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## Potential occupational therapy scope of practice in the work-to-retirement transition in Australia

### Abstract

**Introduction:** Retirement being a major life event and a focus of healthy ageing in society, creates the opportunity for occupational therapists to support people transitioning from work to retirement. Little is known about the scope of practice of occupational therapy in the work-to-retirement transition. The aim of this study was to, in Australia: 1) explore the potential scope of practice and factors influencing the potential scope of practice of occupational therapy in the work-to-retirement transition; and 2) map findings to occupational therapy theoretical frameworks to assist in articulating scope of practice.

**Methods:** A qualitative study (thematic analysis as an independent approach within a qualitative descriptive methodology) was undertaken using semi-structured interviews with Australian occupational therapists.

**Findings:** Australian occupational therapists (n=14) were interviewed. Four themes were identified which related to the potential scope of occupational therapy practice in the work-to-retirement transition: *finding meaningful occupation; modifying lifestyles and homes for better living; work engagement; and application of occupational therapy skills*. Six themes were identified which related to contextual factors influencing the potential scope of occupational therapy practice 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*.

**Conclusion:** The work-to-retirement transition can be incorporated into other practice areas or can be a unique practice area allowing for a more targeted service. The frameworks of who, what, when and where and enablement skills assist in articulating occupational therapy scope of practice in the work-to-retirement transition. A number of contextual factors can be barriers and/or facilitators to occupational therapy practice. More clearly articulating occupational therapy practice in the work-to-retirement transition will enable the profession to promote their scope of practice assisting in

obtaining professional and public recognition and overcoming barriers such as funding to enable provision of services within this area.

**Key words:** Scope of practice; Occupational transition; work; retirement; healthy ageing

## Introduction

Ceasing work and entering retirement is a major life event resulting in changes in occupations, which can be a positive or negative experience (Jonsson et al., 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.

Although a three stage process of retirement has been identified (preparation, transition, retired) (Eagers et al., 2018) varying experiences of the transition exist. The work-to-retirement transition no longer occurs from only an abrupt cessation of paid work (Feldman, 1994) but can also encompass some work capacity (Olesen & Berry, 2011). Heybroek et al. (2015) explored life satisfaction pre and post retirement and identified four different experiences of retirement: 1) maintenance of high life satisfaction (40%); 2) decrease following high life satisfaction (28%); 3) increase following low life satisfaction (14%); and 4) decrease following low life satisfaction (18%). There is scope for occupational therapy within the work-to-retirement transition given negative impacts on life satisfaction in retirement and a focus on healthy ageing (World Health Organization, 2020).

Abolishment of a compulsory retirement Age in Australia in 2004 (Patterson, 2004) created variability in the work-to-retirement transition. Retirement timing is often linked to financial considerations with reaching the superannuation eligibility age, a main retirement income (Australian Bureau of Statistics, 2020). An increase in the superannuation eligibility age (preservation age increasing to 60 years) (Australian Taxation Office, 2018) and an increase in the age to access the government pension (to 67 years) (Department of Social Services, 2019), another retirement income source (ABS, 2020), creates further complexity around the work-to-retirement transition.

Besides the authors' own work exploring current scope of practice (Eagers et al., 2020), there appears to be no empirical studies in peer reviewed journals that specifically explore scope of occupational therapy practice in the work-to-retirement transition. The findings on current scope of

practice 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 'Do It Now' retirement project run in Australia 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, funded by the government and the Australasian Occupational Science Centre, provided education to pre-retirees and retirees 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).

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. In Australia, Eagers et al. (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.

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. This requires 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). 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).

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). Enablement skills of adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage, and specialize (sic) (Townsend et al., 2013) assist in guiding 'what' occupational therapists can do.

The study in this paper aimed to provide further direction for occupational therapy in the work-to-retirement transition in Australia by: 1) exploring the potential scope of practice and factors influencing the potential scope of practice of occupational therapy in the work-to-retirement transition; and 2) mapping findings to frameworks used in occupational therapy of who, what, when and where and enablement skills to assist in articulating scope of practice.

## **Methods**

To obtain an in depth understanding of the potential scope of practice of occupational therapy in the work-to-retirement transition, the authors used a qualitative study: Braun and Clarke's (2006) thematic analysis as an independent approach within a qualitative descriptive methodology. This paper forms part of a wider study exploring current and potential scope of practice. Given this is an emerging area of practice, 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.

Thematic analysis is a suitable approach with qualitative descriptive as a methodology (Sandelowski, 2010; Stanley, 2015) and a data analysis choice (Vaismoradi et al., 2013). Thematic analysis and qualitative descriptive both provide flexibility around the level of data interpretation (Braun & Clarke, 2006; Sandelowski, 2010). This study utilised a critical realism/contextualism

framework whereby interpretations of reality utilising participants' words occur as part of the research process (Braun & Clarke, 2006). An inductive approach allowed themes to be data driven (Braun & Clarke, 2006). A theoretical approach (Braun & Clarke 2006) allowed themes to be related to: 1) the potential scope of practice and the contextual factors influencing the potential scope of practice of occupational therapy in the work-to-retirement transition; and 2) theoretical frameworks within occupational therapy (e.g. who, what, when, where; and enablement skills).

Semi-structured interviews with Australian occupational therapists were completed between August 2018 and December 2018. To be included in the study participants needed to: 1) have worked/or be working in Australia as a registered occupational therapist for at least two years; and 2) currently or previously worked with people transitioning from work to retirement or be interested in assisting people in this transition. Participants were recruited via advertisement through Occupational Therapy Australia, social media, the researchers' networks and snowballing. A questionnaire collected demographic information from participants at the beginning of the interview. In relation to potential scope of practice, participants were asked about what they thought the role of occupational therapy could be in working with people transitioning from work-to-retirement. Prompting questions were used as needed (e.g., to explore assessment and interventions, funding etc.).

Data was analysed using the Braun and Clarke (2006) thematic analysis approach of: 1) familiarization with data; 2) generation of initial codes; 3) theme searching; 4) theme reviewing; 5) theme definition and naming; and 6) report production (Braun & Clarke, 2006). 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.

A transcription company provided verbatim transcription of interview recordings. The first author reviewed the transcriptions to check for accuracy and completed initial coding of interview transcripts with input from all other authors to enable critical discussion and reflection on analysis

(‘critical friend’ approach) (Smith & McGannon, 2018). NVivo version 11 was used to assist in data analysis management.

The first author mapped themes to the frameworks of: 1) who, what, when and where (Figure 1), which was checked by all authors; and 2) enablement skills (Table 1), which were checked by the third author. Mapping of themes to occupational therapy theoretical frameworks assisted in communicating occupational therapy scope of practice in the work-to-retirement transition. Mapping of enablement skills to themes assisted in articulating ‘what’ occupational therapists can do to enable meaningful occupation in the work-to-retirement transition.

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.

## **Findings**

Fourteen Australian occupational therapists, from Queensland and New South Wales, participated in this study. Time working as an occupational therapist ranged from 10 to 43 years. Participants were aged between 31 and 65 years. Scope of practice of participants captured a range of practice areas including rehabilitation, paediatrics, aged care, mental health, disability and occupational health.

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

Four themes were identified reflecting occupational therapy’s potential to apply commonly used practices within the work-to-retirement transition process: *finding meaningful occupation*; *modifying lifestyles and homes for better living*; *work engagement*; and *application of occupational therapy skills* (Table 1).

#### ***Finding Meaningful Occupation***

As experts in occupation, participants identified that occupational therapists could facilitate the establishment of occupational opportunities in retirement. “... *There are lots of programs out*



*there that are very psychologically focused, but not necessarily focused on how you're going to fill your time, and how you're going to find new meaning, and making that adjustment a bit more functional"* (O). 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. This could include 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 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 find solutions when occupational changes occur in retirement.

### ***Modifying Lifestyles and Homes for Better Living***

Participants identified that occupational therapists could work with people to consider where the person wanted to live in retirement. Occupational therapists could have discussions with people regarding: downsizing to a smaller and more easily maintained home; moving to a different location; moving into a care facility; and having supports and social contact around them (e.g. family). Moving location prior to ceasing work could also assist in a gradual exposure to a new place to live to enable people to make connections within the new community (e.g. joining clubs; meeting neighbours). Occupational therapists could also be involved in home modification or assistive technology prescription to reduce the risks of living at home as a result of ageing to assist people to continue living in their homes. *“... we can be pivotal in trying to, one ease any anxieties or concerns around potential housing or assistive technology or modifications, but also assisting them to link into local community organisations ...” (S).*

### ***Work Engagement***

Participants identified that occupational therapists can help people plan when to retire and how to transition out of work. Occupational therapists could have discussions with employees to decide whether to return to work following injury or to voluntarily retire; and to help people to determine their reasons for retiring and, if they are related to barriers to working, implement strategies to continue working. Occupational therapists could be involved in transitioning people from work to retirement by: gradually transitioning people out of work through reducing work hours; keeping people at work until they can financially afford to retire; modifying the workplace to support people to continue working; and consideration of volunteer roles within the workplace. Participants identified that occupational therapists should concurrently step people out of work whilst enabling

people to build retirement lives and trial new activities for retirement before ceasing work. *"I do think that there's a decline in functioning when people cease work and remove themselves from that sort of social fabric of their work and their structure that is gives them. So my first focus would be manage it in a graduated reduction of work"* (Z).

### ***Application of Occupational Therapy Skills***

Participants recognised the importance of education to assist people in understanding the work-to-retirement transition to enable health and well-being in retirement. *"... help people realise what, I guess, retirement really is all about"* (D). Occupational therapists could provide education on: the retirement process and what to expect in retirement; pitfalls people may encounter in retirement; the impact of role change; how to prepare for change in routine, health and wellness, relationships and financial situations; the importance of engagement in meaningful roles and occupations in retirement; and community supports, services and activities.

Participants acknowledged the holistic nature of occupational therapy allows the profession to draw on a diverse range of skills and perspectives when working with people in the work-to-retirement transition. Participants identified occupational therapists could consider physical, biological, emotional, psychological, psychosocial, occupational, spiritual and financial factors; and have the ability to provide services at the individual, group and community level. *"Our main goal is always for a functional outcome, but we're actually able to consider very holistically the whole person on a number of different levels"* (W). Services could be targeted to specific groups/settings (e.g. Defence Force; workplace) and/or be incorporated into current occupational therapy work practice.

A variety of tools and approaches to guide practice were suggested. These included problem solving, coaching, counselling, public health/health promotion, psychoeducation, conversations/listening, community development, solution focused therapy, goal setting and case management. Assessments that participants identified that could be used when working with people in the work-to-retirement transition included 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, WHO 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.

Participants identified partnerships and networks as part of incoming and outgoing referral processes and to collaborate with other services as part of the work-to-retirement transition.

General practitioners could provide referrals as they may identify warning signs indicating people may need assistance in the work-to-retirement transition. *"I think GPs probably have the most*

*intimate contact with individuals ... and they may pick up on mental health issues ... that might be signs that someone might not be coping with retirement"* (Z). Participants discussed possible

partnerships with exercise physiologists, physiotherapists, psychologists, occupational health and safety officers, social workers, (life) coaches, counsellors, health promotion officers and dieticians.

Some participants saw these partnerships as a referral process only whereas other participants saw an opportunity to work within a multidisciplinary group.

Partnerships with the client were also recognised as important to discuss the client's ideas and goals. Discussions with the client should take 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.

Partnerships with non-health organisations who might be able to provide a client base were suggested. Occupational therapists could form partnerships with accountants, financial planners and life planners to not only refer people to these services but to work as consultants to deliver services in the work-to-retirement transition.

### **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 2).

### ***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 transition 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. This 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).

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 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; considering 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 function declines in retirement or to ensure sustainment of retirement life. It was recognised that people need to volunteer to engage with occupational therapy.

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.

### ***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 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.

### ***Promoting Occupation(al Therapy)***

Participants identified the need for occupational therapy to promote themselves as experts in occupation as they 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 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 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).

### ***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 to deliver a transitional program in the lead up to retirement could be aligned with organisational engagement strategies or employee well-being programs. This 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 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 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).*

### ***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. *“... If we can prevent in the early stages and capture during that transitional period then we can avoid higher costs for looking after somebody ... because they were lonely for five years and developed depression and mental health issues and have gone on to develop dementia ...” (S).*

### **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. *“A good caring organisation will often spend more time supporting the individual through that transition, and they may not have the skill set internally” (E).*

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.

### **Occupational Therapy Theoretical Frameworks**

A summary of scope of practice of occupational therapy in the work-to-retirement transition based on findings from this study are provided in Figure 1 and Figure 2. Figure 1 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 that are barriers and/or facilitators to occupational therapy practice. Figure 2 further explores: 1) 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'); and 2) the work-to-retirement transition stages that occupational therapy can be involved in ('when').

### **Discussion**

This study identified that occupational therapists have skills and expertise that can be applied to the work-to-retirement transition. The profession's foundational practice skills related to engagement in meaningful occupation can be used to assist people to engage in occupations throughout the work-to-retirement transition. Healthy ageing (WHO, 2020) into retirement is important given the changes that occur as people age. The ageing process results in changes in body structures and functions (Rafeedie, 2018) which impacts on retirement occupations. From a preventative perspective, people should seek occupational therapy involvement earlier in life to facilitate health and well-being for engagement in meaningful retirement occupations.

Along with a focus on meaningful occupation, occupational therapists possess numerous skills which can assist them in providing services in the work-to-retirement transition. Occupational therapists' skills around education, working holistically and working in partnerships with others can be used to assist people to navigate the work-to-retirement transition. Findings on the application of occupational therapy practice skills in the work-to-retirement transition reflect previous research on

the current scope of practice of occupational therapy in the work-to-retirement transition (Eagers et al., 2020). Occupational therapists work with people across all age spectrums noting they often see people who are unwell or injured (Department of Health, 2017). 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 1 and Figure 2). Given preparation for retirement was recommended by participants throughout working life and there is a focus on healthy ageing (WHO, 2020), 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 2). The onset of ill health (represented by the grey shaded line in Figure 2) in retirement could precipitate a move from retirement into the next stage of life where the aged care 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 2) 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).

We argue that that work-to-retirement transition could also be an independent practice area (Figure 2). 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. Findings from the 'Do it Now' project (Wicks, 2006a,

2006b) along with research from the authors' studies on current (Eagers et al., 2020) and potential scope of practice in the work-to-retirement transition could be used to formulate a specific program for occupational therapy in the work-to-retirement transition.

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). Although findings did not identify the use of the enablement skill of 'advocate', occupational therapists could advocate for clients 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 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 exploring the use of 'advocate' by occupational therapists in the work-to-retirement transition is required.

A number of contextual factors can influence occupational therapy involvement in the work-to-retirement transition process (Table 2; Figure 1). 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 occupational therapy 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 the retirement transition, 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, including as a part of a corporate social responsibility, 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.

If 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). This initiative provides a structured treatment approach for people experiencing a mental health condition with rebates for services available through Medicare (Department of Health, 2019). Given referral is often from general practitioners (Department of Health, 2019), 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.

### ***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.

### **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

### **Authors' Declaration of Authorship Contributions**

All authors designed the study. JE collected data. JE completed data analysis with input from all other authors. JE wrote the first draft of the paper with revision and input from all other authors.

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### **Conflict of Interest**

The authors have no conflict of interest to declare.

Table 1 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>"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)</i>	Adapt Coach Design/build Engage
Modifying lifestyles and homes for better living	Discussions around where people will live in retirement. 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.	<i>"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)</i>	Adapt Coach Design/build
Work engagement	Assisting people to remain at work and/or gradually transition from work to retirement.	<i>"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)</i>	Adapt Coach Collaborate Consult Coordinate Design/build Engage
Application of occupational therapy skills	Using core occupational therapy skills such as education, holistic approach and working in partnership with others to assist people in the work-to-retirement transition	<i>"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)</i>	Educate Collaborate Coordinate Specialize

Table 2 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.	<i>"... 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)</i>
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>"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)</i>
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.	<i>"... 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)</i>
Finding the money	Sourcing and justifying funding to provide occupational therapy services in the work-to-retirement transition process.	<i>"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)</i>
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.	<i>"... 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)</i>
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.	<i>"... 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)</i>



Figure 1 Scope of Practice of Occupational Therapy in the Work-to-Retirement Transition

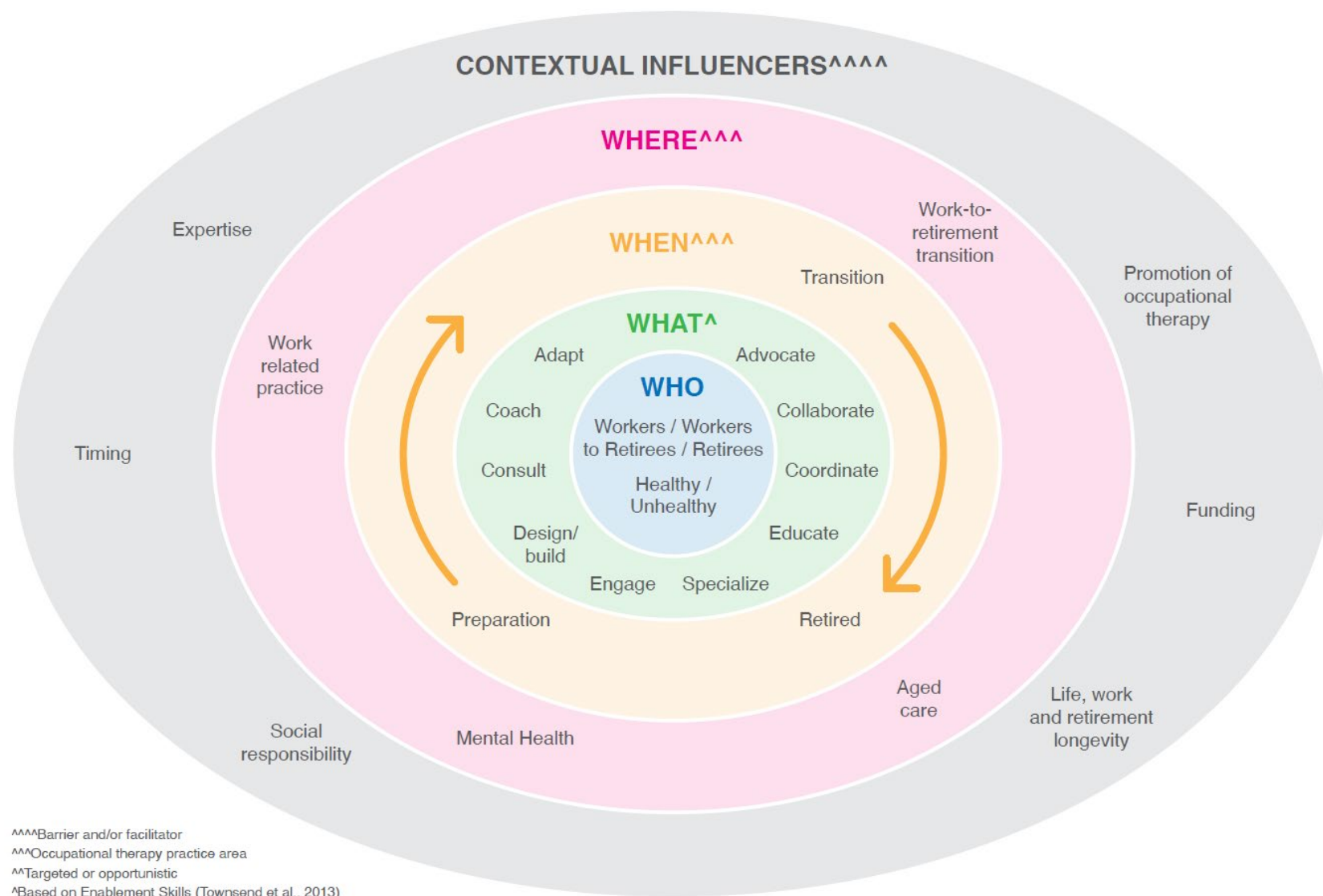
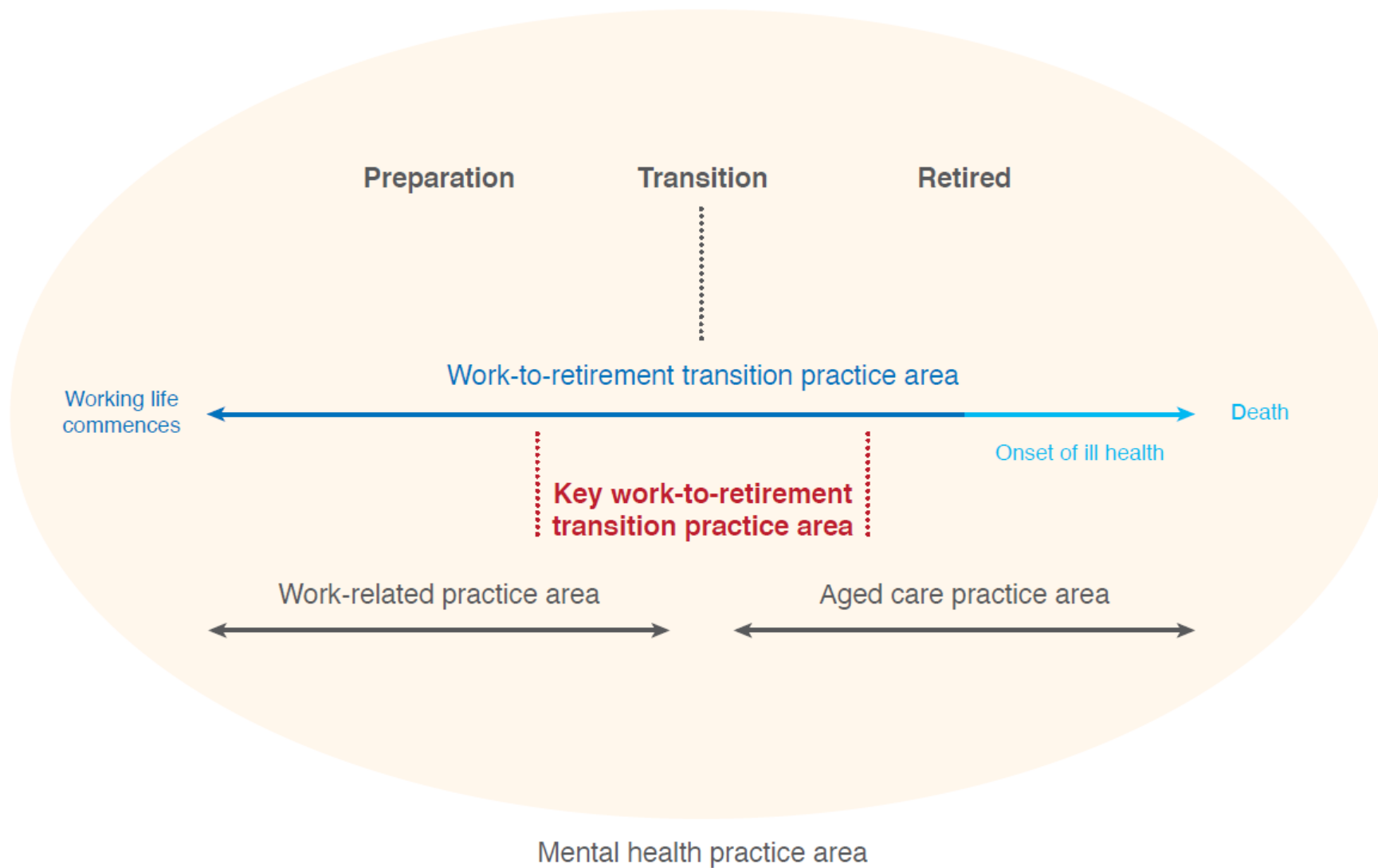


Figure 2 Situating the Work-to-Retirement Transition as a Practice Area within Occupational Therapy



## References

- Australian Bureau of Statistics. (2020, May 8). *Retirement and retirement intentions, Australia 2018-19*. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/2018-19>
- Australian Government. (2015, March 5). *2015 intergenerational report: Australia in 2055*. [https://treasury.gov.au/sites/default/files/2019-03/2015\\_IGR.pdf](https://treasury.gov.au/sites/default/files/2019-03/2015_IGR.pdf)
- Australian Taxation Office. (2018, November 12). *Super*. Australian Government. <https://www.ato.gov.au/individuals/super/>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Broome, K., & Kennedy-Behr, A. (2017). The scope of practice of occupational therapists in Australia: Roles, responsibilities and relationships. In T. Brown, H. Bourke-Taylor, S. Isbel, & R. Cordier (Eds.), *Occupational therapy in Australia: Professional and practice issues* (pp. 62-72). Allen & Unwin.
- Curtin, M. (2017). Overview of enabling skills and strategies. In M. Curtin, M. Egan, & J. Adams (Eds.), *Occupational therapy for people experiencing illness, injury or impairment* (pp. 322-333). Elsevier.
- Department of Health. (2017). *Occupational therapists: 2017 Factsheet*. Australian Government <https://hwd.health.gov.au/webapi/customer/documents/factsheets/2017/Occupational%20therapists.pdf>
- Department of Health. (2019). *Better access to mental health care: Fact sheet for professionals*. Australian Government <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-prof>
- Department of Social Services. (2019, July 19). *Age pension*. Australian Government. <https://www.dss.gov.au/seniors/benefits-payments/age-pension>

- 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, J., Franklin, R. C., Broome, K., Yau, M. K., & Barnett, F. (2020). Current occupational therapy scope of practice in the work-to-retirement transition process: An Australian study. *Scandinavian Journal of Occupational Therapy*.  
<https://doi.org/10.1080/11038128.2020.1841286>
- Eagers, J., Franklin, R. C., Yau, M. K., & 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>
- Feldman, D. C. (1994). The decision to retire early: A review and conceptualization. *The Academy of Management Review*, 19(2), 285-311. <https://doi.org/10.2307/258706>
- Fraser, L., McKenna, K., Turpin, M., Allen, S., & Liddle, J. (2009). Older workers: An exploration of the benefits, barriers and adaptations for older people in the workforce. *Work*, 33(3), 261-272.  
<https://doi.org/10.3233/WOR-2009-0874>
- Heybroek, L., Haynes, M., & Baxter, J. (2015). Life satisfaction and retirement in Australia: A longitudinal approach. *Work, Aging and Retirement*, 1(2), 166-180.  
<https://doi.org/10.1093/workar/wav006>
- Jonsson, H. (2011). The first steps into the third age: The retirement process from a Swedish perspective. *Occupational Therapy International*, 18(1), 32-38.  
<https://doi.org/10.1002/oti.311>
- Jonsson, H., Josephsson, S., & Kielhofner, G. (2000). Evolving narratives in the course of retirement: A longitudinal study. *The American Journal of Occupational Therapy*, 54(5), 463-470.  
<https://doi.org/10.5014/ajot.54.5.463>
- Laslett, P. (1989). *A fresh map of life: The emergence of the Third Age*. Weidenfeld and Nicolson.

- Oakman, J., & Howie, L. (2013). How can organisations influence their older employees' decision of when to retire? *Work*, 45(3), 389-397. <https://doi.org/10.3233/WOR-2012-1403>
- Occupational Therapy Australia. (2017). *Position paper: Occupational therapy scope of practice framework*. [https://otaus.com.au/publicassets/725829df-2503-e911-a2c2-b75c2fd918c5/Occupational%20Therapy%20Scope%20of%20Practice%20Framework%20\(June%202017\).pdf](https://otaus.com.au/publicassets/725829df-2503-e911-a2c2-b75c2fd918c5/Occupational%20Therapy%20Scope%20of%20Practice%20Framework%20(June%202017).pdf)
- Occupational Therapy Board AHPRA. (2019). *FAQ - Recency of practice registration standard*. <https://www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice.aspx>
- Olesen, S. C., & Berry, H. L. (2011). Community participation and mental health during retirement in community sample of Australians. *Aging & Mental Health*, 15(2), 186-197. <https://doi.org/10.1080/13607863.2010.501053>
- Patterson, R. (2004). The eradication of compulsory retirement and age discrimination in the Australian workplace: A cause for celebration and concern. *Elder Law Review*, 3, 1-27.
- Philip, K. (2015). Allied health: Untapped potential in the Australian health system. *Australian Health Review*, 39(3), 244-247. <https://doi.org/10.1071/AH14194>
- Rafeedie, S. H. (2018). Special needs of the older adult. In H. M. Pendleton & W. Schultz-Krohn (Eds.), *Pedretti's occupational therapy: Practice skills for physical dysfunction* (8th ed., pp. 1142-1166). Elsevier.
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health*, 33(1), 77-84. <https://doi.org/10.1002/nur.20362>
- Smith, B., & McGannon, K. R. (2018). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, 11(1), 101-121. <https://doi.org/10.1080/1750984X.2017.1317357>

- Stanley, M. (2015). Qualitative descriptive: A very good place to start. In S. Nayar & M. Stanley (Eds.), *Qualitative research methodologies for occupational science and therapy* (pp. 21–36). Routledge.
- Townsend, E. A., Beagan, B., Kumas-Tan, Z., Versnel, J., Iwama, M., Landry, J., Stewart, D., & Brown, J. (2013). Enabling: Occupational therapy's core competency. In E. A. Townsend & H. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation* (2nd ed., pp. 87-133). CAOT Publications ACE.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15(3), 398–405. <https://doi.org/10.1111/nhs.12048>
- Wicks, A. (2006a). Do it now: A project promoting participation in engaging occupations during retirement. In *Diversity in ageing: Papers submitted for peer review and presented to the 39th Annual Conference of the Australian Association of Gerontology* (pp. 24-32). Australian Association of Gerontology.
- Wicks, A. (2006b). *Do it now: Promoting participation in engaging occupations during retirement*. Australasian Occupational Science Centre.
- World Health Organization. (2020, October 26). *Ageing: Healthy ageing and functional ability*. <https://www.who.int/ageing/healthy-ageing/en/>