The experience of programs to promote health in newly retired adults and their families: a qualitative systematic review protocol

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Review question/objective

The objective of this review is to identify the meaningfulness and appropriateness of programs that have been implemented to improve the health status of individuals and families during the retirement period.

More specifically, the review will focus on the following questions:

Which programs have been implemented with the goal of promoting the health of individuals and their families during retirement period?

What are the experiences of individuals and their families during retirement of programs that have been implemented with the goal of promoting their health?

Background

Ageing is one of the major issues affecting the current public health framework. The Third European Demography Report states that the number of individuals aged >65 years increased from 13.7% to 17.4%, between 1990 and 2011, and it is estimated that they will represent more than 30% of the European population in 2060.¹ These indicators confirm that there will be increasing proportions of “older persons” and “aged people” will in our future generations and, as this will increase the chronic diseases and associated morbidity, there is an urgent need to implement strategies which promote health quality in this life stage.²

Several authors argue that the investment in measures which promote active ageing has become urgent, not only to promote the quality of biophysiological,³ psychological,⁴ and social⁵ domains in older
adults, but also to keep the communities sustainable. This quality of life is related to the protection of individuals’ health status in the above-mentioned dimensions, but also to the balance among a constellation of systems and factors which influence it, such as family, work, society, and the systemic interactions and relationships between them.\(^6\)

If we consider that, as a result from this interaction and significant experiences, individuals adopt attitudes and behaviors which lead to the construction of their own health projects, then the promotion of quality and “successful aging”\(^7\) or active ageing should still take place during middle age and, if possible, accompany the transitional life events which occur during this period.\(^8\)

Transition to retirement is one of these events, the experience of which interferes with every dimension of the human ageing process. It can be seen as an event (when associated with the description of a life event which signals a stage of the life cycle marking the beginning of ageing\(^9\)), as a status (when associated with the acquisition of a new social status\(^10\)) or as a process (“life event in which transition-adaptation phenomena occur, which are reflected in developmental terms.” p. 361\(^{11}\)).

Independently of these perspectives, intervention programs can promote the health status of individuals’ and their families.\(^4\),\(^11\) Empirical evidence from a recently study conducted by Loureiro\(^12\) confirmed this when, based on data collected from 432 individuals who were retired for less than five years, showed that this transitional event had affected all of the respondents. Around a third of the participants (31.5%) even described this event as a difficult experience because it led to a decrease of “perceived self-efficacy” (e.g. management of daily activities (26.5%), difficulty in time managing (14.7%), reduction of economic power (14.0%), decrease of “perceived self-esteem” (e.g. loneliness (13.2%), reduction of self-esteem (10.3%), isolation (4.4%), reduction of stimuli (3.7%), and also decrease of “family resilience” (e.g. difficulty in readjusting to the home environment (4.4%), difficulty in adapting to new family roles (4.4%).\(^12\) This study also showed that spouses are the main source of support during this period (71.5%) and, regardless of the level of success achieved, the strategies used to face the difficulties have always included the adoption of attitudes and behaviors related to the biophysiological, psychoemotional and social dimensions.\(^12\)

In Portugal, there has been witnessed a significant increase in early retirement in recent years (occurred for economic and health reasons) and the absence of targeted intervention programs for individuals and families experiencing this phase of the life cycle, make this state of vulnerability a priority intervention in Public Health. This is actually one of the recommendations made by the World Health Organization when in an assessment to the National Health Plan 2004-2010\(^13\) report, states:“Furthermore, the next Plan should address the sustainability threats to the Portuguese health system by taking an “investment in health” approach, supported by evidence that well-functioning health systems contribute not only to health but also to wealth and economic development through, for example, workforce development, increased efficiency, alleviating the costs of illness and lowering the number of those seeking early retirement due to ill health”.\(^14\)

While responsible for the preservation of individuals, families and communities health status to which are addressed, the primary health care should be the main agents of this intervention and should include the empowerment of its protagonists in the biopsychosocial dimensions that appear to be most affected during the experiences of adaptation that this transition requires them. This framework and the lack of intervention in this area proved that the implementation of an intervention program specifically designed with this purpose could have a positive impact on individual health outcomes. It is in this
context that we consider relevant to conduct a systematic review whose overall objective is to know which programs and intervention strategies have been recently implemented at the international level, with the goal of promoting the health of individuals and families experiencing the transition to retirement.

We have conducted previous research on this theme and these programs and we have not found any reviews or protocols on this topic that address our main objectives. The programs we have found are mainly in countries where the cultural adopted this practice or in countries where there is no retributive assistance which makes people required to work after retirement. However, we have found specific programs that concern reentry into the labor market instead of having a preoccupation in promoting health after retirement.

**Keywords**

Program*; Strateg*; Course*; Retire*; Individual*; Famil*

**Inclusion criteria**

**Types of participants**

This review will consider studies that include individuals newly retired (within five years of retirement) and families of newly retired individuals (within five years of retirement). We will not consider any age range, what is important is the experience the individual feels independently of the age in which this transition is lived. Any kind of retirement is acceptable, independently of the reasons and contexts of retirement.

**Phenomena of interest**

This review will consider studies that investigate the experiences of individuals and families during the retirement period that were subject to programs implemented to improve their health status, excluding programs that have as goal the return to the labor market. In this systematic review, we intend to find any kind of program, independently of the context or if it is conducted in group or one to one.

**Types of studies**

This review will consider interpretive or critical studies that draw on the experiences of individuals and their families during retirement with health promotion programs including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

In the absence of research studies, other text such as opinion papers and reports will be considered.

**Search strategy**

The search strategy aims to find both published and unpublished studies. A three-step search strategy will be utilised in this review. An initial limited search of MEDLINE and CINAHL will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies. Studies published in Portuguese, English and Spanish will be considered for inclusion in this review. Studies published 2000 to 2013 will be considered for inclusion in
this review. We have selected these dates as we wanted to select the more recent studies, conducted in this century where retirement and ageing became a problematic issue.

**The databases to be searched include:**

- Academic Search Complete
- CINAHL Plus with Full Text
- MEDLINE with Full Text
- Lilacs
- Embase
- Scopus
- Nursing & Allied Health Collection: Comprehensive
- MedicLatina
- Scielo - Scientific Electronic Library Online

The search for unpublished studies will include:

- ‘Grey Literature Report’ from New York Academy of Medicine
- ProQuest – Nursing and Allied Health Source Dissertations
- Banco de teses da CAPES (www.capes.gov.br)
- RCAAP – Repositório Científico de Acesso Aberto de Portugal

**Initial keywords to be used will be:**

- Program*
- Strateg*
- Course*
- Retire*
- Individual*
- Famil*

**Assessment of methodological quality**

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix I). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Textual papers selected for retrieval will be assessed by two independent reviewers for authenticity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Narrative, Opinion and Text Assessment and Review Instrument (JBI-NOTARI) (Appendix I).
Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

**Data collection**

Qualitative data will be extracted from papers included in the review using the standardized data extraction tool from JBI-QARI (Appendix II). The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

Textual data will be extracted from papers included in the review using the standardized data extraction tool from JBI-NOTARI (Appendix II). The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

**Data synthesis**

Qualitative research findings will, where possible be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings (synthesized findings) that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form.

Textual papers will, where possible be pooled using JBI-NOTARI. This will involve the aggregation or synthesis of conclusions to generate a set of statements that represent that aggregation, through assembling and categorizing these conclusions on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible the conclusions will be presented in narrative form.

**Conflicts of interest**

There are no conflicts of interest.

**Acknowledgements**

This protocol is part of a project denominated by “Active Retirement”: study of a healthy ageing promotor program - REATIVA (PTDC/MHCPSC/4846/2012), funded by the Fundação para a Ciência e Tecnologia\(^{15}\), the Portuguese Government and the European Union. The authors thank the support provided by Health Sciences Research Unit: Nursing (UIICSA:E), hosted by the Nursing School of Coimbra (ESEnFC), Portugal.

\(^{15}\)FCT is the Portuguese national funding agency for science, research and technology.
References


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Appendix I: Appraisal instruments

QARI appraisal instrument

### JBI QARI Critical Appraisal Checklist for Interpretive
& Critical Research

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
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<td>1. Is there congruity between the stated philosophical perspective and the research methodology?</td>
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<td>3. Is there congruity between the research methodology and the methods used to collect data?</td>
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<td>5. Is there congruity between the research methodology and the interpretation of results?</td>
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<td>6. Is there a statement locating the researcher culturally or theoretically?</td>
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<td>7. Is the influence of the researcher on the research, and vice- versa, addressed?</td>
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<td>8. Are participants, and their voices, adequately represented?</td>
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<td>9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?</td>
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<td>10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?</td>
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Overall appraisal: [ ] Include [ ] Exclude [ ] Seek further info. [ ]

Comments (including reason for exclusion)

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________________________________________________________________________
NOTARI appraisal instrument

**JBI Critical Appraisal Checklist for Narrative, **
**Expert opinion & text**

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<td>1. Is the source of the opinion clearly identified?</td>
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<td>5. Is the argument developed analytical?</td>
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<td>6. Is there reference to the extant literature/evidence and any incongruency with it logically defended?</td>
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<td>7. Is the opinion supported by peers?</td>
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Overall appraisal: Include □ Exclude □ Seek further info □

Comments (including reason for exclusion)

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Appendix II: Data extraction instruments
QARI data extraction instrument

**JBI QARI Data Extraction Form for Interpretive & Critical Research**

Reviewer __________________________ Date __________________________

Author __________________________ Year __________________________

Journal, __________________________ Record Number- __________________________

**Study Description**

Methodology

Method

Phenomena of interest

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Complete Yes ☐ No ☐
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<th>Evidence</th>
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Extraction of findings complete: Yes □, No □
NOTARI data extraction instrument

JBI Data Extraction for Narrative, Expert opinion & text

Reviewer .................................. Date ........................................

Author ...................................... Year ........ Record Number ........

Study Description

Type of Text:

Those Represented:

Stated Allegiance/ Position:

Setting

Geographical

Cultural

Logic of Argument

Data analysis

Authors Conclusions

Reviewers Comments

Data Extraction Complete Yes □ No □
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<th>Illustration from Publication (page number)</th>
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Include: Yes ☐  No ☐