Jackie Eagers , Richard C. Franklin , Kieran Broome , Matthew K. Yau & Fiona Barnett

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ORIGINAL ARTICLE

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

Jackie Eagers[a] , Richard C. Franklin[b] , Kieran Broome[c] , Matthew K. Yau[d] and Fiona Barnett[e]

[a]Occupational Therapy, College of Healthcare Sciences and PhD Candidate, College of Public Health, Medical & Veterinary Sciences, James Cook University, Townsville, Australia; [b]Public Health, College of Public Health, Medical & Veterinary Sciences, James Cook University, Townsville, Australia; [c]Occupational Therapy, School of Health and Sport Sciences, University of the Sunshine Coast, Maroochydore, Australia; [d]Occupational Therapy, School of Medical and Health Sciences, Tung Wah College, Kowloon, Hong Kong; [e]Head Sport and Exercise Science, College of Healthcare Sciences, James Cook University, Townsville, Australia

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.

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CONTACT Jackie Eagers jackie.eagers@jcu.edu.au Occupational Therapy, College of Healthcare Sciences and PhD Candidate, College of Public Health, Medical & Veterinary Sciences, James Cook University, Townsville 4811, Australia

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Appendix H: Conference Abstract 1—'The Contribution of Occupational Therapy to the Work-to-Retirement Transition Process in Australia: A Review of the Literature'

The publication abstract, which has been reformatted for consistency with thesis formatting, and the published abstract (doi: 10.1111/1440-1630.12212_1) are contained below:

Introduction: Retirement from work is a significant life event in Australia. With the baby boomer population entering retirement, an ageing population and the diversity in the work-to-retirement process, there is a need to better understand this occupational transition. Enabling active ageing within the retirement process will become increasingly important, as choices need to be made to facilitate changes in lifestyle post work.

Aim: This review aimed to identify occupational therapy's contribution to the work-to-retirement transition process in Australia.

Methods: A literature review was undertaken through database searches in August 2014. Inclusion criteria included peer-reviewed studies on the contribution of occupational therapy to the work-to-retirement transition process in Australia published in the past 20 years. Thematic analysis was conducted to determine the relationship of study findings to an occupational perspective and the role of occupational therapists in clinical practice. The McMaster critical appraisal tools were utilised to determine methodological quality.

Results: Eight qualitative studies meeting the inclusion criteria were identified. No articles on current occupational therapy clinical practice were found. Preliminary themes identified include: occupational identity, occupational roles and occupational adaptation related to the occupational perspective; and retirement planning and implementation related to the potential occupational therapy role. Preliminary critical analysis findings include generalisability and data saturation limitations.

Conclusion: Occupational therapy's focus on occupation can assist in understanding the work-to-retirement transition process experience. Occupational therapy is well placed to establish a clinical role in facilitating the retirement transition to support a healthy ageing population.

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PARTICIPATION OF OLDER ADULTS

THE CONTRIBUTION OF OCCUPATIONAL THERAPY TO THE WORK-TO-RETIREMENT TRANSITION PROCESS IN AUSTRALIA: A REVIEW OF THE LITERATURE

Jackie Eagers[1], Richard Franklin[1], Kieran Broome[2], Matthew Yau[1]

[1]James Cook University, Townsville, Queensland, Australia [2]University of the Sunshine Coast, Maroochydore, Queensland, Australia

Introduction: Retirement from work is a significant life event in Australia. With the baby boomer population entering retirement, an ageing population and the diversity in the work-to-retirement process, there is a need to better understand this occupational transition. Enabling active ageing within the retirement process will become increasingly important, as choices need to be made to facilitate changes in lifestyle post work.

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Conclusion: Occupational therapy's focus on occupation can assist in understanding the work-to-retirement transition process experience. Occupational therapy is well placed to establish a clinical role in facilitating the retirement transition to support a healthy ageing population.

Appendix I: Conference Abstract 2—'A Framework to Guide Occupational Therapy Scope of Practice in the transition from work-to-retirement'

The publication abstract, which has been reformatted for consistency with thesis formatting, ePoster and the published abstract (doi: 10.1111/1440-1630.12736) are contained below:

Introduction: Work provides identity and shapes life making the transition from work-to-retirement a major life event and precipitates a change in occupations people engage in. Occupational therapy are in a prime position to work within the work-to-retirement transition given the profession's focus on engagement in meaningful occupation. However, there is a paucity of literature on occupational therapy scope of practice in the work-to-retirement transition.

Aim: To explore the scope of practice of occupational therapy in the work-to-retirement transition in Australia.

Method: A qualitative study was conducted using semi-structured interviews with Australian occupational therapists (n=14). Participants were recruited through special interest groups, the research teams' network, social media and snowballing. Thematic analysis was used to explore current and potential scope of practice of occupational therapy in the work-to-retirement transition.

Results/Practice Implications: Occupational therapists currently enable engagement in meaningful occupation in the transition from work to retirement within the home, workplace and community using a variety of tools and approaches. However, most services are provided through the course of other work occupational therapists engage in (e.g. occupational rehabilitation) limiting service provision. Frameworks to guide the future application of occupational therapy in the work-to-retirement transition include situating the work-to-retirement transition as a unique practice area and application of enablement skills to the work-to-retirement transition. Contextual barriers and facilitators also exist which impact on occupational therapy practice in the work-to-retirement transition.

Conclusion: Occupational therapist have the skills and expertise to work within the work-to-retirement transition. Frameworks can assist in articulating the scope of practice of occupational therapy practice in the work-to-retirement transition.

A framework to guide occupational therapy scope of practice in the transition from work-to-retirement

Jackie Eagers[1], A/Prof Richard Franklin[1], Dr Kieran Broome[2], Prof Matthew Yau[3], A/Prof Fiona Barnett[1]
[1]James Cook University, [2]University of the Sunshine Coast, [3]Tung Wah College

Introduction

- Work provides structure and meaning to life[1]
- Ceasing work results in loss of meaningful occupation
- Meaningful occupation is important for health and well-being[2]
- Core focus of OT is engagement in meaningful occupation[3]
- Lack of clarity on scope of practice of OT in work-to-retirement transition[4]

Objective

To explore the scope of practice of OT in the work-to-retirement transition in Australia
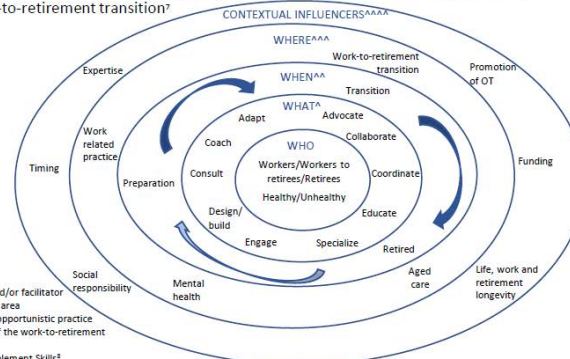
Methodology

Semi-structured interviews with Australian OTs (n=14) Thematic analysis[5]

Results, Discussion and Conclusion

Key Findings[6,7]

- OTs can work with people at any stage of the work-to-retirement transition
- OT practice often occurs through conversations (*talk based therapy*) and in the course of other work e.g. work related practice (*add on approach*)
- The work-to-retirement transition can be situated as it's own practice area and within other practice areas e.g. aged care
- Contextual influencers positively and/or negatively impact OT practice

A framework structured around scope of practice (who, what, when, where)[3] guides application of OT in the work-to-retirement transition[7]

^^^^ Barrier and/or facilitator
^^^OT practice area
^^Targeted or opportunistic practice within stages of the work-to-retirement transition
^Based on Enablement Skills[8]

Next Steps

- OTs to explicitly provide services in the work-to-retirement transition whilst also using an add on approach as needed
- OTs to actively promote their scope of practice in the work-to-retirement transition to others, e.g. general practitioners; workplaces, to assist in obtaining funding and referrals
- Read more at:

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Introduction: Work provides identity and shapes life, making the transition from work-to-retirement a major life event. Retirement precipitates a change in occupations people engage in. Occupational therapists are in a position to work within the work-to-retirement space. However, there is a paucity of literature on the occupational therapy scope of practice in the work-to-retirement transition.

Objective: To explore the scope of practice of occupational therapy in the work-to-retirement transition in Australia.

Method: A qualitative study was conducted using semi-structured interviews with Australian occupational therapists (n=14). Participants were recruited through special interest groups, the research teams' network, social media and snowballing. Thematic analysis was used to explore the data.

Results: Occupational therapists currently enable engagement in meaningful occupation in the transition from work to retirement within the home, workplace and community using a variety of tools (models, assessments and approaches). However, most services are provided through the course of other work occupational therapists engage in, e.g., occupational rehabilitation, limiting service provision.

Practice Implications: A framework structured around who, what, when and where is provided to guide the application of occupational therapy in the work-to-retirement transition. Enablement skills are applied and contextual influencers are acknowledged. The work-to-retirement transition is situated both within its own unique practice area and within other occupational therapy practice areas.

Conclusion: Occupational therapists have the skills and expertise to work within the work-to-retirement transition space. The proposed framework assists in articulating the scope of practice of occupational therapy in the work-to-retirement transition.

A FRAMEWORK TO GUIDE OCCUPATIONAL THERAPY SCOPE OF PRACTICE IN THE TRANSITION FROM WORK-TO-RETIREMENT

Jackie Eagers[1], Associate Professor Richard Franklin[1], Kieran Broome[2], Professor Matthew Yau[1], Associate Professor Fiona Barnett[1]

[1] James Cook University, Townsville, Australia, [2] University of the Sunshine Coast, Sunshine Coast, Australia

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