Narratives on retirement transitions, later life, and wellbeing: implications for intervention development

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Intro: Retirement transitions are increasingly diverse. Nevertheless, significant changes to behaviours associated with health outcomes are typical. The LiveWell programme aims to improve health and wellbeing in later life, by intervening as people make transitions into retirement. Social relationships, physical activity and diet all influence health and wellbeing, but there is little evidence about: (i) which social components to target; (ii) how wellbeing is defined by people around retirement; and (iii) how to effectively intervene to improve wellbeing in each domain.

Methods: Mixed-methods: systematic review; qualitative study (n=52) using focus groups (n=7), interviews (n= 25) and methods of grounded theory.

Results: Provision of explicit ‘social roles’ can improve health and wellbeing for those looking for structure or purpose in retirement. However roles should be tailored to meet the needs of different populations. Resources cited in the literature such as good health, wealth, and rewarding social relationships underpin wellbeing in later life. However the ‘capability’ to mobilise resources to achieve outcomes was key in participants’ accounts of wellbeing-in-practice. Wellbeing was experienced through the capacity to enjoy life, plan and respond confidently to challenges, rather than a static state of contentment. ‘Later life’ was conceptualised as a period of decline in an uncertain future.

Conclusion: Health and wellbeing in retirement can be promoted through role-provision for those who want a role. Assistance with building capability to achieve desired outcomes, in addition to accumulation of resources, may be an effective intervention strategy. Short terms benefits should be emphasised in addition to longer-term outcomes.

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