A Systematic Review of Published Research Articles on Health Promotion at Retirement
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Purpose: To determine the state of science and accumulated research evidence about health promotion at retirement.

Design: A comprehensive and repeated search for published research articles focused on health promotion immediately before or following retirement was undertaken through early 2007.

Methods: Twenty articles were systematically reviewed with qualitative content analysis methods.

Findings: Four themes in the literature are: (a) the considerable effect of retirement on retiring individuals and thus the need for support for more positive retirements, (b) identifying and overcoming barriers to health promotion at retirement, (c) evaluating the methods by which health promotion is introduced for positive and long-term change, and (d) describing the short- and long-term benefits of health promotion at retirement.

Conclusions: Although this literature review showed relatively minimal research to date on this topic, health promotion at retirement is of considerable importance for retirees, as well as to the political, social, and healthcare leaders responsible for drafting policies and programs to help improve health and wellness in older adults.


[Key words: health promotion, retirement, older adults]
necessary duties such as housework, child care, and elder care (Cranswick, 1999; Cromwell & Berg, 2006; Evenson, Rosamond, Cai, Diez-Roux, & Brancati, 2002; Frederick & Fast, 1999; Meadows, Thurston, & Berenson, 2001; Naumanen, 2006a, 2006b, 2006c). Many working-age men and women do not exercise regularly, experience leisure or social activities for relaxation, eat properly, have adequate sleep, or otherwise attend to their own personal health-related needs (Caspersen, Pereira, & Curran, 2000; Galobardes, Costanza, Bernstein, Delhumeau, & Morabia, 2003). Most chronic illnesses have their origins in the working-age years (Donaldson, 1992; Haber, 1999; Health in mid-life, 1999; Health Canada, 2002) consistent with years of minimal exercise, inadequate sleep, poor nutrition, stress-reduction behaviors such as smoking and drinking, and workplace hazards (Brenner & Ahern, 2000; Frankish, Veenstra & Moulton, 1999; Galobardes et al., 2003; Mirolla, 2004; Naumanen, 2006b,a, 2006c; World Health Organization, 2001). Unless these health risks are mitigated at retirement, declining health throughout the senior years is all but inevitable (Swanson et al., 2001). To assess the state of science and accumulated evidence on of health promotion at retirement, a systematic review of published research literature was conducted.

**Methods**

To identify published research articles on the topic of health promotion at retirement, an all-years search of 13 key library databases (EMBASE, MEDLINE, CINAHL, AMED, ERIC, PubMed, HealthStar, Global health, PASCAL, SWAB, Ageline, PsycINFO, and Cochrane) was undertaken using the keywords/search terms “research” and “retire/retiring/retirement.” Additional keyword/search terms were then added to narrow the focus: “health promotion,” “wellness,” “health maintenance,” “disease prevention,” “exercise,” “harm reduction,” and “diet/dietary/nutrition.” A review of over 2,200 English-language abstracts or articles resulted in only 20 that were research-based and focused in whole or in part on health promotion at or around the time of retirement. Articles on health promotion among seniors or among all retirees were not reviewed if they did not differentiate findings by age or life stage. Similarly, articles to describe a study in progress and articles about studies focused on health promotion to keep employees working were not reviewed.

With only 20 articles identified for potential review, a decision was made to review all, although few would meet Cochrane or other stringent review criteria. This decision was made to enable a determination of the state of science and also the state of the accumulated evidence to date on this topic. Each article was assessed for select information by two researchers working independently of each other. The researchers then consolidated findings (see Table) and undertook an analysis of these findings using common qualitative research content analysis procedures (Webb, 1999). Content analysis involves identifying or coding key information, grouping that information into categories on the basis of conceptual similarity, and then identifying larger themes of conceptually linked categories.

**Findings**

Despite the introductory nature of this body of research, four themes that illustrate important considerations for health promotion at retirement research and policy or program development were apparent: (a) the considerable effect of retirement on retiring people and thus the need for support for more positive retirements, (b) identifying and overcoming barriers to health promotion at retirement, (c) evaluating the methods by which health promotion is introduced for positive and long-term change, and (d) describing the short and longer term benefits of health promotion at retirement.

**Retirement and Need for Support**

One qualitative and two quantitative research studies indicated the significance of support for successful adaptation to retirement. Harrison, Neufeld, and Kushner (1995) first undertook a prospective investigation with a series of three interviews over 12 months to explore the effects of and support for Canadian women experiencing normative life transitions. Six of the 17 participants were retiring, and they recognized they faced major changes and needed to be able to reflect or think through a range of choices. All wanted support as they adopted new lives. Three of the retiring women said this transition lasted many months. All 17 participants preferred three sources of support: (a) someone close to them, (b) someone experiencing the same life transition, and (c) specialized formal support services.

The second study about adjusting to retirement included a mail survey to examine psychosocial changes following retirement (Rosenkoetter & Garris, 1998). Although respondents were healthy and well adjusted, they experienced numerous difficulties and adjustments that lead to six life patterns, some more successful than others. Four factors were identified as key to their adjustment: (a) level of satisfaction with retirement, (b) presence or absence of retirement concerns, (c) spousal relationships, and (d) pre-retirement preparations.

The third study, by van Solinge and Henkens (2005), was focused on retirement adjustment factors including the role of spouses. This Dutch study showed that a strong attachment to work, lack of control, retirement anxiety, and low self-efficacy scores predicted difficult adjustments. The role of spouses in retirement adjustment was not found to be influential.

**Identifying and Overcoming Barriers to Health Promotion**

Eight quantitative research articles were focused on identifying barriers to health promotion at retirement and the means of overcoming these barriers. The earliest of these articles was focused on age-based differences in use of...
Table 1. Summary of Articles in This Review

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Focus</th>
<th>Participants</th>
<th>Data collection</th>
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</thead>
<tbody>
<tr>
<td>Harrison, Neufeld, &amp; Kushner (1995) Canada</td>
<td>How women chose sources of informal support during a normative life transition</td>
<td>N=17, 6 having their first child, 5 returning to work, and 6 retiring from work</td>
<td>Qualitative (ethnography), longitudinal and prospective study with 3 interviews over a 12-month period</td>
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<tr>
<td>Midanik et al. (1995) US</td>
<td>Effect of retirement on mental health and health behaviours</td>
<td>10% sample of all 60–66 year old members of the Kaiser Permanente HMO (N=10,202)</td>
<td>Quantitative, using mailed questionnaires in 1985 and 1987, comparing data for retirees (n=320) and those who kept working (n=275)</td>
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<td>Wallace &amp; Hirst (1996) US</td>
<td>Community-based services used by seniors of various ages</td>
<td>2,074 seniors living in South Carolina who had received and been assessed for community services, in three age groups: 65–74, 75–84 and 85+</td>
<td>Quantitative, multiple linear regressions and other comparisons of existing data in Regional Area Agency of Aging records on basis of age</td>
</tr>
<tr>
<td>Rosenkoetter &amp; Garris (1998) US</td>
<td>Psychosocial changes following retirement</td>
<td>764 of 1,565 retirees of a company in southeastern US</td>
<td>Quantitative, using survey questionnaire data</td>
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<tr>
<td>Lee &amp; Kobayashi (2001) South Korean researchers using US data</td>
<td>Effects of exercise on health care use/demand</td>
<td>8,484 Americans born 1931–41 in the Health and Retirement Study (1992/1994 data)</td>
<td>Quantitative, to compare the use or demand for health services over the 2 years on the basis of the type of self exercise reported</td>
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<tr>
<td>Carrasgillo, Lantigua, &amp; Shea (2001) US</td>
<td>Preventive services used by Medicare beneficiaries by age and supplemental coverage</td>
<td>2,251 seniors with Medicare coverage, divided into 3 age groups (65–74, 75–84, 85+)</td>
<td>Quantitative analysis including multivariate modeling after a series of 3 interviews in mid-1990s to gather self-reported data</td>
</tr>
<tr>
<td>Musich et al. (2001) US</td>
<td>Self-reported use of preventive health services by retired employees aged 65+</td>
<td>39% of 59,670 retired General Motor employees aged 65+ with access to mailed HMO information (1996–98 data)</td>
<td>Quantitative, retrospective cohort data from completed annual mail questionnaire, compared to data from a different national sample of seniors</td>
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<tr>
<td>Wang (2001) Taiwan</td>
<td>Validate and compare two models for health promotion among older and younger rural elderly Taiwanese women</td>
<td>284 women in rural area, randomly selected from 1,200 – all were female, not in an institution, aged 60+, and able to participate</td>
<td>Quantitative, five tools survey and interviews to compare, using LISREL and other methods, data for 2 age groups (60–69 and 70–88)</td>
</tr>
<tr>
<td>Musich et al. (2002) US</td>
<td>Excess healthcare costs associated with excess health risks in diseased and non-diseased participants</td>
<td>All current and retired General Motor employees who completed a mailed annual self appraisal, 1996–99</td>
<td>Quantitative, self-report survey data compared between those aged &lt;45, 45–64, and 64+</td>
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<tr>
<td>Edington et al. (2002) US</td>
<td>UAW-General Motors (GM) health promotion program</td>
<td>A stratified random sample of retired General Motor employees, with 44,000 eligible at 1996 program start</td>
<td>Quantitative, data from two annual surveys of retired employees, divided by age into retired &lt;65 age or age 65+</td>
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<td>Drummond (2003) Australia</td>
<td>Aging men and their perception of self, with respect to body image and retirement</td>
<td>Six men, aged 58+ and retired. All were involved a regular exercise or walking program in a social setting</td>
<td>Qualitative interview of each man and a focus group interview of all six men</td>
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<td>Tidwell et al. (2004) US</td>
<td>Community-based health coaching by nurses, and fitness participation</td>
<td>255 seniors in a California program, with 3 groups compared: at-home exercisers, class fitness program, and both sites</td>
<td>Quantitative, logistic regression, using data from surveys and other means to compare seniors on the basis of age and other variables</td>
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<tr>
<td>Nateetanasombat et al. (2004) Thailand</td>
<td>How Thai women experience and manage their retirement within the sociocultural context.</td>
<td>19 retired women living in Chiang Mai, Thailand over a 6-month period (February to July, 2002)</td>
<td>Qualitative (phenomenology and feminist standpoint theory), involving interviews, demographic questionnaire, reflexive journal, and participant observation</td>
</tr>
<tr>
<td>Swenson et al. (2005) US</td>
<td>Age-related change in physical activity among older, rural, Hispanic, and non-Hispanic white adults</td>
<td>903 Hispanic or non-Hispanic persons aged 55–80</td>
<td>Quantitative, using data collected 1987–98 and 1997–98 through the 1-year Physical Activity History tool</td>
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community services among seniors living in South Carolina (Wallace & Hirst, 1996). The youngest group (65–74) used the highest average number of community services, although much variation existed. This group also used more activity or sports-related services compared to the two older groups (75–84 or 85+). These groups used more information and referral services. The most frequent predictors of use were being White, having private insurance, living in a rural area, being able to drive or having a driver, and not being hampered by a physical disability or illness.

Carrasqiollo, Lantigua, and Shea’s (2001) study examined the role of supplementary insurance in accessing preventive health care services among seniors who were Medicare beneficiaries. Younger seniors typically reported no instrumental or other activities of daily living dependencies and they more often accessed preventive health services. Younger seniors with extra insurance were much more likely to have used preventive services. Lacking supplementary insurance was identified as a key health promotion barrier for American seniors.

The third barriers study, by Evenson et al. (2002), showed an increase in physical activity after retirement among sedentary and active workers. Work, or jobs taken after retirement, was identified as a significant barrier to physical activity. The researchers recommended preretirement activity guidance at retirement planning workshops and research identifying other barriers.

Levy and Myers’ (2004) study included 241 Americans enrolled in the Ohio Longitudinal Study of Aging and Retirement. Three preventive health behaviours were tested: (a) eating a balanced diet, (b) exercising, and (c) following prescribed medication directions. This study showed that positive self-perceptions of aging predicted preventive health behaviors after retirement.

Swenson, Marshall, Mikulich-Gilbertson, Baxter, and Morgenstern (2005) described changes in physical activity among older, rural, Hispanic, and non-Hispanic adults living in the US. Walking was found to be a common activity after retirement, but this activity declined with advancing age. Physical activity of all kinds declined among men over time; recreational activity increased when first retired, then leveled off and declined after age 70. For women, physical activity of all types began to decline at age 63 (among white non-Hispanics) or age 70 (among Hispanics). The researchers concluded that retired men have more time for physical activities than do retired women, because women remain the primary housekeeper. Recreational physical activity was also identified as more socially acceptable among retired men than among retired women. Accessibility and race were also identified as barriers to physical activity; Hispanic participants were less likely to exercise and the rural area where this study took place had few formal exercise options.

Chad et al.’s (2005) Canadian study was done to examine correlates of physical activity among older adults. Through surveys, they found 86% of people aged 50+ reported one or more chronic health problems and 27.6% reported at least four, with chronic health problems increasing by age. Chronic illnesses were associated with reduced activity scores. Activity was positively correlated with educational level and with living in a neighbourhood that encouraged exercise. Physical activity was usually done through normal daily activities, as opposed to structured activities such as sports.

Xu and Jensen (2006) analyzed 1994–2000 data collected on near elders (aged 55–64) through the US Health and Retirement Study. This study found no adverse health effects of being enrolled in a health maintenance organization (HMO). Instead, HMO-enrolled people with chronic health problems had better health outcomes than did those enrolled in preferred provider organizations or those receiving health care through fee-for-service healthcare providers.

Table 1. Continued

| Author(s)         | Focus                                                                 | Participants                                                                 | Data collection                                                                 | Method                                                                 |
|-------------------|                                                                      |                                                                           |                                                                                 |                                                                        |
| Chad et al. (2005) Canada | Correlates of physical activity among older adults, and across age groups | 764 seniors that completed surveys, including the Physical Activity Scale in Elderly | Quantitative, with data compared by age (50–64, 65–79, 80+) |                                                                        |
| Van Solinde & Henkens (2005) Netherlands | Adjustment to retirement by couples | 599 older employees and their partners in 100 Dutch companies | Quantitative, with first and second-wave questionnaire data compared, with data collected in 1995 and 2001 |                                                                        |
| Xu & Jensen (2006) US | Whether enrolling in an HMO or preferred provider organization affects the health of adults aged 55–64 relative to fee-for-service plans | A sample of 4,044 adults with employer-sponsored health insurance, from the 1994–2000 waves of the Health and Retirement Study | Quantitative, multinomial logit regressions | Estimated for self-reported health status, using a sample, then subsamples with and without long-standing chronic health conditions |
The researchers speculated that the HMO emphasis on preventive care and low-cost physician visits explained why HMO-served near-seniors were healthier.

A recent study, by Yen, Schultz, McDonald, Champagne and Edington (2006), showed that retirees who participated in a wellness program before retirement were more likely to participate in one after retirement, whether high or low intensity. Not participating in one before retirement would therefore be a barrier to participation during retirement.

**Surveying and Evaluating Health Promotion Methods**

The third research theme pertains to the methods by which retired people could be encouraged to adopt health promotion activities. Four studies had this theme. The first explored personal and other factors associated with health-promoting lifestyles between younger and older rural women in Taiwan (Wang, 2001). Younger seniors had higher levels of social support, self-care agency, and health-promoting lifestyles. Perceived health and well-being did not differ, however, between the two groups. Self-care agency was identified as a strong predictor of a health-promoting lifestyle among both younger and older women. Findings supported a holistic approach involving physical, social, and psychological domains to promote health behaviours among senior women of all ages.

Musich, Ignaczak, McDonald, Hirschland, and Edington (2001) focused on the self-reported use of preventive health services by retired General Motors (GM) employees aged 65+ who had received a self-care book and a mailed quarterly health promotion newsletter, and had access to a toll-free health promotion telephone service. GM retirees had a higher degree of compliance with health promotion guidelines than did a national sample of seniors. Factors predicting an increased utilization of preventive health services were: being < age 70, male, having an additional HMO insurance plan, a low-risk health status, a chronic disease requiring self-management, and receiving multiple health promotion services.

Drummond (2003) studied Australian retirees, through individual and focus group qualitative interviews, specifically the male perception of self with respect to body image. The six participants (aged 58–85) participated in at least two group physical activities each week. These men had a positive view of group physical activity, because it was a means of socialization and it enhanced their prospect of sustained engagement in physical activity. The enjoyment of camaraderie and friendship through this retirement group, and the benefits of physical activity were positive for their self-image. A positive self-image in the retirement years was also found to be important. Negative views of aging were common, and participants indicated considerable loss through retirement of meaningful social identities and roles.

The most recent study by Tidwell et al., (2004) showed which U.S. seniors accepted offers to partake in free fitness programs and the type of programs they are more likely to participate in. Although seniors under age 75 had fewer health risks than did those aged 75+, seniors aged 75+ were twice as likely to attend group fitness classes. Younger seniors were more likely to choose home-based exercise. However, only 1 of every three seniors chose any of the offered fitness programs, with people choosing these programs usually under the age of 75 and healthier than those who refused the free fitness programs.

**Describing the Benefits of Health Promotion at Retirement**

Five research studies indicated the importance of revealing short and long-term benefits of health promotion at retirement. The first study was completed by Midanik, Soghikian, Ransom, and Tekawa (1995). Their longitudinal survey-based study was done to assess the effects of retirement on mental health and health behaviours. Retired people had lower stress levels and engaged in regular exercise more often than did working adults. Retired women reported fewer alcohol problems than did working women. In short, retired people had time for health promotion and thus could benefit from it.

Lee and Kobayashi’s (2001) study was focused on 1992–1994 health services use among 8,484 recently retired Americans (born 1931–1941) in the Health and Retired Study. They found that short-term light exercise was associated with higher utilization (3% to 5%), compared to long-term light exercise that decreased utilization (3% to 6%), as did short-term vigorous exercise (1% to 2%) and long-term vigorous exercise (1% to 3%).

Musich, McDonald, Hirschland, and Edington (2002) did a U.S. study involving the GM company and found that people who were at highest risk of disease were more often female and in the 45 to 64 age group, compared to people under the age of 45 or aged 65+. High-risk individuals had higher health care costs. These researchers concluded that disease prevention and disease management programs, which are primarily offered to retirees and used following retirement, can result in significant healthcare savings.

Another GM study, a longitudinal investigation by Edington, Karjalainen, Hirschland, and Edington (2002), showed that, over time, workers and retirees could increasingly be classified at low risk for illness. Furthermore, fewer retirees over time were classified at high-risk of illness. This shift from high- to low-risk status meant the GM health promotion program, with education and access to health promoting healthcare services, had been successful.

Nateetanasombat, Fongkaew, Sripichyakan, and Sethabouppha’s (2004) qualitative study of retired women in Thailand also showed benefits of health promotion at retirement. These women engaged in relaxation and exercise after they retired; they had gained the time and energy to focus on their physical well-being. Retirement for these women was a time to move ahead with both dignity and confidence. An interconnectedness of all aspects of retired life was reported including physical, psychological, emotional, social, and spiritual aspects of life.
Discussion

Much research is needed on retirement in general to address irrefutable demographic trends and widespread concerns about the health of seniors and the cost of health care for seniors (Gullotte, 1990; Marshall, Clarke, & Ballantyne, 2001). Research is also necessary to identify the means to maintain or improve the health of seniors (DiPasquale-Davis & Hopkins, 1997; Fried et al., 2004; Holland et al., 2005; Naumanen, 2006; Nunez, Armbruster, Phillips, & Gale, 2003; Runciman, Watson, McIntosh, & Tolson, 2006). However, only 20 research articles were identified on the topic of health promotion at retirement. Retirement is a critical juncture in life, a major turning point that is often considered the beginning of an ongoing decline in health. Retirement could instead be a prime opportunity for health promotion, and thus for improved health and well being among seniors.

The 20 studies in this review were conducted in six countries (Canada, US, Korea, Thailand, Taiwan, and Australia), indicating modest global awareness of the importance of health promotion at retirement for more healthy and successful aging. This global aspect is not surprising, as baby boomer retirements having begun in all developed countries and awareness of the implications of this major sociodemographic event is growing. The literature reviewed included qualitative and quantitative research methods, with both forms of research invaluable for obtaining key information. Mixed-method studies are recommended for the future, such as those involving large samples or population databases and interviews or focus groups (Tobin & Begley, 2004).

The relatively small amount of research completed to date, coupled with the promise of considerable benefit through health promotion at retirement (as indicated by the 20 reviewed studies), shows the need for much more research on health promotion at retirement. The need to focus on health promotion at retirement was illustrated by Swanson et al.’s (2001) concern that health promotion at retirement can be focused on disease prevention, as compared to focusing on disease management in later life.

This need for more research on health promotion at retirement is apparent, not only from the study that showed that preretirement preparations were important for positive retirement adjustment (Rosenkoetter & Garris, 1998), but also by other studies that show people typically make few preparations for retirement (Aardewerk-Boardman, 1977; Gullotte, 1990; Kosloski, Ekerdt, & DeViney, 2000; Martin, 1999). The need for more research on health promotion at retirement was indicated by many of the reviewed studies which showed it is both possible and desirable to increase physical activity at retirement (Chad et al., 2005; Drummond, 2003; Lee & Kobayashi, 2001; Levy & Myers, 2004; Midanik et al., 1995; Natenetanasombat et al., 2004; Swenson et al., 2005; Tidwell et al., 2004); with additional studies also showing a high rate of sedentary seniors (Altergott, 1988; Gauthier & Smeeding, 2003; Nooyens et al., 2005; Rosenkoetter, Garris, & Engdahl, 2002). Furthermore, despite some additional research showing a low acceptance of available health promotion programs and services by seniors in general (Holland et al., 2005; Reuben et al., 1996), many reviewed studies showed that recently retired people will take advantage of and will benefit from health promotion programs and services (Carraresi et al., 2001; Edington et al., 2002; Musich et al., 2001; Musich et al., 2002; Wallace & Hirst, 1996; Xu & Jensen, 2006; Yen et al., 2006).

The need for more research on health promotion at retirement in general is also illustrated by Donaldson’s (1992) early study that found much variation in the health of seniors and thus much opportunity to improve the health of many seniors. Health improvements in the retirement years through health promotion are highly probable, as a comparison of 1978–1979 and 1996–1997 senior health data found the latter cohort of seniors was much healthier than was the earlier cohort (Chen & Millar, 2000). Clarfield’s (2002) statement: “The elderly are living longer and healthier lives through better awareness of healthy nutrition, exercise, and other lifestyle factors” (p. 271), illustrates both the possibility and promise of increased health and wellness among seniors. Marshall et al.s (2001) large-scale study is particularly revealing about the imperative for health promotion at retirement, because the personal instability following retirement was a major contributing factor to ill health in old age.

Although much of the above shows the need for more research on health promotion at retirement in general, the four themes identified in this systematic review and content analysis process are remarkable for their value in directing future research and policy or program development efforts. The first theme was that retirement is a time of major change, with support needed to assist positive adaptation. Future research should be focused on the types of support commonly received around retirement and the outcomes of this support, as well as best-practice supports before and after retirement.

The second theme was barriers to health promotion at retirement. Two of the reviewed studies showed that a key barrier is that peoples’ views of aging will indicate whether they see value in efforts to preserve their health (Drummond, 2003; Levy & Myers, 2004). Other studies should be done to validate this barrier and to identify others. Still other studies should find the means by which barriers can be successfully overcome. With physical environments that do not facilitate health or promotion efforts; and with racial, income, rural, and gender inequities identified as barriers to health promotion among retirees (Carraresi et al., 2001; Chad et al., 2005; Swenson et al., 2005; Wallace & Hirst, 1996; Xu & Jensen, 2006), much could be done by policymakers to address barriers to health promotion.

The third theme was determining the best methods to promote and sustain healthy lifestyle changes among retirees. Although the evidence from the reviewed studies...
indicated health promotion can be successfully encouraged at retirement (Drummond, 2003; Musich et al., 2001; Tidwell et al., 2004; Wang, 2001), the minimal amount of research in this area indicates that many different types of studies are required. For instance, research is needed on the value of the media for promoting and sustaining positive lifestyles at retirement.

The fourth theme was determining the benefits of health promotion at retirement, with some short- and long-term benefits identified (Edington et al., 2002; Lee & Kobayashi, 2001; Midanik et al., 1995; Musich et al., 2002; Natesanombat et al., 2004). Although this small amount of research indicates that pejorative views of aging, coupled with the complexity of measuring health outcomes, have limited research on the benefits of health promotion at retirement, additional research in this area is needed. When positive outcomes of health promotion at retirement are evident, this information will be a powerful tool for persuading retirees that health promotion matters to them. Positive outcomes could also be important for overcoming the inertia of policymakers and others with regard to developing policies and programs that target health promotion at retirement.

Conclusions

Although this literature review showed relatively few research reports to date on the topic of health promotion at retirement, health promotion at retirement is of considerable importance for retirees as well as for political, social, and healthcare leaders who are responsible for drafting policies and programs to help improve health and wellness in older adults. Haber (1999) defined successful living as being able to live life fully until death. All efforts then to reduce illnesses leading to physical disability among seniors are important for many personal, family, economic, and societal reasons. With quality of life largely based, for seniors, on their ability to function independently (Haber, 1999); it is not surprising that Donaldson (1992) emphasized that the first “task” in an aging world is to increase “the number of years of life which are free of chronic disease, disability or loss of functional capacity” (p. 31). Martel and Belanger (2000) similarly indicated that attention in developed countries should be focused on increasing dependence-free life expectancy. Relatively few investigations on the topic of health promotion at retirement were identified through this systematic review, and more research to improve the functional status of seniors is needed. The first step in enhancing the health and functional status of seniors is to promote the health and well being of retirees as they adapt to and make the most of retirement.

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