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PERCEPTIONS ABOUT THE TRANSITION TO RETIREMENT: A QUALITATIVE STUDY

Helena Maria Almeida Macedo Loureiro¹, Aida Maria de Oliveira Cruz Mendes², Ana Paula Forte Camarneiro³, Margarida Alexandra Moreira da Silva⁴, Ana Teresa Martins Pedreiro⁵

- ¹ Ph.D. in Health Sciences. Professor, *Escola Superior de Saúde, Universidade de Aveiro*. Aveiro, Portugal. E-mail: hloureiro@ua.pt
² Ph.D. in Education. Professor, *Escola Superior de Enfermagem de Coimbra (ESEnFC)*. Coimbra, Portugal. E-mail: acmendes@esenfc.pt
³ Ph.D. in Clinical Psychology. Professor, *ESEnFC*. Coimbra, Portugal. E-mail: pcamarneiro@esenfc.pt
⁴ Ph.D. in Nursing Sciences. Professor, *ESEnFC*. Coimbra, Portugal. E-mail: margarida@esenfc.pt
⁵ M.Sc. in Education for Health. Research Unit in Health Sciences: Nursing, *ESEnFC*. Coimbra, Portugal. E-mail: apedreiro@esenfc.pt

ABSTRACT: Retirement is a transitional life event that originates changes individuals have to adapt to and which leads to bio physiological, psychological and sociological vulnerabilities. The aim of this study was to understand how Portuguese retirees perceive their retirement experience. We conducted a qualitative study with 18 focus groups (146 participants recently retired), in health functional units located throughout the center region of mainland Portugal. Information was submitted to content analysis, using NVivo10®. Findings reveal that retirement interferes not only in the individuals' experiences but also affects their families' experiences. It leads to simultaneously perceptions of gains and losses and to the relearning and re-adaptation of life. We conclude that retirement is a transition phase of human development that can require an individual and family nursing intervention, which can help to promote a successful ageing process.

DESCRIPTORS: Aging. Care, primary health. Family. Nursing.

PERCEÇÕES SOBRE A TRANSIÇÃO PARA A APOSENTADORIA: UM ESTUDO QUALITATIVO

RESUMO: A aposentadoria é um acontecimento de vida transicional que origina alterações às quais os indivíduos têm de se adaptar, levando a vulnerabilidades biofisiológicas, psicológicas e sociológicas. O objetivo deste estudo foi compreender como os aposentados portugueses percebem a sua experiência de passagem à aposentadoria. Foi realizado um estudo qualitativo, com 18 grupos focais (146 participantes recentemente aposentados), em unidades funcionais de saúde, localizadas na região Centro de Portugal continental. As informações foram submetidas à análise de conteúdo, utilizando o NVivo10®. Os achados mostram que a aposentadoria interfere não só nas experiências dos indivíduos, mas também afeta as experiências das suas famílias. Isso leva simultaneamente a percepções de ganhos e perdas, bem como a reaprendizagens e readaptações. Conclui-se que a aposentadoria é uma fase de transição do desenvolvimento humano que pode exigir uma intervenção de enfermagem individual e familiar para ajudar a promover um processo de envelhecimento bem-sucedido.

DESCRIPTORIOS: Envelhecimento. Cuidados de saúde primários. Família. Enfermagem.

PERCEPCIONES SOBRE LA TRANSICIÓN A LA JUBILACIÓN: UN ESTUDIO CUALITATIVO

RESUMEN: La jubilación es un evento de vida de transición que provoca cambios a los que las personas tienen que adaptarse, y conduce a vulnerabilidades bio-fisiológicas, psicológicas y sociológicas. El objetivo de este estudio fue comprender como los jubilados portugueses perciben su experiencia de la transición a la jubilación. Un estudio cualitativo se llevó a cabo con 18 grupos focales (146 participantes recientemente jubilados) en instalaciones funcionales de salud ubicadas en la región central de Portugal continental. Los datos fueron sometidos a análisis de contenido, utilizando el NVivo10®. Los resultados muestran que la jubilación no sólo afecta a las experiencias de las personas, pero también afecta a las experiencias de sus familias. Esto conduce al mismo tiempo a la percepción de las ganancias y pérdidas y el reentrenamiento y actualización de la vida. Llegamos a la conclusión de que la jubilación es una fase de desarrollo humano de transición que puede requerir una intervención de enfermería individual y familiar que pueden ayudar a promover el proceso de envejecimiento exitoso.

DESCRIPTORIOS: Envejecimiento. Atención primaria de salud. Familia. Enfermería.

INTRODUCTION

The concept and process of retirement are evolving. The factor that led to an increase in research in this area was the rapid population aging, resulting from low birth rates, increased longevity and baby boomers reaching the retirement age.¹⁻² The number of retired people has increased all over the world, and especially in developed countries like Europe and the United States of America. This increase raises a large number of problems, namely a greater demand for health care and economic and social problems.³ As the increasing population aging threatens the European social security system,⁴ there is an urgent need to improve health training during the transition to retirement in order to achieve healthy aging.

This challenge can be faced through a balance between the determinants of health, including the social, economic and physical environment, and the person's individual characteristics and behaviors,⁵ which are influenced by the transitional midlife events.⁶ Retirement is one of these transitory events, characterized by an ongoing process of adaptation to change, and can expose the individuals to different levels of biophysiological, psycho-emotional and socio-economic vulnerability.⁷ Retirement is also one of the main transitions in a person's life. It is the onset of a new phase of life that requires the restructuring of the daily routine and of the social contacts.⁸

A transition like retirement differs from a simple change, it is an internal psychological process.⁹ As retirement announces the end of active life as a worker, it entails many losses that can increase the risk of disease in this group.¹⁰ Nevertheless, many people want it, as it represents the opportunity to get free from many constraints that are normally attributed to work; but others also fear it, who turned their work into a source of pleasure, personal investment and social acknowledgement.¹¹

The objective in this study was to understand how Portuguese retirees perceive their transition experience to retirement, specifically the changes and difficulties perceived in the adjustment process to retirement and the strategies developed to cope with these changes and difficulties.

METHOD

A qualitative and descriptive study was developed, using focus groups. The target population in this study consisted of individuals registered at functional health units belonging to the Regional Health Administration of Central Portugal. There are five regional health administrations in Portugal.

The zone in this research comprises the central part of mainland Portugal, totaling 1,712,884 inhabitants (17% of the population on mainland Portugal). The functional health units are part of the groups of health centers (ACES) that join one or more health services and whose mission is to guarantee primary care delivery to the population living within a certain geographic area.

The inclusion criteria were as follows: being retired for less than five years, independently of the age, sex, reason for retirement or work area the person retired from. The criterion of being retired for less than five years was related to the fact that the target individuals should still be experiencing a recent adaptation to this new phase in their life.^{2,6,9}

The selection process of the participants was developed in four phases. In the first, 18 functional health units were selected randomly. Later, meetings were held with the health professionals to present the objectives and request their cooperation to collect the data. These functional units are located all over the Center of mainland Portugal.

In the second phase, the potential participants were identified with the support of the family nurse. In the third phase, the identified individuals were invited to cooperate with the study and, for this purpose, all potential participants were contacted. In the fourth and final phase of this process, the sample was composed of individuals who complied with the inclusion criteria. A focus group was held at each of the functional units.

Each of the 18 focus groups contained at least eight and at most ten participants, with a total sample of 146 participants. The focus groups were guided by a semistructured interview script to collect the data and the participants' discourse was recorded. The semistructured guide contained the following questions: "Do you want to tell us your age, the profession you retired from and how long ago you retired?"; "Various studies indicate that the transition to the reform interferes in the people's lives: we would like you to talk about this change in your life. Can you tell us what happened in your life?"; "How did you start to occupy your time?"; "Did you feel a change in your health condition?"; "How did retirement interfere in your family relationships?"; "Do you want to add any idea to what was said here?".

Each focus group was conducted by two members of the research team: one conducted the focus group and the other made detailed notes about the participants and any significant non-verbal behavior, so as to minimize reliability and valid-

ity problems. At the end of each focus group, the moderator presented the main themes that emerged to the participants for the sake of confirmation and clarification. The data were collected between October 2013 and May 2014.

The collected information was transcribed in a Word document and submitted to content analysis according to the interpretative paradigm, using NVivo10®. The content analysis was blinded and involved three members of the research team. To preserve the internal consistency of the coding, one research member was responsible for conducting the analysis and participated in all focus groups. As the focus group was used to study the adjustment to a new situation, the emergence of similar viewpoints and opinions in a geographically dispersed area supports the content validity.¹²

Approval for this research was obtained from the Ethics Committee of the Research Unit on Health Sciences: Nursing (Opinion P131-01/2013). All participants signed the Informed Consent before they participated in the focus group.

RESULTS

The mean age of the 146 participants was 63.70 and 28.87% were male. The mean length of retirement was 2.76 years. Concerning their active life, 8.25% of the participants worked in the primary, 22.86% in the secondary and the majority, 67.01%, in the tertiary sector.

Based on the collected information, three core themes emerged: experience before retirement, experience after retirement and idealization of future experience. In this paper, we present the results for the theme experience after retirement (from the moment of the retirement until today), called *Transition to retirement*.

When the participants discussed their new condition as retirees, they attributed meanings to this experience related to the subthemes: Perceived transition, Feelings, Resources and adaptation strategies (Figure 1).

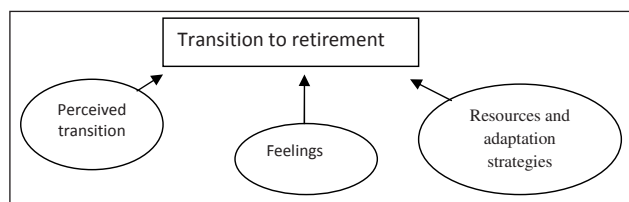


Figure 1 – Meanings attributed by recent Portuguese retirees to their transition to retirement

The participants who perceived retirement as a continuation of life perceive this because, after the reform, they maintained a similar occupation. That was the case for participants who were self-employed or whose work hours already granted them the same rhythm of life and proximity with the family and community.

It did not make much difference to me, because my work hours were from 6.30 in the morning until 2.30 in the afternoon. I already had the entire afternoon off (P85-2014).

The re-adaptation most participants perceived was related to the adaptations they had to cope with which, according to them, gave rise to a new rhythm of life and a new family re-adaptation.

Work is different... when we work we have to do the shopping, do this and that... thousands of things to do. [...] And, then, a person comes home and everything is different... even the relationships are different (P88-2014).

What the family re-adjustment is concerned, the perceived interaction differences were clear to the participants, who gained more time to spend with their family after the retirement. This change is expressed through greater engagement in some tasks.

And now... I have all the time to help my children with what they need... take my grandchildren to kindergarten... pick them up (P40-2013).

In the family adjustment, the marital relationship seems to be affected positive and negatively, according to the partner who retires first.

When I came home, the relations were not very good [...] we started observing ourselves as a couple and asking 'what is this' and 'what does this serve for?', there is always that conflict, that friction, that thing. Each person has his space, I had to learn to have my space [...] and not invade his space much, and he does not meddle in my space much (P88-2014).

The individual system, in view of each partner's different developmental contexts, seems to have influenced the adjustment to retirement and also generated some constraint in the couple.

It was very difficult for me to get integrated in his world when I retired [...]. Because I retired and invaded the space he administered during the day. The first year of retirement was very difficult in the emotional management of our life as a couple (P8-2013).

The participants also expressed an uncertain future, manifested in the absence of children and grandchildren.

I don't have children, it's me and my wife, [...] as a result, some parts of the day, we are alone and I think: what's our life gonna be in a couple of years? (P61-2014).

In addition, in a context of difficult re-adaptation, the relationship problems that occurred in the history of a marital relationship were evidenced. This situation was expressed in behaviors of hostility, anxiety, isolation and difficulty to solve problems in their lives, which even in a focus group context the protagonists were not constrained to express.

That part was not very good, and I can share it with you, because my husband started to demand more from me as a servant, asking for a lot because I was home... and that didn't affect my head well. I was not good for my head nor for our relationship (P84-2014).

In some of these cases of marital difficulties, the strategies used for a relational re-adaptation were greater tolerance, understanding, negotiation, occupation and communication.

This gave rise to a new form of living [...] and now one has to stand the other much more [...]. And that forced a change in the relationship, more patience, more understanding. No matter how much we like a person, there is always friction and there are always conflicts (P83-2014).

Nevertheless, as mentioned, not all participants perceived retirement as a source of marital conflict. For many, the narrative referred to the fact that now they have more time together to make the best of the marital relationship.

I think that now we are rediscovering dating because now we spend more time together. [...] I think we spend more time together and do more things we like together, which we didn't use to... it's very good! (P32-2014).

The biophysiological gains were perceived as an effective improvement in the health condition after retirement.

The reason for my retirement was a varicose ulcer, in one of my legs. [...] I walked around with it for 14 years. And now it's cured. It cured with retirement, with rest (P77-2014).

The greater availability of time and the opportunity the participants now have to promote their health were also perceived as a biophysiological gain.

The morning I spend at the gym [...] now it's like a job from Monday to Friday, which is the case, it gives me energy for the rest of the day (P5-2013).

The psycho-emotional gains were evidenced through the meanings this change of life originates, as the participants have more time for themselves, giving rise to a perception of greater wellbeing and comfort.

My experience was marvelous, is marvelous, because when I retired I was under a lot of stress, because I already had three grandchildren and was serving as the executive director of a school, which is very complicated... and I was anxious to get rid of the stress and calm down and have more time for myself and for my grandchildren (P64-2014).

The economic gains were only expressed by the participants who in their lifetime did not receive any monthly pay through an institution, paid little or no discount for retirement and now receive a Social Security retirement benefit.

I felt it was good because it helped, but this [monetary] help was very small... if it were bigger, I'd be even happier (P9-2013).

Concerning gains in quality of life, this aspect was clear in the participants' discourse and was related to the generalized feeling of wellbeing and improved time management.

I usually say that I love hearing the silence... like, as the job was very noisy, plenty of confusion, being alone at home and in silence, think of what I want, read... I love reading (P50-2014).

Perceived losses were also present in the participants' discourse when they reported on the experience of retirement, and were related to the biophysiological, psycho-emotional and social dimensions. The biophysiological losses were more related to biological aging than direct consequences of the transition to retirement.

I wouldn't advise anyone to remain locked up at home because I did that for three months and I had a bad experience... then I wanted to get out [...] I had lost strength in my legs (P11-2013).

Another aspect that gave rise to the same perception seems to be related with the fact that the retirees have more time for themselves and, due to this greater availability, pay more attention to their health and to the signs and symptoms of their aging process.

We have more time to think of the disease. When I was working I didn't think that much... I even forgot I was ill (P66-2014).

Concerning the psycho-emotional loss, this is limited to the feeling of solitude, isolation and even depression some protagonists perceive.

For him [husband] it was more difficult, because he was always thinking of the factory, dreamt of the factory, always thinking of the factory (P7-2013).

The economic loss was one of the clearest subthemes in the participants' discourse, when

they referred to personal and social limitations this loss imposed.

I'm diabetic! First the medication was free, now I pay 35 euros for each... I am no longer exempt... and that is degrading the way I live and am [...] when I worked, I gained six hundred euros and I was exempt... not that I'm retired and gain four hundred euros per month, each time I come to the doctor I have to pay so I don't come ... I only come when I'm feeling very bad so as not to pay the five euros [...] (P49-2014).

What the social loss is concerned, this perception was mainly related to the loss of status and decreased social interaction.

We feel that now that we are retired nobody remembers me, nobody needs me... this feeling of loss (P29-2013).

The ambivalence resulting from the simultaneous perception of losses and gains attributed to the transition to retirement was also noteworthy in the participants' discourse.

I miss the children. I miss the colleagues who were an excellent group. We used to get together and work a lot, but we were great friends and happy. [...] now, the fittings that turned my profession into a nightmare of useful meetings, useless papers, computer work ... (P7-2013).

Feelings about the retirement experience emerged from the participants' narratives, who talked about meanings of satisfaction and dissatisfaction.

The satisfaction with the retirement experience was related to perceptions of freedom, relief and happiness this experience aroused. Freedom, among others, was related to the feeling of no longer being subject to the socio-institutional constraints the professional practice required.

In addition, my life changed... it was altered, right? Because I had a way of living... because, for example, many people don't know, but the guards always live under pressure, always under pressure. And now there's freedom (P58-2014).

The perceived relief, also related to the job constraints, was associated with the physical feeling of relaxation after retiring.

It was a very heavy job. Now it's better (P59-2014).

Among all manifestations of satisfaction, the feeling of happiness stood out, because of the space in life and relationships the retirement grants the protagonists.

I just wanted some more health for me and my husband, apart from that I'm very happy. And I'm very happy because I can get up when I want, if I want to go out I go where I want... I am very happy (P69-2014).

In a context of disenchantment, the feeling of disillusion was strongly present in the participants' discourse. This was related to the perceived frustration they were subject to after a long work period, because they are having experiences different from what they imagined. These experiences were related to the social isolation inherent in the distancing from colleagues.

That is it: when we anticipate retirement, we expect another state of mind... another experience... it's not that we don't have time, the actual situation created, without a social life, a person staying in a place he doesn't know, completely isolated from the world (P49-2013).

It was also related to the emergence of some illnesses that make them physically less active.

People say 'when we retire... we'll walk'. Then we can't go because of some pain. It's not at all what we imagined when we're 40 'then we'll get the best out of retirement'... we don't get the best at all (P7-2013).

The dissatisfaction was linked to the disillusion associated with the lack of economic resources, caused by the reduced benefits resulting from the austerity experienced in Portugal.

Of course things never move as we think [...] but I'm quite disillusioned because they are taking more than 50% off our pension (P68-2014).

Regret marked the participants' discourse, also when they became aware that the losses surpassed the expectable gains.

At that time they told me 'you won't get a retirement benefit that soon'... and I started thinking [...]. Today I regret. My son works, my daughter works, my grandson lives in the city. I have lost contact with people, now I spend 24 hours at home (P65-2014).

The revolt emerged as a consequence of the sociopolitical context and which was not expectable after long year of work.

My boss, which was the State, agreed with me in 1974 that I would work for me for 35 years. At the end of that period, I'd be entitled to a full pension, I had conquered my retirement. And I discovered, after 35 years, that I had fulfilled my part. And he wasn't fulfilling his. [...] I want to know who sues the State for psychologically abusing of its citizens (P9-2013).

The participants' discourse also revealed the feeling of missing, related to the melancholy associated with changes in the rhythm of life, routines, status and people involved in the active phase of their lives.

It was hard to adapt [...] I miss my work [...]. But after this period, I became aware and that's it. That's when I learned to reorganize my life. (P88-2014).

The participants felt somewhat disoriented, particularly clear in individuals who retired before the age limit or who did not close any kind of moratorium before experiencing retirement.

After three months at home [...] I was accustomed to a routine and at home I used to take this, take that [...]. I missed something, but what? (P4-2013).

The participants mentioned the feeling of loss, related to the loss of status and social identity.

I want to say that I also felt... this feeling of loss. An emotional loss. Because work was part of what I liked too. [...] I loved working. And I love working! Work is part of my development as a person. [...] because work comes with public acknowledgement. Work comes with personal satisfaction (P8-2013).

Solitude was another feeling the participants expressed. It was sometimes related to missing former colleagues or the workplace.

At first it was all very good, because I came to the lend, I've been here for two years... now I spend 24 hours at home, I don't know anyone here [...]. It's horrible (P46-2013).

DISCUSSION

In Europe, the transition to retirement is perceived as a lifecycle phase to live calmer and getting a benefit the retirees paid for during their work life.¹³ In this study, the perceived continuity the participants expressed thus seems atypical. Nevertheless, in view of the ongoing objectives of life that should exist in this transition, this perception may indicate a psychological development in favor of successful aging.¹⁴⁻¹⁵

The modification of the perceive rhythm of life highlights the effect of the change central in the transition under study which, according to several authors, gives rise to countless adaptations in different dimensions of individual, family and community development.¹⁵⁻¹⁶

Different forms of family re-adaptation appeared, specifically in the context of the marital relationship, which the participants consider as a source of satisfaction or dissatisfaction. This was also related to the circumstances in which the retirement took place, especially in the light of what partner retires first.

In view of the sociocultural characteristics of the Portuguese population in this age range, such as the marriage generally with older men,¹⁷ the male partner is often the first to retire. In this context, he seems to have aroused a feeling of intrusion in the

space the women used to manage, giving rise to a certain marital conflict.

The increased awareness about the absence of common structural objectives¹⁸ and the absence of a new generation in this phase of the family lifecycle, characterized by an empty nest,¹⁹ gains relevance.

These research results also underline the recent retirees particular approach of the family as a source of support in this transition.^{7,20} Based on this premise and raising a range of relearning to be, feel and spend time in the family,²¹ the urgent need is perceived to systemically intervene when the nurses promote family health in the retirement phase.

What the marital relationship is concerned, the participants emphasized the couple's re-adaptation.²⁰ This mostly depends on the quality of the marriage, associated with each partner's perception about the expectations and the reality, marital satisfaction and the scenarios for the future as a couple.²²⁻²³

The transition to retirement was also felt as a gain, a loss or both ambivalently.

The perceived gains were present in the participants' discourse and were related to the gains obtained in the biophysiological, psycho-emotional, economic and quality of life dimensions.⁷ This perception is associated with the first phase after retiring.

The feeling of loss characteristic of retirement¹⁵ was clear in the participants, not that much in an interpersonal affective dimension, but particularly in the loss of status and social identity.²³

The perceived biophysiological loss was not related to the actual transition, but to the aging process, which unavoidably accompanies the participants' biological aging.²⁴⁻²⁵

The more recent retirees manifested greater happiness. These meanings again illustrate the perceived honeymoon the recent retirees express in the initial phase of adaptation to the retirement process,²⁶ when the individuals feel great wellbeing and try to put in practice all expectations and positive projects they dreamt of during their career.

Solitude, considered an emotional condition marked by a lack of affective and warm relationships,²¹ was another feeling the participants expressed.

For many participants, the transition to retirement gained characteristics of a certain disenchantment,²⁶ because the persons perceive that they cannot put in practice projects they had idealized, translated into a certain disenchantment, expressed in helplessness and depression. This result high-

lights the importance of a mental health intervention focused on individuals with these characteristics.

The presence of several important resources, including the formal and informal networks, such as the personal social network,²⁷ made the retirees express a milder transition. Friends were an important resource for the retirees because they encouraged towards permanent social interaction and the maintenance of a pleasant life.

The social and community resources, especially the neighbors, play a very supportive role. This resource was particularly observed in participants living in rural areas, where the sense of community remains common and more frequent.²¹ Retirees to whom these resources were available seem to adapt easier to retirement.⁸

CONCLUSION

The new retirees perceive their retirement as a transition in life and the change involved in this process demands complex effort and adaptation. The way the retirees experience the adaptation process is related to their personal characteristics, experiences and coping strategies, involving the formal and informal support networks. The characteristics of the marital process, constructed over time, can also influence the way the retirement experience is perceived.

Retirement interfered in their common routines and these were strongly marked by the socio-economic context and the political environment they live in. The interference of this transition in their individual mental health and systemic balance in the family health was noteworthy.

These results strengthen the need for specific health interventions in this phase of human development, which nurses can implement in primary health care contexts. These research results also permit understanding the distinct ways in which people retired, opening room for distinguished nursing interventions in primary health care, with a view to minimizing health problems. In this context, among other knowledge, the primary care nurses should use the evidences this study provides to deliver increasingly better care in this phase of the lifecycle, fundamental for a successful aging process.

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