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**Predictors of Canadians' Psychological Well-Being in Retirement: A Mixed Methods**

**Approach**

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Dissertation submitted in partial

fulfillment of the Ph.D.

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## **Abstract**

In prior decades, retirement research focused on the negative effects of the life transition—such as negative psychological well-being caused by factors such as difficulties adjusting to retirement, feelings of a role loss, or the financial effects of retirement. However, there is considerable agreement across recent research studies that post-retirement years are marked by positive psychological well-being due to a variety of factors. For example, retirees often spend more time in roles (such as volunteer positions) that provide life satisfaction. The present study uses both quantitative and qualitative methods to examine factors related to well-being in retirement among individuals living in Canada. A sample of 136 participants between the ages of 54 and 86 years old was recruited to complete a survey that measured psychological well-being using Center for Epidemiologic Studies Short Depression Scale (CES-D10; Radloff, 1977) and Positive and Negative Affect Schedule (PANAS; Watson & Clark, 1992) and measured life satisfaction using Satisfaction with Life Scale (SWLS; Diener, et al., 1985). In addition, the quantitative portion of the survey targeted other aspects of life in relation to well-being including physical health, satisfaction with roles (e.g., marital), financial security, and the social role of volunteering. Of the 136 participants, 113 participants completed an optional phone interview. Phone interview responses were coded for future time perspective (FTP) with the hypothesis that FTP is correlated with overall well-being in retirement. The mixed methods approach supported by several theoretical approaches explored in this proposal is novel in retirement study data in that very few studies pertinent to retirees living in Canada examine psychological well-being during retirement with in-depth analyses of qualitative data in conjunction with quantitative data. Qualitative data was utilized to examine the experience of retired Canadians by detailing their “deeper thoughts and behaviours that governed their [quantitative] responses” (Creswell & Poth,

2018, p. 46), specifically investigating gender differences and differences in the experience of a planned versus unplanned retirement on the impact of their well-being. Quantitatively, results indicate that: an unplanned retirement still provides challenges for retirees as seen through reports of lower levels of life satisfaction and family satisfaction, retirees are cognizant of the importance of physical health, volunteering is positively correlated to psychological well-being, and financial income predicts satisfaction with life regardless of an unplanned or planned retirement. Qualitative results indicate that retirees are resilient even with a forced/unplanned retirement, retirees are extremely active and conscious of preventative physical and mental healthcare, and for the most part, retirees' expectations of retirement met their reality.

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## PREDICTORS OF CANADIANS' WELL-BEING

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### **Predictors of Canadians' Psychological Well-Being in Retirement: A Mixed Methods Approach**

The primary goal of this research study is to create a deeper understanding of the older adult population living in Canada in the context of various factors' impact on their psychological well-being during retirement. Retirement represents an important transitional point for most adults and understanding this period in adult development is especially important given that Canadians are spending longer periods of their life in retirement (almost 20 years). This extended time is due to the increase in life expectancy, which has shifted from an average of 77.12 years of age in 1989 to a more recent 81.95 years of age in Canada, as well as the lower age of retirement (Statistics Canada, 2019). Statistics Canada (2021) reports significant shifts in the age of retirement in Canada over the last few decades. In the 1980s the average age of retirement began to decrease in Canada when the minimum age to retire was lowered from 65 years of age to 60 years of age and a similar lowering occurred for the ability to draw benefits from the Canada Pension Plan (Statistics Canada, 2021). As a result, the age of retirement in Canada dropped from an average of 63.2 years of age in 1989 to 61.0 years of age in 1999. Following the 1990s there was another shift where the age of retirement began to increase and, more recently, has stabilized at an average of 63.4 years of age (Statistics Canada, 2019). These changes to the amount of time spent in retirement highlight the need for further investigation. The present study examines data that investigates areas of retirement that could contribute to positive psychological well-being, which could be an important support for Canadians in the process of retiring or those who have already retired.

Research studying retirement originated in the 1950s and largely focused on the negative impact this life transition has on the retiree (van Solinge & Henkens, 2008). van Solinge and Henkens, 2008, cite that previous literature has demonstrated the stress that retirement puts on an

individual with little explanation of the psychological determinants. Gradually the literature shifted to focus on variables that may contribute to the positive psychological aspects of this life stage, such as: retirement as a social role, the impact of retirement on well-being, gender and retirement, and planned versus unplanned retirement (Calasanti, 1996; Drentea, 2002; Richardson & Kilty, 1991; Kim & Moen, 2002; van Solinge & Henkens, 2008; Shultz, et al., 1998; Quine, et al., 2007; Wang & Hesketh, 2012). Numerous factors have been found to contribute to positive psychological well-being in retirement including continuity of lifestyle and activities, role satisfaction (e.g., parenting), financial stability, participation in volunteer work, and good physical health (Latif, 2011; Shultz & Wang, 2007; Greenfield & Marks, 2004). However, despite the body of findings from previous retirement studies, there are significant gaps that remain in the literature. The limitations of previous retirement studies are twofold. First, many of the studies previously mentioned are not applicable for individuals currently planning for retirement as the landscape of this life transition has changed significantly (i.e., the age of retirement, number of women with careers outside the home, finances, etc.) since their publication (some more than twenty years ago). Second, Henny and colleagues (2016) point out that older retirement studies lack insight into differences between individual retirees which may be best suited to research utilizing qualitative methodologies.

The present research seeks to add a current, richer understanding of retirement among Canadians generally and with respect to the experiences specific to individuals preparing for retirement by using a mixed methods approach (i.e., combining quantitative survey methods and qualitative analysis interview data). The research study uses data collected from the *Canadians' Retirement Expectations and Experiences Project*, directed by Dr. Nicky Newton to provide an up-to-date comprehensive data set detailing factors that lead to positive psychological well-being

during retirement for Canadians. The *Canadians' Retirement Expectations and Experiences Project* was designed to collect a multitude of both quantitative (questionnaire) and qualitative (telephone interview) data on older adult Canadians preparing for retirement and those already retired. Various measures were included in the quantitative questionnaire to gather information including demographics, physical health, goals and values, reflections about the past, and psychological well-being. The phone interview allowed for greater depth regarding information such as plans for the retirees' future, activities of daily life, and reasons for retirement.

Some limitations of previously mentioned retirement research literature are addressed by providing a comprehensive evaluation of more recent data with the addition of qualitative data. This study replicates and extends previous retirement studies by investigating similar variables such as family satisfaction, volunteering, physical health, and finances, but is novel in that it investigates these variables together and expands to other lesser studied variables such as future time perspective (FTP). There is little literature to date regarding future time perspective in relation to retirement with studies currently available focusing on the relationship between FTP and finances (see Jacobs-Lawson et al., 2005; Yang & Devaney, 2011). The empirical studies that do investigate the relationship between FTP and well-being during retirement are limited and use different parameters than this current study. For instance, Delcambre (2011) demonstrated that "positive affect predicted meaning in life as a function of perceived time" (p. 99) among a sample of retirees in the United States. Although valuable, these findings are outdated, only use quantitative data, and do not take into consideration the three lenses of FTP: perceived future time extension (how much time remains), perceived future time opportunity (future possibilities), and perceived future time constraint (perceived barriers for one's future) (Rohr et al., 2017). The present study uses interview transcripts to address the limitations of past

literature by incorporating qualitative narratives with the primary goal of providing narratives that represent unique retirement situations and content relatable to retired or soon to be retired Canadians.

With psychological well-being as the primary focus of this study, a variety of predictor factors (family satisfaction, volunteering, physical well-being, finances, unplanned versus planned retirement, gender, and the impact of future time perspective) are analyzed to explicitly determine the fundamental characteristics of positive psychological well-being during retirement (i.e., good physical health is correlated with positive well-being). Variables that may predict successful retirement (i.e., positive psychological well-being) are analyzed using quantitative data while qualitative data is be used to illustrate individual differences in retirement while also highlighting gender differences in this population sample and supporting the link between future time perspective (FTP) and positive psychological well-being.

### **Theoretical Framework**

The factors that predict Canadians' psychological well-being during retirement are consistent with two influential theoretical approaches: role theory and continuity theory. Role theory has been widely used in retirement literature: many researchers emphasize the extent to which not only an individual's role from worker to retiree changes, but the large implications social roles (e.g., parent, caregiver, spouse, friendships) have on psychological well-being (Latif, 2011; Kim & Moen, 2002; Carter & Cook, 1995). Continuity theory suggests that individuals rely on consistency throughout life transitions and therefore retirement may or may not bring negative affects depending on the individual's ability to keep some form of consistency through this life transition. Numerous studies give support for continuity theory to explain well-being during retirement (Richardson & Kilty, 1995; Matz-Costa, 2012; Kim & Moen, 2002; Wang et

al., 2011). Additionally, Ryff's (1995) psychological well-being model and Lewin's (1951) time perspective theory are used to support this current study.

To identify the extent to which social roles impact psychological well-being throughout older adulthood it is important to acknowledge that roles indeed change during this transitional life stage—the change from worker to retiree, parent to grandparent, and so forth. George (1993) delineates retirement as a role entry and exit. Furthermore, these entries and exits of roles can be partially attributed to normative and nonnormative stages. A normative stage may be the timing of retirement. For instance, in Canada the standard retirement age is 65 years old. For many, this normative stage of retirement is met close to 65 years old with Statistics Canada (2019) reporting the current average age of retirement as 64.2 years and ranging between 62.6 and 67.1 years of age (public sector average age: 62.6, private sector average age: 64.2., and self-employed average age: 67.1). However, there are some older adults that may approach retirement and other life transitions during this age in a nonnormative manner (e.g., unplanned retirement). Some individuals retire as planned with a defined age requirement and pension while others retire due to unforeseen circumstances such as physical ailments or company layoffs. This paper seeks to identify how social roles and their timing may impact older adults and their psychological well-being.

A noteworthy point by Latif (2011) is that older adults are spending more time in their retirement role due to the increase in life expectancy. With this extended period in a retirement role there is even more need to better understand the implications of role transition in older adulthood. As mentioned previously, the average age of retirement in Canada is currently 63.4. This paired with the current life expectancy in Canada of 81.95 years (average combined of women and men life expectancy) (Statistics Canada, 2019) leaves almost 20 years for a “new



role” for the older adult. Latif (2011) emphasizes the importance of this large span of time in a role after retirement due to its various implications (e.g., physical health, mental health, etc.).

This paper seeks to highlight the effects that a longer retirement role has on mental health.

### **Role Theory**

Linton founded the basis of role theory in 1936 on the concept that people fill roles, which are expected behaviours within a social structure (as cited in George 1993). George (1993) further explains that over time role theory became more complex with an emphasis on role allocation, which is the process of role entry and exit. Role exit is particularly pertinent to this paper as the exit from a career and the associated ramifications (both positive and negative) are a key focus. Wang and colleagues (2011) make an additional point that the weight that role allocation currently carries in role theory. Although, from the literature, there is agreement among researchers about the broad definition of role theory, there is still some confusion as to the exact parameters of the encompassing factors that constitute role theory (Biddle, 1986). Biddle (1986) notes an incongruity between some original role theory researchers; some authors delineate a role as reflective of behaviour, some authors conceptualize a role as a part that actors play, and still others describe role theory as having a pre-identified way of acting in social situations.

Although Biddle (1986) dissects the differing opinions of role theorists' views on the basic concepts, there is a concerted effort to demonstrate the agreement of role theorists. Specifically, the main objective of the theory supports the fact that humans are consciously playing the role of an actor.

Role theory can be broken down into five varying perspectives: functional role theory, symbolic interactionist role theory, structural role theory, organizational role theory, and

cognitive role theory (Biddle, 1986). Functional role theory refers to the predictable ways in which people “perform” in their roles. Symbolic interactionist role theory suggests that “actors” provide their own interpretation of their roles. As Biddle notes, “Actual roles, then, are thought to reflect norms, attitudes, contextual demands, negotiation, and the evolving definition of the situation as understood by the actors.” (Biddle, 1986, p. 71). Structural role theorists explain role theory in terms of the social environment with less focus on the individual while organizational role theory focuses on planned role systems and conflict resolution to help maintain individual happiness (Biddle, 1986). Structural role theorists emphasize the shared pattern of behaviours of individuals within their role (Biddle, 1986). Biddle (1986) denotes the lack of attention organizational role theory pays towards non-normative events (e.g., unplanned retirement), however; this theory holds weight and importance in empirical research. Structural role theorists have been highly popular among researchers due to the applicability of a structural role in social organizations that are “preplanned, task-oriented, and hierarchical” (Biddle, 1986, p. 73).

Great discussion and debate have surrounded role theory for many decades as theorists continue to revamp their understanding of the complexities and intricacies of the theory. Kim and Moen (2002) suggest that role theory, “provides one of the most commonly used explanations of adjustment to retirement.” (p. 212). There is a broad body of research that highlights the psychological importance of social roles particularly in older age (Greenfield & Marks, 2004; Vandewater et al., 1997).

George (1993) maintains that over time the definition of “role” has changed. A role can be defined as a status in the social system and/or role can be viewed as expected behaviours from the person holding the role (George, 1993). There is also discussion surrounding the relationship between role theory and the study of retirement. Henning and colleagues (2016) made note that

role theory may be somewhat antiquated when applying it to the study of retirement because the foundation of role theory suggests that the change from career to retirement is a loss whereas newer research highlights the positive aspects of this role transition. On the other hand, Kim and Moen (2002) found that the sense of role loss or the relief of role strain may be experienced during the transition into retirement.

There are two main points to analyze: a positive role transition and a negative role transition. Wang and colleagues (2011) highlight the retired worker that feels relief after having had a stressful/burdensome career to the retired worker that's passionate about putting more time and energy into subsequent roles (e.g., grandparent, community member). Role transition into retirement can also be met with negative feelings, perhaps because the work role may have been more stimulating and satisfying compared to the exit role. A positive and negative role transition can be mediated by role quality or role quantity.

For decades it was postulated that an increase in social roles contributes to overall distress due to the differing needs required for different roles. Goode (1960) theorizes that individuals' experience "role strain" in part due to the demands of different types of roles. However, Pietromonaco and colleagues (1986) suggest that psychological well-being may actually be enhanced by a greater number of social roles for women in particular. In their study of highly educated and career-oriented women, they found a correlation between holding multiple roles (e.g., job, partner, student, volunteer) and higher self-esteem and job satisfaction (Pietromonaco, et al., 1986). Of the 500 chosen participants (women between the ages of 22 and 66 years old with a mean age of 34.1 years old), all had either a graduate or professional degree (e.g., 55.8% held either a Master's degree or graduate professional degree) from the University of Michigan in 1977 or 1978. Greenfield and Marks (2006) also found that the absence of

certain roles (parental, marital, and employment) can negatively impact psychological well-being.

Vandewater and colleagues (1997) found similar findings to the Pietromonaco (1986) study, however multiple roles did not directly affect well-being, rather it was mediated by identity development (the foundation of personality structure; Erikson, 1982) and generativity (leaving a legacy; Erikson, 1968). Vandewater and colleagues' (1997) study provides a deeper picture of social roles and personality development in relation to women's well-being with the use of longitudinal data with college educated participants. Further, their study provides support for Erikson's stage theory of development (particularly identity development and generativity; Vandewater, 1997). These studies are also supported by Ryff's psychological well-being model with emphasis on Erikson's stage theory and life satisfaction (Ryff, 1995).

Vandewater and colleagues' (1997) findings also suggest that well-being was impacted by role quality (role satisfaction). As such, the findings speak to the importance of taking new roles or continuing current roles that bring satisfaction since it will in turn affect well-being positively post-retirement.

For decades there have been varying degrees of support for role theory in the context of retirement study literature (Henning et al., 2016; Jain et al., 2017; Tambellini, 2023). Henning and colleagues (2016) argued that retirement does not negatively affect well-being thus role theory would be an antiquated understanding of uses related to retirement and explanations of well-being. Conversely, Jain and colleagues (2017) stated, "To prevent elders from the negative effects of role loss and social isolation, work roles can be replaced by volunteer roles" (p. 526). While Patel (2018) claimed that social relationships in the workplace fill important roles in an individual's life and also stated: "...retirement can bring a loss of such connection with people"

(p. 64). The argument of the relevance of role theory in retirement literature is the differing opinions of whether role loss brings negative psychological implications to the retiree or not. For instance, Henning and colleagues (2016) presumably argue that role loss negatively impacts the retiree however, it could be argued that role loss can equate to role relief. As an individual retires from their “career role” and moves into subsequent roles (e.g., friend, volunteer), this career role “loss” (previously defined as not possessing something) may be understood, at least for some retirees as role relief (Wang et al., 2011). For some, retirement may signal the release of demanding, stressful, or simply a routinized phase of life and an opportunity to engage in a new beginning and thus may be perceived as something to enjoy. Given these very different conceptions, the present study employs role theory as one lens to understand retirement experiences.

### *Gender*

Vandewater and colleagues (1997) highlight the importance of social roles as a contributing factor of well-being in women’s midlife and, speculate that social roles are key to understanding women’s well-being in midlife. Specifically, they explain that the majority of adult personality development theories place significance on the relationship between well-being and social roles (Vandewater, et al., 1997) while giving credit to Erik Erikson. There is much agreement that social roles impact well-being, but the number of different roles or the quality of social roles that impact well-being is still debated in the literature.

One example of a social role post-retirement that is examined for impact on well-being is a women’s marital relationship. Kim and Moen (2002) found an increase in women’s depressive symptoms as seen from their self-reported decline in marital quality. Researchers postulate that this increase in depressive symptoms for women and not men is perhaps because of the

difference of involvement level women have in their marital and family roles compared to men. For instance, this sample of women (from 2002) may have been less likely to have careers outside of the home with more time dedicated to family affairs. These findings, particularly for women, point to the importance of role quality post-retirement (also supported by Matz-Costa, et al., 2012) and expose the need for current data.

According to research, women with low status careers (identified by researchers as jobs that had participants rated as low prestige) experience greater dissatisfaction in their social relationships post-retirement (specifically at 12 months post-retirement) (Richardson & Kilty, 1991). It is hypothesized that these women lose their social connections established at work. Conversely, women who retire from “professional” careers (post-secondary education) do not find the transition to retirement exceptionally difficult (Price, 2003). This refutes the long-standing and antiquated idea that women have difficulties after retiring from a professional career (Price, 2003). Quite the contrary is true; an in-depth qualitative sample of professional women found that retirement is “just another step” (p. 351) and establishing routines with activities proves to be important during this time (Price, 2003). Findings from these studies, particularly Price’s (2003) qualitative data, are important to note as more women hold post-secondary education and professional careers compared to previous retirement study data in which the primary focus was either men’s retirement or focused heavily on women’s marital/parental roles post-retirement. Well-being outcomes for women post-retirement appear to be improving with time; findings for men, however, suggest a different outcome.

Men’s well-being seems to be dependent on different variables when compared to women. For instance, Kim and Moen (2002) found that symptoms of depression are greater in men who have completed the transition to retirement than men in the process of retiring. The

authors do note that men are predisposed to having depressive symptoms are more likely to experience additional depressive symptoms post retirement (Kim & Moen, 2002). Also, men's well-being scores were impacted by financial resources (Kim & Moen, 2002). Richardson and Kilty (1991) also found similar results, in that finances impacted well-being scores; retirees who had a substantial change in income post-retirement experienced lower well-being.

Additionally, researchers identified the importance of men's expectations pre-retirement. In specific, men's expected satisfaction regarding their "activity, finances, health, and interpersonal relationships predicted quality of life [post-retirement]" (Gall & Evans, 2000, p. 193). Their study provides key context in predictor variables for men's psychological well-being post-retirement while Adawi and colleagues more recent (data gathered in 2008 and 2009), Canadian study (2023) found men report higher satisfaction with life post-retirement.

### **Continuity Theory**

The word "continuity" suggests that something is ongoing. Atchley's (1982) view of continuity is one that is fluid and changing for adaptive purposes but is rigid enough to maintain a sense of sameness. Furthermore, continuity can be broken down into either internal continuity or external continuity. Atchley (1982) suggests that adults in midlife are driven to maintain consistency in life even after a life transition (e.g., role exit from retirement). It is with internal and external continuity that individuals can make the transition from worker to retiree. Internal continuity can be likened to the self. While individuals have an internal continuity of the self, they can lean on these consistent parts as they gear up for the transition to retirement. Atchley (1982) defines internal continuity as, "inner structure, such as the persistence of a psychic structure of ideas, temperament, affect, experiences, preferences, dispositions, and skills" (p. 184).

External continuity refers to consistent social relationships and behaviours. Not only is the presence of continuity important to the retiree but so is the degree to which continuity exists. Atchley (1982) explains that there are three levels of continuity: too little, optimum, and too much. Too little continuity may leave the individual feeling as though they are not able to predict outcomes, which can be uncomfortable while too much continuity provides the individual with no room for stimulation. Optimum continuity gives way for a predictable outcome but with enough room for excitement and off-beat decision making.

Atchley (1982) makes a point to the fact that older adults rely on internal and external continuity as their responsibilities change from child rearing, career, and retirement. Without internal continuity an individual may have difficulty making decisions, which can in turn cause distress. Conversely, with continuity an individual can more successfully navigate transitions in life. When past experiences, personality traits, and social role relationships are carried through midlife, a person can lean on their already rooted foundation and a life transition may be seamless—for instance when an adult is transitioning into retirement. Richardson and Kilty (1991) go as far as to say that activities solidified prior to retirement “have more impact on later life than retirement itself”, (p. 152) which supports continuity theory. However, if consistency is not achievable from pre- to post-retirement, there can be negative effects.

Findings from the onset of retirement suggest a decline in well-being and relationships for certain groups (Richardson & Kilty, 1991). Particularly interesting are the gender differences; women who had a low status career were more prone to negative outcomes of retirement. Other groups that had difficulties post-retirement included: older retirees and retirees' whose income decreased substantially post-retirement. Richardson and Kilty (1991) hypothesize that the decrease in well-being scores can be explained by the lack of continuity for



particular groups. For example, changes in income can impact many areas of life including housing, available funds for extracurricular activities, and ability to maintain the same lifestyle. Another example is that people with high status careers (e.g., physicians) may still hold similar continuity after retirement therefore well-being scores are not impacted as greatly as those with low status jobs, particularly women (Richardson & Kilty, 1991). The Richardson and Kilty (1991) study also found that older retirees (not precisely defined in the study as a particular age) reported being less satisfied than younger retirees (e.g., feeling as though they have less “pep”).

Additional support of continuity theory comes from a large meta-analysis of longitudinal studies which found that retirement does not negatively affect well-being (Henning et al., 2016). Authors suggest that there is an overarching continuity and a positive impact of retirement. It is important to note that while some research provides support for continuity theory there is quite a gap between individuals who have a seamless transition into retirement versus those with health challenges, a lack of social support and relationships, and changes in income. For example, not every individual will have as consistent an income post-retirement as they did pre-retirement, or an individual may have relied on work relationships as their form of socialization.

### **Role Theory and Continuity Theory Overlap**

Latif (2011) highlights the similarities and differences between role theory and continuity theory. Firstly, Latif (2011) identifies that both theories use the term “role”. Secondly, Latif (2011) advises that the original concept of role theory is that the retired person will feel psychological ramifications from changing their status from a working individual to retiree due to work being an integral part of the individual’s identity (Miller, 1965 as cited in Latif, 2011). Latif (2011) then points out that the replacement of work with other roles will not satisfy the retiree enough to be a “source of self-respect” (p. 374) as work once did. On the other hand,

Latif's (2011) understanding of continuity theory, originally developed by Atchley (1976), is that individuals hold a multitude of different roles (outside of their occupation) and therefore retirement offers a unique opportunity for the retiree to allocate more time to roles that can offer some psychological benefits. Richardson and Kilty (1991) share a similar perspective as Latif (2011) in that continuity theorists generally feel as though a workplace identity is non-existent, and instead emphasize a person's individual characteristics (e.g., self-esteem) that are continuous rather than social roles.

### **Psychological Well-Being**

Psychological well-being has been of great interest in retirement study literature as it has implications not only for individuals in their pre-retirement years but also for those in their post-retirement years. Even though psychological well-being is a complex construct, Ryff's (1995) model and its theoretical origins encompass most contemporary theories pertaining to well-being while also adding dimensions of personality. For years, psychological well-being was defined as the absence of neuroticism, the presence of positive mood/affect, and life satisfaction (with the most focus on the absence of mental health symptoms) (Ryff, 1995). To put it simply, Ryff and Keyes (1995) summarize psychological well-being as multidimensional and therefore unable to be defined purely based on positive and negative affect as previously theorized (see Bradburn, 1969). Therefore, Ryff's multidimensional model of psychological well-being takes into account the previously mentioned basic foundations of well-being (i.e., positive and negative affect and life satisfaction) while also using theoretical support from developmental theorists (e.g., Erikson, 1968) and mental health theorists (see Jahoda, 1958; Birren & Renner, 1980) in conjunction with six personality characteristics: self-acceptance, purpose in life ("has goals in life...has aims and objectives for living", p. 101, Ryff, 1995), environmental mastery ("controls complex array of

external activities”, p. 101, Ryff, 1995), positive relationships (“has warm, satisfying, trusting relationships”, p. 101, Ryff, 1995), autonomy, and personal growth (Ryff, 1995).

Ryff and Keyes (1995) found that some of the six personality characteristics in Ryff’s psychological well-being model are supported with correlations from other scales, such as the Center for Epidemiologic Studies Short Depression Scale commonly referred to as the CES-D scale (Radloff, 1977). A shortened version of this scale is used in the present research as well as the Positive and Negative Affect Schedule (PANAS; Watson & Clark, 1992) and the Satisfaction with Life Scale (SWLS; Diener, et al., 1985). These three scales were used as a multidimensional approach in the understanding of psychological well-being (see Ryff, 1995). Researchers further argue that even with empirical support of Ryff’s 1995 model of psychological well-being, it is important to continuously re-examine well-being from disparate viewpoints as variables other than the presence of happiness or the absence of sadness predict well-being (Ryff & Keyes, 1995). Most studies focus on one covariate of psychological well-being during retirement such as the impact of role quality (Matz-Costa et al., 2012) or the impact of financial resources (Wang, 2012). The current study seeks to substantiate the impact that multiple factors including social roles, volunteering, physical health, financial security, future time perspective, and gender have on psychological well-being during retirement. Three of these predictor variables: social roles, volunteering, and future time perspective coincide with three of Ryff’s (1995) personality dimensions: positive relationship, environmental mastery, and purpose in life, respectively. It is advantageous to use numerous predictor variables to further support Ryff and Keyes’ (1995) argument of the necessity to continually examine well-being from a multifaceted approach.

***Impact of Social Roles on Psychological Well-Being***

Many social role factors contribute to psychological well-being post retirement: role satisfaction (i.e., role as a function of an expected pattern of behaviour) role quality (e.g., Vandewater et al., 1997), the number of roles one holds, the type of role (e.g., marital, community member), and demands/strain of the role. The types of roles one holds in retirement can be different depending on life choices pre-retirement. For instance, the role of marriage may mean caregiving for a sick spouse post-retirement. Gender differences may impact social roles as well (e.g., women are more likely to participate in volunteer activities). There are strong correlational effects linking older adults' continued roles (i.e., volunteerism pre-retirement continuing into volunteerism post-retirement) to higher levels of well-being (Greenfield & Marks, 2004; Richardson & Kilty, 1991; Kim & Moen, 2002). That is, social roles that were in place pre-retirement provide protective well-being factors post-retirement. Vandewater and colleagues (1997) demonstrate the importance of role quality and pre-retirement roles well. They found that women's self-reported role quality (e.g., marital, children, no children) strongly related to their well-being scores.

Some researchers suggest that volunteering is likened to a social role in that volunteering itself is a role that individuals hold while other researchers suggest that individuals participate in volunteering as an activity. For instance, Moen, and colleagues, (2000) refer to volunteering as "productive engagement" (p. 17). For the purpose of this study, volunteering is situated in role theory and is analyzed as such.

***Impact of Volunteering on Psychological Well-Being***

In Canada, 36% of adults over the age of 65 volunteer in some capacity. Older adults in fact surpass their younger counterparts in time spent volunteering, with an average of 132 or

more hours annually in 2018 (Statistics Canada, 2021). Canadians born between 1918 and 1945 accounted for the largest proportion of volunteers in 2018 (Statistics Canada, 2018). Individuals over the age of 65 living in Canada identified various reasons for volunteering such as: contributing to their community, building their social networks with their peers who also volunteer, and sharing their skills with other people (Statistics Canada, 2007). But the likelihood of volunteering is also affected by factors such as level of education, having a driver's license, and length of time living in their community. The type of volunteering differs too based on personal affiliations, with some older adults reporting high volunteer hours accumulated through religious or social service organizations (Statistics Canada, 2010).

Volunteering in older adulthood has been found to impact psychological well-being positively (Kahana et al., 2013; Greenfield & Marks, 2004; Morrow-Howell, Hinterlong, et al., 2003; Hao, 2008; Wheeler et al., 1998). The methodological parameters differ from study to study: some use pre-retired participants and some use post-retired participants and other studies are interested in the amount of volunteer hours compared to the kind of volunteering. Regardless of the type (e.g., formal volunteering such as volunteering at a community organization or informal volunteering such as helping a family member in need), volunteer location, amount of training provided, and number of hours volunteered, (Morrow-Howell, et al., 2003) there is consensus that volunteering provides significant benefits to the older adult. Wheeler and colleagues' (1998) meta-analysis of 37 studies found that volunteering was related to better psychological well-being outcomes for older adults. Not only has volunteering been linked to positive psychological well-being but older adult Canadians have reported other benefits including an increase in their interpersonal skills and knowledge (e.g., about health, the environment, etc.) (Statistics Canada, 2007).

The Cornell Retirement and Well-Being Study provides a comprehensive evaluation of retirees living in the United States, reporting details pre- and post-retirement data, well-being (e.g., physical and psychological), and effects of volunteering on the retiree (Moen and colleagues report, 2000). In their study, Moen, et al. (2000) found gender differences in relation to volunteering. According to the study, women are equally likely as men to hold two roles (a paid position and participate in volunteer work) but more likely to hold neither a paid position nor participate in volunteering when compared to men (58% for women versus 48% for men) (Moen et al., 2000). Overall, their findings suggest that both men and women who participate in volunteer work pre- and post-retirement benefit psychologically; however, the effect is greater for those during post-retirement years, which may correlate to the increase of volunteer hours post-retirement. It is hypothesized that the Cornell Retirement sample of participants will differ from the sample in the current study based on different gender trends over the last twenty years (i.e., women are more likely to hold roles outside of the home). In the Cornell Retirement sample, gender differences were demonstrated based on men more likely to participate in paid work and in volunteer activities, however, it is hypothesized that the current sample will demonstrate a smaller gender gap (i.e., men and women will be just as likely to participate in volunteer activities).

An interesting mediation model of the impact of volunteering on retirement suggests that, while limited role identities (e.g., marital, parental) are a risk factor for negative affect, volunteer status can mediate that risk (Greenfield & Marks, 2004). Specifically, the number of hours, and the types of volunteering can all predict a positive impact to psychological well-being in older adulthood for individuals with limited role identities (e.g., marital). This finding is reassuring as some older adults/retirees do indeed have limited role identities due to widowhood or life choices

made earlier in adulthood. Even though the benefits of volunteering are supported by numerous empirical studies, there are roadblocks for older adults and their ability to volunteer. For instance, Statistics Canada (2007) found that 70% of older adults aged 75 years and older and 57% of older adults aged between 65- and 74-years old report health difficulties and physical restrictions as barriers to volunteering.

### ***Impact of Physical Well-Being on Psychological Well-Being***

An unplanned retirement, often, the result of a medical issue that impacts the ability to work or an unforeseen lay-off, can be considered a non-normative event in an individual's life. There is a body of literature that highlights the negative impact an unplanned retirement can have when it is out of the retiree's control (Quine et al., 2007). Factors that lead to retirement that may be out of the individual's control are referred to as "push" factors (e.g., medical reasons) whereas an example of a "pull" factor is the desire to retire to spend more time with family or socialize.

In general, compared to other areas of retirement study, there is a lack of data on the physical health of the retired demographic. The retirement literature that does focus on physical health includes Moen and colleagues' (2000) cross-sectional retirement data. Overall, retirees (from the U.S. dataset) are in good physical health according to self-report data. Women who reported lower physical health in the first wave of data collection reported an increase in physical health by the second wave of data collection. Women in the "poor health" group of retirees were non-retired and retired individuals. Overall, regardless of gender, those who reported poor physical health (many of whom were from the older cohort) in wave one of data collection reported higher physical health scores by the last wave of data collection. One possible hypothesis for these findings is that the relief of work stress/strain alleviates physical health

issues. However, the sample includes non-retired individuals in conjunction with retired individuals which makes it more difficult to pinpoint the self-reported increase in physical health. A closer analysis of the type of physical health constraints older adults face would be beneficial in determining the root cause of the physical ailments.

Additionally, Shultz and Wang (2007) identify health conditions that are linked with “push” factors. Push factors refer to an individual transitioning to retirement due to unforeseen/unplanned circumstances. For example, lung disease and cancer are both health conditions that have been correlated with a “pushed” transition to retirement. Minor health conditions (e.g., arthritis) also lead individuals to either change jobs or make the transition into retirement a lengthier process (e.g., eight years) (Shultz & Wang, 2007). Similarly, Wang (2012) noted job-related physical demands pre-retirement cause negative physical health outcomes that can lead to early retirement. Researchers have made special note of how important it is for future research to better understand/make conclusions about health-related difficulties and early retirement and to have programs in place to aid retirees with their health-related financial burdens (Shultz & Wang, 2007; Wang, 2012). These financial burdens may have different implications depending on the availability of universal healthcare. For instance, this current paper uses data from Canadian participants who have access to universal healthcare: their health-related expenses may be minimal compared to data samples from the United States.

Lastly, Nordenmark and Stattin's (2009) data from Sweden shows that poor physical health and lower levels of psychological well-being in retirement are correlated. This current study intends to investigate a replication of the Nordenmark and Stattin (2009) finding.



***Impact of Finances on Psychological Well-Being***

Important to note is the correlation between physical health and financial well-being. Retirees with poorer health report negative financial well-being which Shultz and Wang (2007) hypothesize is due to the exorbitant cost of healthcare (particularly in the United States).

Wang (2012) identifies five primary factors that impact financial well-being during retirement: individual attributes, pre-retirement job-related factors, family-related factors, retirement transition-related factors, and post-retirement activities. Further, Wang (2012) details which factors provide a positive or negative impact by providing sub-factors. For instance, financial well-being is positively impacted when a retiree has individual attributes such as a good understanding of financial literacy and goals for their finances (Wang, 2012). Conversely, the retiree is subjected to financial hardships depending on family-related factors such as the number of dependents and the cost associated with those dependents.

***Impact of the Timing of Retirement on Psychological Well-Being***

Retirement is usually a normative event in that most people retire at or around the same age (e.g., 65 years old). Bernice Neugarten's social clock theory is instrumental in the explanation of cultural and normative practices of a perceived "clock" (Neugarten, 1972). Individuals follow a certain prescribed trajectory based on social and biological circumstances which cause the individual to evaluate the particulars of their life based on not only an internal clock but a socially programmed clock (Neugarten, 1972). As stated previously, the socially normative age of retirement has been 65 years of age. If an individual deviates from this socially normative age, they may have what is called an "unplanned" or a "pushed" retirement.

Push and pull factors can also determine the timing of retirement. George (1993) highlights the importance of social roles (retirement) with an emphasis on the timing of these

roles. Previous hypotheses speculated that a non-normative role transition (e.g., unplanned early retirement) would lead to negative consequences, perhaps because the age of retirement has historically been a predictable, normative age-graded event (typically, a normative age-graded event is an event experienced by most individuals in a particular age demographic) (George, 1993). For example, most older adults retire at the age of 65 because the government or pension plans usually define the set age or age range for the release of retirement benefits. However, due to a variety of reasons, including unforeseen physical health circumstances, some individuals experience an unplanned or non-normative age-graded event of retirement (i.e., retirement due to push factors).

Nordenmark and Stattin (2009) found that individuals who retired due to push factors scored lower levels of psychological well-being when compared to retirees who retired for other reasons. This is also substantiated by the fact that retirees who were able to choose the timing of their retirement had higher levels of psychological well-being (Nordenmark & Stattin, 2009).

Quine et al. (2007) also found that individuals who retire for push factors (also identified as “low choice”) reported negative effects. For instance, individuals reported that the loss of control over their choices had a strong, negative impact (e.g., poor health outcomes, strain on marriages). However, some retirees were able to regain some of this control by participating in other forms of activities where they were able to choose frequency and what type of activity. This finding demonstrates that, even though much research supports the association of push with negative well-being, the ability to change this outcome is possible through activity. This also further supports Matz-Costa and colleagues' (2012) theory that older adults benefit psychologically from activity engagement.

It is evident that push factors, whether they be for medical or circumstantial, have a greater negative psychological impact on retirees when comparing those who retire due to push factors with those who retire due to pull factors (i.e., individuals who retire to spend more time with family, travel, have adequate financial resources, etc.). Specifically, Quine et al. (2007) reported that high choice retirees differ from their counterparts in a few key areas: they were not afraid to retire, had high status careers, were not divorced, did not have dependent children, and were older at time of retirement. Compared to other studies that put emphasis on physical ailments as being the primary cause of push factors of retirement, the characteristics of the retirees from the Quine et al. (2007) study provide more insight to other factors that may contribute to an unplanned retirement.

### ***Impact of Future Time Perspective on Psychological Well-Being***

In his seminal theoretical work on time perspective, Lewin (1951) states, “But, regardless of whether the individual’s picture of the future is correct or incorrect at a given time, this picture deeply affects the mood and the action of the individual at that time.” (Lewin, 1951, p. 80). Decades later, recent research still supports Lewin’s work. Desmyter and Raedt (2012) found that older adults’ well-being was positively affected by future time perspective. Further, Rohr and colleagues (2017) speculate that most older adults view their time as being limited. Therefore, if older adults are positively affected by their future time perspective, it is essential to understand older adults’ view of their future and how it impacts their current psychological well-being during their retirement years.

Carstensen’s socioemotional selectivity theory (SST) is multidimensional in that she explores emotions, motivation, goals, and time perspective and how these psychological factors intersect and impact older adults’ well-being (Carstensen et al., 2003). Carstensen and

colleagues (2003) give support that older adults are greatly impacted by time perspective but argue that older adults are more prone to view their time as limited and therefore live more in the present (and perhaps have particular goals because of this: see Liao et al, 2018) when compared to their younger counterparts. These findings are substantiated by Charles and Carstensen's (1999) suggestion that older adults experiencing more events that contribute to feeling that time is limited (e.g., chronic illness) and witnessing of family members experiencing normative life events, such as a graduation, may contribute to feelings that time is limited.

With this perceived limited time, when asked about the future, an older adult may view their future with different lenses. These lenses fall into three categories according to future time perspective researchers: perceived future time extension (how much time remains), perceived future time opportunity (future possibilities), and perceived future time constraint (barriers for one's future) (Rohr et al., 2017). The current study uses qualitative coding to identify the three different future time perspectives and which themes correlate with the psychological well-being from the quantitative data sample.

### **The Present Study**

The overarching goal of this research is to provide a more comprehensive consideration of predictors of psychological well-being for older adult Canadians post-retirement. This study seeks to identify specific factors that lead to positive psychological well-being by using both quantitative and qualitative data analysis. The present study consists of both quantitative and qualitative analyses. The first section provides a quantitative analysis of the impact of the following variables on psychological well-being: social roles, volunteering, physical well-being, finances, and future time perspective. The second section provides a qualitative analysis of

twenty participant narratives to examine gender differences as well as the impact of an unplanned retirement versus a planned retirement on psychological well-being.

### **Quantitative Data**

The quantitative data approach is influenced in part by previous retirement study literature that investigated the impact of social roles, volunteering, physical health, and finances on well-being (Latif, 2011; Greenfield & Marks, 2004; Shultz & Wang, 2007; Richardson & Kilty, 1991). However, the current data set takes a more modern and in-depth approach by analyzing the contributions of each predictor variable and its effect on well-being scores. Data collected from the *Canadians' Retirement Expectations and Experiences Project* is used in the current study. Three scales are used for criterion variables to measure psychological well-being: (CES-D10; Radloff, 1977), Positive and Negative Affect Schedule (PANAS; Watson & Clark, 1992), and Satisfaction with Life Scale (SWLS) (Diener, et al., 1985). The use of these three scales assesses the multidimensional nature of well-being (Ryff, 1995) and acknowledges that one psychometric scale may not adequately represent psychological well-being in retirement.

The quantitative section consists of three research questions: 1) What factors relate to positive psychological well-being during retirement? 2) What are the primary gender differences among the assessed variables post-retirement? 3) How is future time perspective related to well-being?

#### **1) What factors relate to positive psychological well-being during retirement?**

Hypothesis 1: Greater satisfaction with one's family (e.g., with a spouse, with a child) is associated with greater positive psychological well-being scores. Satisfaction with family will be a greater predictor of well-being scores than the number roles and will be mediated by participation in volunteering.

Hypothesis 2: Self-reported physical health and higher family financial income will be positively correlate with psychological well-being scores.

Hypothesis 3: Financial stability will mediate the negative impact of an unplanned retirement on psychological well-being scores.

## **2) What are the primary gender differences among the assessed variables post-retirement?**

Hypothesis 1: Men's psychological well-being scores will be lower than women's psychological well-being scores except for women with unplanned retirements. Women with planned retirements will have the highest psychological well-being scores followed by men with planned retirements, men with unplanned retirements, and finally women with unplanned retirements

Hypothesis 2: Women with higher levels of education will experience lower levels of life satisfaction in retirement when compared to women with lower levels of education.

## **3) How is future time perspective related to well-being?**

Hypothesis 1: Individuals who hold optimistic views of the future (with future time extension and future time opportunity) will experience higher levels of psychological well-being.

## **Qualitative Data**

Ryff (1995) states that, "well-being requires closer examination of the actual substance of people's lives, that is, their life experiences", p. 102. Therefore, the qualitative portion of this current study focuses on retirees' personal experiences during retirement with one overarching research question: how can the qualitative narratives of retirees add context to already existing quantitative retirement research? The examination of twenty participant phone interview transcripts provides substantial contributions to retirement study literature. Most quantitative retirement study data lacks insight into individual differences during retirement. For instance, if

a retiree experienced an unplanned retirement due to a medical condition, how did their experience of retirement differ from a retiree with a planned retirement? How do social roles contribute to everyday life during retirement? These questions (and many others) may be best answered using qualitative methods, thus an exploratory qualitative analysis of detailed experiences from retirees is included.

The phone interview protocol (see Appendix A) from the *Canadians' Retirement Expectations and Experiences Project* is used to highlight the individual differences that twenty randomly selected retirees face during this period of life. This was executed using a thematic analysis approach to qualitative data (Boyatzis, 1998). Thematic analysis is a collaborative process between two or more raters (two raters were used for this current study) in which open coding is utilized to extract themes. Upon completion of theme extraction, researchers coded the raw data based on the emerged themes. The present study uses four groups of five participants, twenty participants in total. Five women with planned retirements, five women with unplanned, five men with planned retirements, and five men with unplanned retirements were randomly selected to represent unique differences during retirement. Gender and unplanned versus planned retirements were controlled for during random selection.

This methodology yields unique and shared themes within and across individuals. The goal of this methodology is to identify and communicate gender differences and differences in planned versus unplanned retirements gathered from the themes and descriptions.

## **Method**

### **Participants**

There were 152 participants recruited through advertisements in local newsletters, recruiting at senior centres, and flyer displays for the *Canadians' Retirement Expectations and*

*Experiences Project* during 2016 and 2017, with 136 completing an online or mail- in questionnaire (Appendix A) which consisted of both quantitative and open-ended questions. Of those 136 participants, 113 completed an optional phone interview. The 136 participants were Canadian between the ages of 54 and 86 years old (only the 124 retired participants are used in this analysis) with a mean age of 68.4 ( $SD = 6.69$ ) (two participants did not disclose their age). Of the 136 participants, 93 identified as women and 43 identified as men. The majority of participants reside in the Kitchener-Waterloo region and North York/Toronto area. The ethnic background of participants was predominately White (87.4%) with 11% identifying as Asian or South Asian.

The data for the current study is part of a larger study titled: *Canadians' Retirement Expectations and Experiences Project* which was initiated by principal investigator Dr. Nicky Newton with Jessica Miller and Preet Chauhan as co-investigators. A battery of measures were gathered for the larger study (e.g., morality scales, open-ended regret questions, etc.). A subset of these measures were used in the present study. Measures selected for inclusion addressed the specific hypotheses and rationales identified above (e.g., PANAS, CES-D, SWLS, etc.).

### **Measures**

General demographic information was completed by participants (e.g., age, race, gender, etc.). Following demographics, participants were asked to complete questions in the following categories: information about your household and you, physical health and well-being, goals, values, beliefs, and satisfaction in life, reflections about the past, activities, and lastly, feelings and thoughts. Within each category there were multiple questions and/or scales. The quantitative portion of this study consists of the following detailed information.



**Information about your household and you**

Participants answered questions to target their income and education level, presence of spouse and children, presence of health insurance, and volunteerism. The majority of the 124 retired participants received a graduate degree (52.4%) while 32.3% received a college education, and 13.7% had a high school education. The majority of participants had a household income between 40-100k (63.7%), with 16.1% having income between 100-200k, and 12.9% with an income below 40k. Most participants volunteered in some capacity (84.7%).

**Physical health and well-being**

General physical health questions were created to identify the presence of high blood pressure, lung disease, history of stroke, diabetes, and heart issues. Participants also self-rated overall health and energy level. All physical health questions were answered in a yes/no format with only two questions using a Likert scale (overall health and energy level). Well-being questions consisted of two scales: Center for Epidemiologic Studies Short Depression Scale (CES-D10) (Radloff, 1977) and Positive and Negative Affect Schedule (PANAS) (Watson & Clark, 1992). The CES-D10 scale is a self-report measure of depression. Miller et al. (2008) reports high internal reliability (Cronbach's  $\alpha = 0.86$ ). The CES-D10 includes 10 questions with responses answered using a four-point scale ranging from 0 = *Rarely or none of the time* to 3 = *all of the time* during the past 30 days. For example, "I was bothered by things that usually don't bother me" and "I felt hopeful about the future" (two questions reverse scored). The current data set reports Cronbach's  $\alpha = 0.745$ .

The PANAS scale measures positive and negative affects with high internal consistency (Watson, et al., 1988). Watson, and colleagues (1988) found the scale to be sensitive to mood fluctuations and in particular the positive affect questions target social activity. The original

version of PANAS consists of 20 questions with responses ranging from *1 = very slightly or not at all* to *5 = extremely*. The current study uses a modified PANAS scale (Cronbach's  $\alpha = 0.920$ ) that consisted of 25 questions (with the addition of *frustrated, happy, bored, content, sad, hopeful, and calm* and the elimination of *strong* and *irritable*). For example, "During the last month (30 days) how much have you felt each of the following emotions: interested, proud, alert, afraid, nervous, etc."

### **Goals, values, beliefs, and life satisfaction**

The following scales were used to determine goals, values, beliefs and life satisfaction: Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985), Identity and Experiences Scale (Whitbourne et al., 2002), the Meaning in Life Scale (MILS) (Krause, 2004), and the modified version of the Good Self-Assessment by Arnold (1993) (Krettenauer et al., 2016).

The SWLS scale consists of five questions that target "life satisfaction as a cognitive-judgemental process" (Diener et al., 1985, pg. 71). This scale has been found to be adequately valid (Diener, et al., 1985) in previous studies but demonstrated good reliability for the current data set with a Cronbach's  $\alpha = 0.879$ . The SWLS is scored on a seven-point Likert scale with seven being "strongly agree" and one being "strongly disagree", an example of an item from the SWLS: "The conditions of my life are excellent".

### **Reflections about the past**

This section consists primarily of open-ended responses to elicit a deeper understanding of the participants' feelings about their past. For example, "Looking back over the last five years, what do you consider major high points, or the most satisfying activities? Please include as many things and as much detail as you can." For example, subsequent questions include:

investigating potential low points, “paths not taken” questions (e.g. a possible alternative life path), and asking about potential regrets (see Appendix A for full list).

### **Activities**

Participants were asked what activities they participated in the previous day and how long they participated in each activity (e.g., TV, watching, volunteering, walking, completing chores, using the phone and/or computer, spending time alone, etc.). The questions in this section not only measure activities but the construct of experienced well-being. Participants were then asked how strong their feelings (happy, frustrated, interested, sad, content, bored, angry, enthusiastic, tired, and stressed) were during each activity they completed the previous day using a six-point scale with *0 = did not experience it at all to 6 = the feeling was extremely strong* (see Appendix A for an example).

### **Feelings and thoughts**

The final section of the questionnaire included components of three scales and used a six-point Likert Scale, *1 = Strongly disagree and 6 = Strongly agree*. Ryff and Heincke's (1983) Ego Integrity Scale, McAdams and de St. Aubin's (1992) Loyola Generativity Scale (LGS), and Lawton (1975) and Liang and Bollen's (1983) Attitudes Toward Own Aging Scale (ATOA) were all used in the last section of the survey. Sixteen questions were taken from the Ego Integrity Scale. For example; “In general, I would say I have few regrets about my past life.” (Ryff & Heincke, 1983). This current study uses 19 items from the Loyola Generativity Scale (e.g., I feel as though my contributions will exist after I die). Lastly, eight questions were used from the ATOA scale (e.g., “So far, I am satisfied with the way I am aging”). The ATOA scale is a subscale of the Philadelphia Geriatric Center Morale Scale developed by Lawton (1975).

The subscale is used to measure well-being in old age (Jung & Siedlecki, 2018). Jung and Siedlecki (2018) found good reliability with a 5-item ATOA subscale, Cronbach's  $\alpha = 0.75$ .

### **Optional phone interview**

Participants were given the opportunity to participate in an optional phone interview after the commencement of the mail/online questionnaire. Interviews were completed by Dr. Nicky Newton and her research assistants (including Jessica Miller) with all assistants trained to administer the phone interview protocol. Most of the phone interviews lasted approximately 25 minutes. The phone interview protocol started with a general statement about the purpose of the study (inquiring about the experience and any expectations of retirement) and requested permission to record the conversation. The phone interviews were structured and each researcher followed a detailed script. However, participants were given the opportunity to add information or clarify the meaning of questions.

There are three main sections of the phone interview questionnaire: retirement timing and reasons, daily activities and structure in retirement, and thinking about the future. The first section (retirement timing and reasons) looked at the participants' experience of the process of retirement. Participants were asked if they had a planned or unplanned retirement, what the reasons were for either, and what things the participant was or was not looking forward to in retirement. The second section (daily activities and structure in retirement), focused on the participants' daily activities, which may or may not have changed from pre-retirement. Participants were able to discuss their overall thoughts about retirement and share any advice they had for other individuals approaching the retirement age. Lastly, participants were asked to share their thoughts about the future (e.g., "Please describe your plans, dreams, and hopes for the

future. What do you hope to accomplish in the near and far future?”). These questions were adapted from McAdams' Life Story Interview (McAdams, 2001).

### **Future Time Perspective**

A qualitative codebook (Appendix B) was developed to access participants' future time perspective (FTP) across three domains: perceived future time extension (FTE), perceived future time opportunity (FTO), and perceived future time constraint (FTC). The codebook was developed by adopting FTP definitions from Rohr, John, Fung, and Lang (2017) and by reviewing participant answers to two questions in the phone interview protocol (*1. What do you see as the next chapter? Please describe what you see to be the next chapter in your life. What is going to come next? 2. Please describe your plans, dreams, and hopes for the future. What do you hope to accomplish in the near and far future?*) and determining which responses fell into one of the three FTP categories (FTE, FTO, and FTC).

FTE is proposed as an optimistic construal with the perception of life being related to chronological age, subjective age, and positivity in life. An example of FTE:

*“...health wise and you know, age wise, I'm very active, I'm out every day, and I have responsibilities all over the place and I feel I'll continue with that.”. (Woman, planned retirement)*

FTO construal is defined by the perception of what is still possible in one's life. For example one response was, “Well, um I'm not sure we're planning a trip to Ireland in 2018...”.

Finally, FTC is hallmarked by the awareness of roadblocks and a view that life is short (associated with negative affect). This construal is more negative than FTE and FTO. An example of FTC is, “...the older you get the more likely your health will fail, right, so I guess I've been trying to enjoy now...”

**Procedure**

Participants were recruited through various methods including but not limited to: advertisements in local newsletters, grassroots recruiting at local senior events, flyer displays at community centres, libraries, and local organizations. Participants were recruited for a larger project titled: *Canadians' Retirement Expectations and Experiences* which was spear-headed by Dr. Nicky Newton. First, participants were asked to complete an online or mail-in survey that took approximately an hour and a half. Participants were given a \$20.00 gift card for their time. Then, participants were asked to participate in an optional telephone interview.

**Future Time Perspective Coding Procedure**

A total of 113 participants completed the phone interview for a total of 225 responses to the future time perspective questions (two questions per participant with no response to one question from a single participant). A research assistant (undergraduate student at Wilfrid Laurier University) was trained to use the codebook (see Appendix B) to identify participant statements that fell into one of the three future time perspective categories (extension, opportunity, and constraint). Researchers each coded the first 23 participants' responses, 46 in total (two per participant), which equated to over 20% of the total responses. This was done to gather inter-rater reliability. Inter-rater reliability is computed by using  $2x$  agreement divided by  $\text{coder 1} + \text{coder 2}$  (Smith, et al., 1992). Inter-rater reliability for the 20% of responses equated to .98. Due to the high inter-rater reliability, the remainder of the participant responses was divided and each coder was assigned half of the responses to code separately. This coding procedure was developed to analyze and correlate to psychological well-being scores in the quantitative section of the study.

### **Qualitative Narrative Coding Procedure**

A research assistant was familiarized with the study design, research questions, interview protocols, and interview responses. Both the assistant and principal investigator read a sample of two randomly selected interview transcripts together to discuss potential themes, similarities, and differences. These served as practice opportunities and are not included as part of the final data. After the two sample interviews were discussed, a total of 20 telephone interview transcripts (five women with a planned retirement, five women with an unplanned retirement, five men with a planned retirement, and five men with an unplanned retirement) were randomly selected for the final analysis for this study. The research assistant and principal investigator both read five transcripts (25% of the final sample) in their entirety. This was an iterative process within and across transcripts (Boyatzis, 1998). The researchers employed the use of memoing (Creswell & Poth, 2018) to break the interview responses into meaningful parts (see also Birks et al., 2008). Memoing involves writing down key ideas and concepts that are crucial, important, or interesting information in the analysis of the data (Creswell & Poth, 2018). After memoing was completed, researchers described and interpreted the data to form themes. Inter-rater reliability between both researchers for finalized independent scoring of 25% was calculated at 100% agreement. After this high inter-rater reliability was determined, the principal investigator independently read the remaining three groups of transcripts (15 in total), identified common themes for each group, and developed a codebook for each group of transcripts.

Each of the four groups of transcripts garnered five to six themes. The principal investigator and the research assistant read one transcript from each of the four groups and coded independently using the qualitative codebook of themes (see Appendix C). Cohen's kappa statistic was used to calculate inter-rater reliability which calculates the percentage of agreement

among researchers with 1 being a perfect relationship and 0 being no relationship (McHugh, 2012). The researchers met and discussed each of the four coded transcripts (one from each group) to garner inter-rater reliability. Inter-rater reliability was determined to be adequate (.60 or higher, McHugh, 2012) and the principal investigator coded the remaining transcripts independently.

## **Results**

### **Quantitative Data**

#### ***Demographics of Participants***

Only the 124 participants who were retired at the time of the survey were included in the final quantitative dataset. As this research study is investigating factors associated with retirement the principal investigator decided that non-retired participants and those with a partial retirement should not be included.

There was a total of 124 retired participants, 85 women and 39 men, with an average age of 68.43 years old. The participants identified as White, 88.7%, Asian, 8.1%, Black, 0.8%, South Asian, 1.6%, and unspecified, 0.8%. Participants reported various levels of education with 52.4% receiving a graduate level education (13.7% high school education, 32.3% college education, and 1.6% other). Household income ranged from under 40k per year to 200-300k per year, with 12.9% of participant household incomes under 40k, 63.7% of incomes between 40-100k, 16.1% of incomes between 100-200k, and 2.4% of incomes between 200-300k. Of the 102 participants (74 women and 28 men) with data representing planned or an unplanned retirement, 72.97% of women reported a planned retirement (27.03% of women reported an unplanned retirement) while 75.9% of men reported a planned retirement (25.0% of men reported an unplanned retirement).



Most of the retirees reported being married at the time of the survey (61.8%). An additional 13% were divorced, 14.6% widowed, and a small percentage reported as never married, single, or living with a partner. Most participants had children (81.5%) and 54.8% had grandchildren. The majority of participants, 70.7%, reported as *very satisfied* with their family situation (28.5% *fairly satisfied* and 0.8% *not very satisfied*). Participants were heavily involved in volunteering; 84.7% reported volunteering in some capacity, with an average of 7.12 hours per week.

### ***Planned Analyses***

#### **1) What factors relate to positive psychological well-being during retirement?**

H1 Analysis: Mediation model in PROCESS in which psychological well-being is the dependent variable, role satisfaction is the independent variable, and participation in volunteering is the mediator.

H2 Analysis: Multiple regression analysis with psychological well-being as the dependent variable, self-report physical health and SES as the independent variable.

H3 Analysis: Mediation model in PROCESS in which psychological well-being is the dependent variable, an unplanned retirement is the independent variable, and financial stability is the mediator.

#### **2) What are the primary gender differences among the assessed variables post-retirement?**

H1 Analysis: 2 x 2 ANOVA analysis with the independent variable being a planned or unplanned retirement and men versus women and the dependent variable being psychological well-being scores.

H2 Analysis: One-way ANOVA analysis with level of education serving as the independent variable and self-report Likert scale of life satisfaction serving as the dependent variable.

### **3) How is future time perspective related to well-being?**

H1 Analysis: Analyzed using qualitative coding (see previously mentioned coding procedure) and further correlated with psychological well-being scores.

#### ***Preliminary Analyses***

Correlations were conducted to investigate the relationship between the three psychological well-being scales. The PANAS scale and the CES-D scale were significantly, negatively correlated ( $r = -.716, p < .01$ ), the PANAS scale and the SWLS scale were significantly correlated ( $r = .566, p < .01$ ), and the CES-D scale and the SWLS scale were significantly, negatively correlated ( $r = -.460, p < .01$ ). Results indicate moderate to strong convergent validity with CES-D scale measuring negative affect and the PANAS and SWLS measuring positive psychological well-being/affect which was expected based on the usage of these scales in previous research studies (see Lung & Siedlecki, 2018).

A Pearson correlation coefficient was conducted to understand the relationship between psychological well-being and family financial income. There was a moderate, positive correlation between the SWLS and family income,  $r(116) = .283, p = .002$  (see Table 3). Most of the participants reported family financial income between 40-100k (yearly family financial income was reported on a six-point scale with 1 = income under 40k, 2 = 40-100k, 3 = 100-200k, 4 = 200-300k, 5 = 300-400k, and 6 = yearly income over 400k;  $M = 2.08, SD = .635$ ).

A series of independent samples  $t$ -tests was conducted to identify the differences between retirees with planned and unplanned retirements on the following outcome measures: PANAS,

CES-D, SWLS, household income, and physical health. Retirees with planned retirements had statistically higher scores on PANAS ( $M = 4.17, SD = .394$ ), than those with unplanned retirements ( $M = 3.98, SD = .641$ ),  $t(98) = 1.793, p = .017$ , which indicates that people with planned retirements report higher levels of positive affect than those with unplanned retirements. Retirees with planned retirements also had statistically higher scores on SWLS ( $M = 5.760, SD = .713$ ) than those with unplanned retirements ( $M = 5.19, SD = 1.307$ ),  $t(98) = 2.763, p = <.001$ . Lastly, those with planned retirements had statistically higher household income ( $M = 2.21, SD = .645$ ) than those with unplanned retirements ( $M = 2.00, SD = 2.00$ ),  $t(95) = 1.420, p = .031$  (see Table 4).

### *Hypotheses*

**Research Question One, Hypothesis One.** It was hypothesized that greater satisfaction with family (e.g., with a spouse, with a child), would positively affect one's positive psychological well-being. Further, the greater the satisfaction with family was hypothesized to be a greater predictor of well-being scores than the quality of roles and volunteering was expected to mediate the relationship. Preliminary correlations revealed statistically significant findings between family satisfaction and all three psychological well-being scales. Family satisfaction positively correlated with PANAS and SWLS: as positive psychological well-being scores increased, family satisfaction increased, ( $r = .415, p < .001, r = .638, p < .001$ , respectively). Family satisfaction negatively correlated with CES-D,  $r = -.447, p < .001$ : as negative affect increased, family satisfaction decreased.

To investigate the mediation of volunteering on the relationship between psychological well-being (outcome variable) and family satisfaction (predictor variable), a simple mediation analysis was performed in PROCESS. PROCESS marco is a software addition to SPSS which

performs regression analyses by way of mediators, moderators, and covariates. The indirect effect of satisfaction with family (IV) on psychological well-being (PANAS) (DV) was not significant, [Effect = .0023, 95% CI (-.0592, .0429)], the indirect effect of satisfaction with family (IV) on psychological well-being (CES-D) (DV) was not significant, [Effect = -.0017, 95% CI (-.0376, .0474)], and the indirect effect of satisfaction with family (IV) on psychological well-being (SWLS) (DV) was not significant [Effect = -.0022, 95% CI (-.0514, .0634)] (see Figures 1a, 1b, and 1c, respectively). Also, paths *a* and *b* did not demonstrate significance in any of the three mediation models. Coupled with non-significant indirect effects, these mediation models are not supported.

**Research Question One, Hypothesis Two.** It was hypothesized that self-reported physical health and family financial income would correlate with psychological well-being scores (negatively correlate with PANAS and SWLS: as the well-being scores decrease, the poor physical health scores increase and as poor physical health and income increase, the CES-D scores (negative affect) increase which will positively correlate). Preliminary correlations indicated statistically significant correlations between the following: PANAS and physical health ( $r = -.450, p < .01$ ), SWLS and physical health, ( $r = -.390, p < .01$ ), CES-D and physical health ( $r = .334, p < .01$ ), and SWLS and family financial income ( $r = .283, p < .01$ ) (see Table 3).

The assumption that poor physical health and family financial income would correlate with psychological well-being (poor physical health negatively correlating with well-being and financial income positively correlating with well-being) was analyzed using three separate linear regressions. Linear regressions were chosen to analyze these relationships in order to examine how well-being is affected by physical health and family financial income. One of the three scales used to assess psychological well-being (PANAS, CES-D, & SWLS) was used as

dependent variables while physical health and family financial income were used as the independent variables. Results indicated significant findings for all three regressions.

The first analysis was statistically significant. Retirees' poor physical health negatively predicted psychological well-being scores on PANAS,  $F(2, 114) = 13.050, p < .001, R^2 = .186, R^{2adjusted} = .172$  ( $\beta = -.266, p < .001, 95\% \text{ CI} = [-.376, -.156]$ ) (see Table 6). Household income and psychological well-being were not positively correlated ( $\beta = .038, p = .557, 95\% \text{ CI} = [-.091, .168]$ ). For the second analysis, with the CES-D scale (high scores indicate high negative affect) as the dependent variable, participants' poor physical health was positively related to lower mean well-being scores,  $F(2, 113) = 8.131, p < .001, R^2 = .126, R^{2adjusted} = .110$  ( $\beta = .185, p < .001, 95\% \text{ CI} = [.088, .282]$ ). The relationship between the mean scores of the CES-D well-being scale and household income was not significantly related ( $\beta = -.027, p = .632, 95\% \text{ CI} = [-.139, .085]$ ). For the third analysis, both poor physical health ( $\beta = -.460, p < .001, 95\% \text{ CI} = [-.716, -.205]$ ) and household income ( $\beta = .392, p = .018, 95\% \text{ CI} = [.062, .661]$ ) were significantly related with satisfaction with life (SWLS scale as the dependent variable),  $F(2, 114) = 11.899, p < .001, R^2 = .173, R^{2adjusted} = .158$  (see Table 6).

**Research Question One, Hypothesis Three.** The mediation of financial stability was performed using psychological well-being (PANAS, CES-D, and SWLS) as the dependent variable and unplanned retirement as the independent variable using PROCESS in SPSS. It was hypothesized that financial stability would mediate the negative impact of an unplanned retirement on psychological well-being scores. Preliminary *t*-tests revealed statistical significance between SWLS and a planned/unplanned retirement,  $t(98) = 2.763, p < .001$  (SWLS and family financial income as previously reported,  $r = .283, p < .01$ ) (see Table 3).

Three separate mediation models were conducted with mean scores on each psychological well-being scale serving as the dependent variable with high mean scores on the PANAS scale indicating positive psychological well-being. High mean scores on CES-D indicated negative psychological well-being, and high mean scores on SWLS indicated positive psychological well-being. The indirect effect of an unplanned retirement (IV) on psychological well-being (PANAS) (DV) was not statistically significant [Effect = -.0098, 95% CI = (-.0466, .0198)]. The indirect effect of an unplanned retirement (IV) on psychological well-being (CES-D) (DV) was not statistically significant [Effect = .0028, 95% CI (-.0271, .0269)]. Lastly, the indirect effect of an unplanned retirement (IV) on psychological well-being (SWLS) (DV) was not statistically significant [Effect = -.0427, 95% CI = (-.1283, .0187)] (see Figures 2a, 2b, and 2c).

**Research Question Two, Hypothesis One.** It was hypothesized that men's psychological well-being scores would be lower than women's psychological well-being scores except for women with unplanned retirements. Women with planned retirements were expected to have the highest psychological well-being scores followed by men with planned retirements, men with unplanned retirements, and finally women with unplanned retirements. Three 2x2 ANOVAs were performed to analyze the effect of a planned/unplanned retirement and gender (independent variables) on mean scores of positive and negative psychological well-being scales (PANAS, CES-D, SWLS: dependent variables). The interaction between a planned/unplanned retirement and gender was not significant for any of the three analyses assessing psychological well-being (PANAS, CES-D, and SWLS).  $F(1, 96) = 1.747, p = .189, R^2 = .059, R^{2adjusted} = .030$ ,  $F(1, 95) = 1.313, p = .255, R^2 = .082, R^{2adjusted} = .053$ ,  $F(1, 96) = 3.850, p = .053, R^2 = .146, R^{2adjusted} = .120$ , respectively (see Table 5). However, simple main effects demonstrated that

gender was statistically related to both CES-D and SWLS ( $p = .005$ ,  $p = .006$ , respectively) such that men report higher levels of psychological well-being. Not only was the hypothesis not supported but the opposite effect was found with men reporting higher levels of well-being during retirement compared to women.

**Research Question Two, Hypothesis Two.** It was hypothesized that women with higher levels of education (four levels: high school, college/university, graduate school, and other) would report lower levels of life satisfaction (SWLS as the dependent variable) when compared to women with lower levels of education. The one-way ANOVA was not statistically significant. Life satisfaction did not differ as a function of women's level of education,  $F(3, 84) = 2.614$ ,  $p = .057$ . Given the small number of participants reporting "other" as their education level, this group was removed and a subsequent analysis was conducted comparing across the three levels of education which was also not statistically significant,  $F(2,83) = 1.711$ ,  $p = .187$ .

**Research Question Three, Hypothesis One.** It was hypothesized that retirees with optimistic views of the future would have higher psychological well-being scores as demonstrated with a correlational analysis, PANAS, CES-D, and SWLS and coded material from open-ended response. The telephone protocol included questions that target future time perspective (*1. What do you see as the next chapter? Please describe what you see to be the next chapter in your life. What is going to come next? 2. Please describe your plans, dreams, and hopes for the future. What do you hope to accomplish in the near and far future?*) and the responses were then coded and used as the independent variable.

The results indicated that most of the 112 retirees who participated in the telephone survey perceived their future inclusive of opportunities, with 47.29% of responses for the first question and 68.33% of responses for the second question coded as future time opportunity.

Future time extension garnered 27.11% of responses for the first question and 23.13% of responses for the second question while future time constraint category received 25.60% of responses for the first question and 8.54% of responses for the second question (see Table 1a for results). Correlations yielded a positive yet weak statistically significant correlation between responses coded for future time constraint (for the second question: *Please describe your plans, dreams, and hopes for the future. What do you hope to accomplish in the near and far future?*) and the CES-D scale,  $r = .207, p < .05$  which is as predicted as FTC measures future constraint and CES-D measures negative affect. The other FTP responses did not correlate with any of the three psychological well-being scales.

### ***Summary***

Retirees with planned retirements reported higher psychological well-being scores when compared to their counterparts with unplanned retirement, demonstrated by the significant t tests in the preliminary analyses. Retirees with planned retirements also demonstrate statistically higher family financial income which is related to their higher satisfaction with life scores. Correlations and linear regressions demonstrate significant relationships between physical health and psychological well-being outcomes. Lastly, a weak, positively significant correlation was found between retirees viewing their future as having constraints and their CES-D well-being scores.

The current data did not support hypotheses that predicted mediation of volunteering or financial income on psychological well-being scores nor did the data support hypotheses investigating gender differences. Participation in volunteering has long predicted high psychological well-being scores across numerous retirement studies therefore it was surprising that no significant differences were found except for the small correlation between PANAS and



volunteering. This may be a result of the participant pool being extremely active in other activities that allow similar benefits that volunteering would provide (i.e., social interaction). The main effects in the 2x2 ANOVA demonstrate significant gender differences on both CES-D and SWLS indicating that men report lower levels of negative affect and higher levels of life satisfaction compared to women in this study. This finding is noteworthy as previous literature and this current study both provide indication that the opposite is expected. This may be a reflection of diminishing gender differences systemically; numerous previous retirement literature demonstrated differences in men and women based on career, educational level, and satisfaction with family (e.g., marriage) (see Kim & Moen, 2002; Richardson & Kilty, 1991), however, that dynamic is shifting to be more balanced in today's society with both men and women holding numerous roles outside of their paid careers as well as women defining themselves through their careers.

### **Qualitative Data**

Qualitative methodology was utilized to explore the deeper processes that retirees face post-retirement. Analyzing participant disclosures of their own experiences of retirement, whether positive or negative, provides valuable data not available through quantitative methods. Questions in the interviews included both forced choice and open-ended prompts designed to encourage interviewees to reflect upon and share experiences relative to their retirement. For example, questions such as, "Was your retirement planned or unplanned?" provide a forced choice categorization. Responses to forced choice questions were analyzed to provide context to the quantitative portion of this study. The open-ended and elaborated prompts help build a deeper understanding of the experience of retirement. These responses were examined with a lens toward understanding more about the psychological well-being of retirees in relation to

gender, future time perspective, and retirement type (unplanned versus planned). They also provide key historical information about this group of retirees (i.e., the economic landscape in Canada).

The outcomes of the thematic analysis of the transcribed telephone interviews for each of the four categories of participants (i.e., women with planned retirements, women with unplanned retirements, men with planned retirements, and men with unplanned retirements) are reported below. The full summary of themes and descriptions is presented in Appendix C. Word counts, theme counts, and average theme counts are presented for each of the four groups of retirees (see Table 9). Quotes from participants are delineated with acronyms such as WP1 (i.e., the first woman participant with a planned retirement out of the group of five randomly chosen for data analysis).

### ***Women with Planned Retirements***

Six themes emerged when reviewing transcripts of women with planned retirements; *expectations of retirement* (e.g., worried about being bored, more enjoyment of activities), *post-retirement activities* (e.g., volunteering, traveling, going to the gym), *time* (e.g., management of time, more freedom and less structure of time), *interpersonal relationships* (e.g., social relationships), *planned retirements* (e.g., finances, resources to help plan), and *physical and mental health* (e.g., minimal mention of mental health versus physical health, participation in exercise activities).

Inter-rater reliability was calculated at .89, using Cohen's kappa statistic, which exceeds the adequate threshold of .60 (McHugh, 2012). With a total of 215 codes (described below) across the five transcripts and an average of 43 codes per transcript, the breakdown of average code per theme across all five transcripts was calculated to be: *expectations of retirement* with

7.4 codes, *post-retirement activities* with 7.8 codes, *time* with 9.6 codes, *interpersonal relationships* with 9.2 codes, *planned retirement* with 2.4 codes, and *physical and mental health* with 6.6 codes (see Table 7 and Table 8). The average word count for women with planned retirements was 3,061.4 words per transcript (see Table 9).

**Theme One: Expectations of Retirement.** Participants' responses were heavily focused on their ability to have more free time and less structure to allow the pursuit of activities in a more meaningful way (e.g., traveling, spending time with family) while also navigating the expectation of "boredom" during their retirement. One participant noted, "..., the sense that, you know, I could sit down and just read a good book without thinking 'oh, I should be reading, you know, a journal or periodical or catching up on other paperwork.'" (WP4). Another participant commented, "... I was apprehensive about people saying to me they're bored, which did not happen with me, but I wanted to, I was, you know I wanted to make sure I had lots to do which I have found I have." (WP3).

**Theme Two: Post-Retirement Activities.** Each participant in this group participated in at least two activities post-retirement including: going to the gym, quilting, attending lectures and theatre productions, riding motorcycles, traveling, writing, reading, and many more. While this group of individuals is active, many comment that being "busy" with different activities has provided more meaning in their activities post-retirement as they are able to enjoy them more without the pressures and demands of their full-time careers. One participant commented, "Uh, they're [activities] probably a little more meaningful [post-retirement], certainly, you know, the travel I get to see different things, spend time with my husband and my daughter..." (WP2). Another participant commented, "It's [traveling and doing other activities] a totally different thing, you don't have the pressures of your job on you and my job was long hours, so it gave me

the freedom to enjoy these things better, yes.” (WP3). Lastly, a participant detailed numerous activities she engages in, “...I do a fair bit of photography, um I do, I’ve scrapbooked at least two books for my grandchild and writing journals, um I plan to continue school...” (WP3). The importance of participation and engagement in activities is expressed by participants in order to avoid boredom and to stay socially connected and physically healthy.

**Theme Three: Time.** The theme of time was expressed in a variety of ways: time management, thinking about time, future thinking, the awareness that time pre-retirement felt rushed, limited, rigid, and quantifiable: and the acknowledgement that time during post-retirement is almost limitless, with the day not managed by a clock but rather by meaningful social interactions and activities. Participants mentioned the lack of a structured schedule post-retirement and referenced pre-retirement days as being rushed and managed by the clock. One participant commented, “Well what I say to people when they say, ‘How are you enjoying retirement?’, I say, ‘I don’t have to set my alarm for six thirty in the morning anymore’ other than that I’m busy all the time.” (WP5). One example that highlights the relief that comes with retirement: “Oh, sleeping in in the morning. And [laughs] I still enjoy that. Like you don’t have to be up at 6:30 so you can get, you know, your lunch made and breakfast, and be out the door by you know 7:30 or quarter to 8, and drive to work and it’s like now you can kind of get up at 8 or 8:30 and have your breakfast and sit and have another cup of coffee. And so that was always, that was one of the things, I don’t want like this rushing in the morning. So that was one thing I was looking forward to, not having to be a teacher [laughs].” (WP1).

**Theme Four: Interpersonal Relationships.** This theme which included family relationships (e.g., spouse, children, grandchildren) and social relationships such as friendships, provided the least amount of codable material. While each of the five women mention family in

some capacity (e.g., spouse, children), in comparison to other emerged themes, there is a noticeable absence of meaningful statements surrounding interpersonal relationships. That being said, the majority of the women do acknowledge the importance of maintaining social relationships in retirement while also noting that participating in activities provides an opportunity to meet new people and make social connections. For example, "..., I mean the socialization I recognize is important and so I just kind of looked at it as, you know, I'm going to have to find other ways to still be connected and be involved in things..." (WP2).

**Theme Five: Planned Retirements.** Even though each of the women in this group identified their retirements as planned, four out of the five women did not retire at the time that they originally planned to retire. For example, one participant stayed on two years longer than originally planned while another participant's employer advised her that her retirement would be earlier than expected. The only participant that retired when initially planned commented, "Uh, it was planned because I knew I had to leave my position at age 65, and so, uh, but as far, and, that was fine with me." (WP3). This same participant also commented, "...if I could have stayed on I might have stayed longer".

**Theme Six: Physical and Mental Health.** This group of women were proactive in their approach to their physical health which is evident by their participation in physical activity. Most of these women discussed physical activity as a proactive solution in the prevention of decline that comes with age. For example, "So I guess it's maintaining my health now because the next stage I'm going to have bad health and it's not gonna be so much fun." (WP1).

Each of the five women commented about the importance of physical activity in some capacity. For example, many women participated in physical activities programs such as Tai Chi while others went to the gym numerous times per week. One woman commented, "[I] go to the

gym 4-5 times a week, and you know, spend probably more time there than I need to because it becomes a bit of a social hour as well..." (WP2).

Participants commented about the importance of social connectivity and keeping their "minds active". Women with planned retirements discussed stress they experienced, "dealing with grief", and feelings of "burnout" when reminiscing about their previous experience in their work life.

**Summary.** Compared to other themes that emerged for this group, the theme of *time* was coded most frequently, with an average of 9.6 codes per transcript (see Table 7a). *Time* was expressed in various ways and can be related to two other themes: expectations of retirement and post-retirement activities. The availability of time allowed this group of women to find more meaning in the activities without the pressures of their work life schedule. In this way, expectations and worries of boredom were lifted when confronted with the reality of retirement. There is convergence between post-retirement activities and various other themes. For instance, women in this group note the importance of physical health with the participation in activities geared toward preventative healthcare (e.g., going to the gym). The convergence of activities and interpersonal relationships is also demonstrated by this group of women, with a clear indication that it is beneficial to participate in activities with friends. Overall, this group of participants reported being quite busy between various activities (including physical and social) and found more meaning in daily schedule of activities compared to their pre-retirement schedule.

### ***Women with Unplanned Retirements***

Six themes emerged when reviewing transcripts of women with unplanned retirements: *change in life structure* (e.g., differences in daily life and overall life pre- and post- retirement),

*post-retirement activities* (e.g., continuing education course, art, attending musical performances), *future perspective* (e.g., outlook on future plans), *community engagement* (e.g., caring for the community, organizing community events), *interpersonal relationships* (e.g., the importance of family and friends), and *physical and mental health* (e.g., physical health in reference to the self and/or others).

Inter-rater reliability was calculated at .879. A total of 207 codes were found across the five transcripts with an average code count of 41.4 codes per transcript (see Table 7 and Table 8). The *change in life structure* theme had an average of 4.4 codes per transcript, *post-retirement activities* had an average of 9.4 codes per transcript, *future perspective* had an average of 5.6 codes per transcript, *community engagement* had an average of 4.4 codes per transcript, *interpersonal relationships* had an average of 6.8 codes per transcript, and *physical and mental health* had 11.2 codes per transcript. Lastly, the average word count per transcript was 3,229.4 words (see Table 9).

**Theme One: Change in Life Structure.** This theme highlights the differences in the daily and overall structure of life pre- and post-retirement for women with unplanned retirements. For example, “It’s very hard to structure, because it’s not- it’s not as planned or as structured as what I had wanted it...” (WUP1). For some women, a change in life structure meant relocating or downsizing to a smaller house/apartment. For others it meant a change in daily life structure with the participation in various activities or even an unplanned retirement precipitated by physical limitations. One woman discloses, “I decided all I could do was take early retirement, so it was not only unplanned, I loved what I was doing, it was unplanned and undesired” (WUP5).

**Theme Two: Post-Retirement Activities.** The participation in activities was the second

most coded theme for this group of women with many participants citing engagement in physical activities such as walking and pickle ball. Other activities included: writing, attending performances such as theatre, playing cards, continuing education lectures, and traveling.

**Theme Three: Future Perspective.** One participant (WUP3) noted, "...in the near future looking forward to meeting and hosting some of the students who are already booked with me for the summer." Later, this participant stated, "...when I say long terms I'm thinking 2, 3, 4, 5 years ahead of time, I can't really think of what my life will be like then, it's always contingent on maintaining, you know, good health, being mobile...". These quotes represent the future perspective theme for this group of participants well; future perspective consists of the near rather than the distant future. This is also supported with, "...you just really grow to appreciate your friends more and you know that time is shorter." (WUP4).

**Theme Four: Community Engagement.** The theme of community engagement only emerged for this group of participants. Where other groups provided acknowledgement of activities such as volunteering, this group of retirees went a step further to explain the reason for their specific engagement. For example, women with unplanned retirements acknowledged the importance of community interaction with altruistic and personal fulfillment motives. Coded responses varied from, "I can't stress too highly, the value of volunteer work, for anybody but particularly somebody who's found that they now have 35 to 40 hours a week on empty, giving yourself, giving your time to help other people is really rewarding (WUP3)" to "...we've been lobbying them to include more activities at night, they would get the younger crowd, because um, I can see you know people like, 75 and 80, a lot of them don't want to go out at night, because of their eye-sight and night blindness..." (WUP2).

**Theme Five: Interpersonal Relationships.** This theme referenced friendships and



social relationships. The importance of maintaining friendships and staying socially active was mentioned numerous times across transcripts. "...so there's been enrichment in terms of numbers and depths of friendships..." (WUP3). Two participants disclosed the loss of a spouse and the difficulties associated with the loss while other participants referenced their desire to spend time with their children and grandchildren.

**Theme Six: Physical and Mental Health.** The average code count was highest for this theme with 22 codes in one participant transcript alone (see Table 7). Four of the five women had unplanned retirements due to health reasons (three due to personal health and one due to a spouse's health) while one woman's retirement was due to a company debt issue with an offered buy-out program. Some women took short-term disability in the hope that going back to work was inevitable while other women succumbed to the fact that their retirement was imminent. One participant with an unplanned retirement due to physical limitations referenced her career as, "I loved (work) and I think that is important for your information, I loved, I'm not a person who sits still, in that I loved being active, I loved making a difference, and I loved being in charge." (WUP5). Another participant commented, "I would probably say health issues, because to be honest, I still, in my plan, was to still probably do another 2 years of work. (WUP1). "My expectations of retirement were low, were terrible because I got most of my satisfaction from working, everything surrounded that." (WUP5).

Some participants shared their belief in the importance of keeping the "brain healthy" while others emphasized participation in physical activities to maintain physical health (e.g., pickleball, biking, etc.). One participant commented, "...staying healthy as you can, so, doing anything along that um, physical, nutritional, uh, um, emotional well-being..." (WUP1).

**Summary.** This is the only group of retirees that emerged with a *community engagement*

theme. They expressed the importance of community involvement via volunteering which coincides with their post-retirement activities: numerous participants identified volunteering as an activity. Activities also centred around traveling, seeing friends and family, and physical activities such as pickleball, with many themes overlapping.

The most coded theme for this group was physical and mental health, with four of the five women identifying physical health symptoms as the reasoning for their unplanned retirement. In contrast to women with planned retirements, women with unplanned retirements identified the change in life structure as a challenge, noting physical limitations and lack of congruency between their expectation of retirement and the reality of retirement. Examination of this group suggests that physical limitations constrained future perspective in some ways, but the participants still advocated for physical activity as a preventative measure to physiological aging.

### ***Men with Planned Retirements***

Five themes emerged for men with planned retirements: *schedule* (e.g., scheduling differences pre- and post- retirement), *mental health* (e.g., stress of career, burn out), *time* (e.g., no longer on a timed schedule), *retirement planning* (e.g., employer led workshops), and *post-retirement activities* (e.g., art, travel).

Inter-rater reliability was very good at .863. The average word count was 2,410 words per transcript (see Table 9) with the average code counts across the five men with planned retirements as follows: *schedule* with 3.8 codes, *mental health* with 3 codes, *time* with 2.8 codes, *retirement planning* with 2.4 codes, and *post-retirement activities* with 6.2 codes (see Table 7 and Table 8).

**Theme One: Schedule.** Many of the men with planned retirements commented on the difference between their schedule pre-retirement compared to post-retirement. For instance,

MP2 stated: “And I could never do that [having the ability to do activities] when I had a job because you can’t schedule, they happen and you gotta get down there so there’s things that I don’t, that I can do without having to worry about scheduled job preventing me from doing it.”

Additionally, a statement by MP3, which was double coded as *schedule* and *time*, disclosed:

“...as long as I can remember since being 4 or 5 years old, until I was, what, 54 years old, so close to 50 years, I had been responding to a bell. Um, bell to start school, 45 minutes later bell for the next class, and so-on. And it was regimented um, um, sort of have to do this, have to do that, kind of existence, and so in retirement I was looking forward to uh, freedom of choice, uh freedom from some kind of the bell, freedom from that kind of structure.”

**Theme Two: Mental Health.** This group of retirees discussed mental health in a variety of ways: burn-out, stress, PTSD, and the importance of mental health. MP2 stated, “I know for my own good mental health it’s a good idea to have a lot of social engagements...”. While MP3 disclosed, “I worked with, I was describing physical symptoms I experienced after teaching, and for years later I just, I couldn’t get over the anxiety and this kind of thing, and he said, yeah, that’s PTSD.” Four out of the five men in this group mentioned “burn-out” in reference to their career and the relief that came with retirement.

**Theme Three: Time.** The function of time was twofold for this group of retirees: the literal reference of time, “So, but, I’m usually, it’s usually no later than 9 o’clock, I’m functioning sometimes as early as 7” (MP1) and double coded answers with reference to scheduling and mental health, “On Friday, uh, at 2 o’clock in the afternoon, uh, the wife and I jumped in the car, we’re on the East side of Waterloo and we drove to the West side of Waterloo to the Costco, and I remember remarking to her, this is the first time I’ve ever at 2 o’clock in the afternoon jumped in my car and gone to Costco. Because otherwise you’ve gotta fit in at lunch

time, after work, in the evening, uh, so that was a major, major, well major mental thing.” (MP4).

**Theme Four: Retirement Planning.** This group of retirees referenced retirement planning workshops held by employers and years of personal financial planning. A retired teacher disclosed, “And it was uh, so very much planned, and we also have um, retirement planning sessions that teachers go to, and I went to several of them in anticipation of the date.” (MP3). While another retiree stated, "...so effectively I spent five years tracking my costs, exactly what, you know, what my costs would be, and then given that I knew my costs then I looked at coming up with, how am I going to fund those costs in retirement...” (MP2).

**Theme Five: Post-Retirement Activities.** Post-retirement activities provided the most amount of material to code compared to the other four themes that emerged. This group of retirees was active in a variety of ways which included: travelling, art, canoeing, curling, reading, cooking, and volunteering. For example, “I’ve already signed up and auditioned for another play...” (MP1).

**Summary.** Noticeably different from the women in this study, this group of men (and men with unplanned retirements) produced five themes compared to both groups of women who produced six themes each. Men with planned retirements provided shorter answers to questions, as shown in their lower word counts (see Table 4). Also, noticeably different, men with planned retirements were the only group of retirees that emerged with the theme of *mental health* (other groups emerged with a combination theme of *physical and mental health*). The last major difference between this group of retirees and the other three groups is the lack of interpersonal relationship theme: *interpersonal relationships* and *family* emerged as a theme for women with planned retirements, women with unplanned retirements, and men with unplanned retirements.

Most themes were interrelated and some even coded as more than one theme (i.e., some responses coded as *mental health* and *time*). *Time, schedule, mental health, and post-retirement activities*, demonstrate this interconnection. For example, retirees noted the difference in *schedule* pre- and post-retirement and its relation to the availability of *time* to participate in *post-retirement activities*. Involvement in activities was the most coded theme; each participant revealed a detailed list of their various commitments from reading/writing to physical pursuits such as golf.

Participants described retirement planning workshops which included financial planning. Some of the men in this group disclosed their profession as a teacher which allotted them the ability to retain a pension and a defined time/date of retirement. All of these retirees retired as they initially planned.

### ***Men with Unplanned Retirements***

*Time and future perspective* (e.g., future time perspective is limited, focused on the present), *physical and mental health* (e.g., worried about physical and mental health, going to the gym, mental burnout), *family* (e.g., wife and children), *post-retirement activities* (e.g., volunteering, cycling, skiing), and *retirement* (e.g., rationalization of an unplanned retirement, expectations of retirement) were the five themes that emerged for men with unplanned retirements.

Inter-rater reliability was very good at .882. On average there were 1,606.2 words per transcript with an average code count of 17.6 per transcript (see Table 9). The *time and future perspective* and *physical and mental health* themes both had an average of 3.6 codes per transcript, *family* had an average of 2.8, *post-retirement activities* had an average of 5 codes, and *retirement* had an average of 2.6 codes per transcript (see Table 7 and Table 8).

**Theme One: Time and Future Perspective.** Mention of time was often presented in pre- and post-retirement descriptions. For instance, MUP5 stated, "...pursue them [goals] because, you probably didn't get to do very much when you were working, but you got the time [now] so you can." While MUP3 stated, "...where you were sort of expected to be there [work] around 24/7, but now I control my own time" and "...I've got more time but I don't have enough time, so it's sort of a little confusing in that respect, when you consider your work time you were up to 12 hours a day, plus, and now you don't, and I still don't have enough time...". This group of retirees was limited in their optimistic future time perspective codes. Rather, they viewed future time as limited and constrained evidenced by, "... a lot of travel plans, and uh, and some volunteer plans, and uh, and uh, just exploring our world is, is, as much as we can, while we can." (MUP2).

**Theme Two: Physical and Mental Health.** Codes for this theme comprised of references to proactive physical activity (i.e., going to the gym) and the acknowledgement of chronological age being the catalyst of physical decline which is corroborated by, "Well, um, hopefully we'll stay healthy is the main thing. Because that can be the real determinate factor at this age, that, uh, uh, fortunately we both are health at this point..." (MUP2). A small portion of coded material referred to the psychological burn out associated with being employed. MUP3 stated, "Uh, the burn out factor, and the worried about health factor. The burn out factor leading to the health factor."

**Theme Three: Family.** This theme provided the least amount of codable material (2.8 codes per transcript). Four of the five retirees in this group mentioned their wife and/or children with zero family codes for one retiree. One participant referenced his desire to spend more time with his wife, "...spending more time with my family, especially my wife, was a prime

motivator [for retirement]...” (MUP2). Another retiree stated, “...making sure that my two kids that they're alright and that whatever help that I can do for them to make sure they are transitioned through their life...” (MUP1).

**Theme Four: Post-Retirement Activities.** There was an average of five codes per transcript, the most codable theme for this group of retirees. Retirees remain active in their retirement and suggested that they participate in an abundance of activities which included: volunteering, cycling, building boats, rowing, golf, playing musical instruments, and traveling. MUP3 stated, “I play music, and I write for a couple of magazines in the United States that are music related.”

**Theme Five: Process of Retirement.** The theme of retirement was expressed in numerous ways including: rationalization of an “unplanned retirement” (i.e., accepting an unexpected retirement package due to company downsizing, etc.), control of retirement circumstances (i.e., post-retirement retiree expressed feelings of freedom), expectations of retirement pre- and post-retirement, and the planning involved in preparing for retirement. Two statements from participants that provide a clear depiction of this theme: “And I was at that point [downsizing at work] not quite 65, and uh, the retirement, or the package that they were handing everybody was so nice that we decided rather than waste it looking for another job, uh, my age, and uh, I just wanted to go ahead and retire, and enjoy ourselves.” (MUP5) and “When I worked I did a lot of retirement counselling, and uh, I used to provide retirement sessions 10 years ahead to get people talking about it...” (MUP3). Men with unplanned retirements disclosed aspects of their rationalization of an unplanned retirement, their advice for those approaching retirement, and the dichotomy between pre- and post-retirement schedule.

**Summary.** As with the other three groups, post-retirement activities emerged as a theme

with participation of both physical and non-physical activities, with the physical activities interrelated to their responses about physical health issues due to chronological age.

Men in this group were similar to women with unplanned retirements in that both discussed time and future perspective in the near versus distant future. However, unlike the women with unplanned retirements, the men with unplanned retirements were not pushed into retirement due to physical limitations but rather a host of other reasons such as company lay-offs.

### **Discussion**

This research study focused on creating a deeper understanding of the psychological well-being of older adult retirees living in Canada by using a mixed methods approach that is novel in retirement study literature. The deep exploration of retirees' individual differences coupled with their quantitative responses provides a contextually different viewpoint than previous studies and the deep qualitative thematic analysis is novel to retirement study literature. Although, many of the quantitative hypotheses were ultimately not supported, the qualitative analyses provide rich detail of the evaluations that are involved during retirement. The results in this study highlight the convergence of the mixed methods approach.

The quantitative data demonstrated that this group of retirees report high levels of psychological well-being with low levels of negative affect. This group of retirees did not differ significantly on many factors that were hypothesized: the mediation of financial stability on psychological well-being for retirees with an unplanned retirement, the effect of gender differences and unplanned retirements on psychological well-being, and women's education level and the relationship with psychological well-being. However, statistically significant findings support the following: small, significant correlations between volunteering and psychological well-being, physical health predicting psychological well-being (see Table 3),



individuals with planned retirements faring better in their psychological well-being and their family financial income, correlations and regressions supported the relationship and effect of physical health on retirees' psychological well-being, and a significant, weak positive correlation between future time constraint perspective and negative affect (CES-D). Additionally, physical health and planned retirements demonstrate their impact on psychological well-being during retirement.

Lastly, the significant differences between gender and two psychological well-being scales (CES-D and SWLS) demonstrate that men are faring better psychologically during their retirement when compared to women. It is possible that women fare less well due to the ongoing demands and responsibilities they experience. For example, women, more so than men, may have continued responsibilities (i.e., maintain the household, raising children, etc.) as well as additional responsibilities (assisting in care of grandchildren, etc.) in their retirement. These responsibilities may continue to be stressful and restrictive. Gender differences in well-being was an unanticipated but important outcome that indicates the need for future research on gender differences in retirement to understand why men and women fare differently in retirement. An alternative explanation: men faring better in this study may point to the difference that men experienced pre- versus post-retirement (i.e., they were happier once they retired which was expressed through qualitative measures) rather than women faring less well comparatively.

The qualitative data provided deep insight into the processes of retirement, daily life, the perception of time/future time perspective, and proactive physical and mental healthcare.

Amabile (2019) makes an undeniable claim: there needs to be more qualitative research investigating the constructs of a "good" retirement. Like much of the previously mentioned retirement study literature, Amabile (2019) recognizes the weight that good health and financial

security has on the outcome of retirement and gives credit to decades worth of valuable quantitative data while simultaneously calling for a deeper understanding of the retirees' psychological processes during retirement. "Qualitative analysis of such stories [retirement transition] can serve two important goals: inductively generating new theory and solving puzzles or filling gaps that the quantitative literature has exposed." (Amabile, 2019, p. 208). This current study does just that: fills in the quantitative literature gap. One of the major gaps in retirement study literature (and quantitative retirement data in general) is the lack of open dialogue surrounding mental health topics, unplanned retirements, participation in activities, and time perspective.

Qualitatively, the group of twenty retirees in this study were more similar than dissimilar (see Table 10 for a theme comparison across retiree groups). Each group had themes regarding mental health (three groups with a combined theme of physical health), activities, a combination of time and/or future perspective, and a combination of family/interpersonal relationships. Other themes included: expectations of retirement, planned retirement, change in life structure, community engagement, schedule, and retirement (retirees' disclosures of the noticeable differences during this time in their life marked precisely by the timing of retirement).

### **Mental Health and Physical Health**

There is a gap in the current retirement study data investigating mental health of retirees using qualitative measures. In the current study, participants were not asked directly about mental health though, it did emerge as a theme for each of the four groups. For men with planned retirements, *mental health* emerged as a singular categorical theme, (whereas the other three groups combined mental and physical health because of the expression of the two concepts combined and/or because of the amount of codable material).

The group of men with planned retirements referenced the negative impact working had on mental health, with many disclosures of mental burn out, stress, and PTSD. The men in this group claimed their mental health concerns were alleviated once they transitioned into their retirement role. "...[the last five years of work] were really kind of, burning me out, so I, the stress of it, started, was a weight and you know, I uh, I decided that you know, I wanted to relieve myself of that stress and uh, I didn't want to die working, let's put it that way." (MP2). Kim and Moen (2002) indicate there may be relief associated with retirement which they attribute to career role strain. This is corroborated by Wang and colleagues (2011) who suggest that the role transition into retirement can provide the individual with more energy for other roles (i.e., community member, family member, etc.). Lastly, Vandewater et al., (1997) place emphasis on role quality. This group of retirees demonstrated that when they were relieved of their role strain (i.e., work), their role quality increased post-retirement; this may indicate that retirement contributed to their high psychological well-being. From vast literature reviews of retirement, this study is the first to qualitatively identify retirees' thoughts of role strain and relief post-retirement (not just speculation with quantitative measures). The current study's qualitative results make it apparent that a large number of retirees indicate a relief of their hectic work life and excitement for their newfound freedom to engage socially and participate in activities. This is also corroborated with Henning and colleagues (2016) meta-analysis: retirement does not negatively impact well-being. The current study supports that retirees are cognizant of the importance of mental health, the differences in mental health pre- and post-retirement, and are proactive about activities that may promote positive psychological well-being during retirement.

The impact of physical health was significantly demonstrated by both the quantitative and qualitative results. Physical health significantly predicted psychological well-being and low

negative affect with all three well-being measures (PANAS, CES-D, & SWLS). *Mental health and physical health* emerged as a theme across three groups of retirees (women with planned and unplanned retirements, and men with unplanned retirements). Retirees across the three groups state the importance of physical health in the prevention of future health ailments.

As previously mentioned, three of the four groups of retirees emerged with a *physical health* theme (in conjunction with *mental health*). Women with planned retirements were heavily focused on sustaining their physical health when asked about the next chapter of their life which is substantiated by, "...I guess I see the importance of keeping my health because that's the way I can do things that I want because the next chapter after that would be, oh, need a cane to walk, and well, you know, I can't drive tonight because I'm afraid to drive, like I'm not afraid to drive right now, but the older you get the more afraid you are to drive or something and you couldn't get out or so, so, I guess it's maintaining my health now because the next stage I'm going to have bad health and it's not gonna be as much fun." (WP1).

Not only do women with planned retirements suggest legitimate concerns about their future physical self, but each man with a planned or unplanned retirement acknowledged the importance of preventative physical activity as noted by MUP4, "I can see some of the systems uh [laughs] giving the signals that uh, they have a voice that they want to offer. Uh, so, that old mortality thing, and more change, those are all, but I'm a stubborn bugger, and I want to be as much in control and dependent as I can."

## **Gender**

Vandewater and colleagues' (1997) findings of the importance of role quality (i.e., satisfaction with said role) for women's well-being coincide with the qualitative results of the current study. Both groups of women emerged with an *interpersonal relationships* theme (while

neither group of men emerged with this theme), suggesting women may place more importance on their interpersonal relationships than men during retirement. Women across both qualitative groups (i.e., planned and unplanned) openly discussed their relationships with children, grandchildren, and their spouse and the importance of maintaining social relationships during retirement. Spending more time with family during retirement was deemed important to these women, with an emphasis on “quality” time with a spouse, child, or grandchildren (i.e., leisurely activities, baking with grandchildren, traveling, etc.).

However, Richardson and Kilty's (1991) findings that particular groups of women were negatively impacted by retirement because of the discrepancy between their work life and post-work life were not supported with the current dataset. In fact, quite the opposite was found within this study; women's transitions to retirement appear to be filled with activities, family time, and looking towards the future. When examining the two groups of women (i.e., planned versus unplanned), the only meaningful difference to emerge was that women with unplanned retirements identified the change in life structure post-retirement as challenging in relation to their “forced” retirement. In other words, these women found the lack of a planned structure after retirement to require an adjustment.

Conversely, Kim and Moen's (2002) findings that men who completed the transition to retirement express higher levels of depressive symptoms in comparison to men transitioning into retirement were also not supported with the current study. Although the current study cannot speculate on comparing these two groups of men, it does demonstrate high levels of positive psychological well-being and low levels of negative affect. This may indicate that in the roughly 20 years between the Kim and Moen (2002) study and the current study, a shift occurred for men

in particular: retirement became a time in older adulthood marked with resilience and positive well-being.

The convergence of the genders revealed differences in their psychological well-being with men faring better during retirement which was corroborated by Kubicek and colleagues' (2011) findings that women reported symptoms of depression more frequently when compared to their male counterparts. Differences on psychological well-being scores have been mixed throughout the last few decades but perhaps there is a shift is due to the changing climate of careers for women over the last few decades and the demands of both income-based work and household demands. It is imperative to further investigate these gender differences with qualitative methods.

### **Post-Retirement Activities**

Atchley's continuity theory (1982) suggests an optimum level of continuity in one's life provides consistency throughout life transitions; the current study's qualitative data supports this claim. When retirees were asked about differences in the activities they currently participate in compared to pre-retirement, most retirees' indicated they participate in similar activities plus additional ones. Post-retirement activities emerged as a theme for each of the four groups of retirees. Participants engaged in 49 different types of activities with a total of 142 codes across the four groups (e.g., curling, art, travelling, volunteering, golf, pickleball, theatre, walking, motorcycling, cooking, gardening, etc.).

Many of the retirees indicated in their qualitative responses they felt both a sense of relief and surprise that pre-retirement activities can be enjoyed more freely with less stress about other life commitments (i.e., fitting "fun" activities" into an already busy work life balance). It is evident that the continuation of similar types of activities pre- and post-retirement is beneficial

for the retiree as they are able to spend more time participating and engaging in meaningful ways.

### **Volunteering**

The extensive literature highlighting the correlations to between volunteering and well-being (see: Pilkington, et al., 2012; Hao, 2008; Tang, et al., 2010; Wheeler et al., 1998) was partially supported by the current data. Small significant correlations were found between PANAS and SWLS mean scores and the participation in volunteering. Volunteering did not emerge as a theme for any of the participant groups in the qualitative data. However, some retirees mentioned participation in volunteering and the majority of retirees' quantitative responses in this study did indicate participation in volunteering.

### **Timing of Retirement**

Although the data on physical health did not demonstrate a negative impact on an unplanned retirees' psychological health in specific (when compared to those with planned retirements), preliminary analyses do demonstrate differences between retirees with planned and unplanned retirements. The analyses in the current study support this, highlighting significant differences between those with a planned retirement in comparison to an unplanned retirement on both the PANAS and SWLS, and family financial income.

Although there are statistically significant differences between these two groups of retirees per the quantitative results, the thematic analysis of the qualitative data demonstrated more similarities than differences that emerged in the retirees' expression of their feelings about retirement, well-being, and their thoughts on time and future perspective.

None of the five men with unplanned retirements left their careers for physical health reasons (downsizing of company, severance package/sick family member, dissatisfaction with

work conditions, burn out, termination). One participant stated, “um, it was unplanned, but I was ready to do it.” With a follow-up coded (*retirement*) statement of, “And, I was at the point not quite 65 and uh, the retirement, or the package that they were handing everybody was so nice that we decided rather than waste it looking for another job at uh, my age, and uh, I just wanted to go ahead and retire, and enjoy ourselves.” (MUP5). In fact, there are no glaringly obvious differences in themes that emerged for men with planned retirements versus men with unplanned retirements except for *schedule* theme for men with planned retirements, *family* theme for men with unplanned retirements, and the difference of *mental health* (planned retirement) and *physical and mental health* (unplanned retirements). Both groups emerged with the following themes: *activities*, *mental health/mental/physical health*, *retirement/retirement planning*, *time/future time perspective*. Even average code counts were similar between both groups of men in their retirements: 18.2 average codes per transcript for men with planned retirements and 17.6 average codes per transcript for men with unplanned retirements. The theme of *post-retirement activities* was the highest for both groups of men.

Three of the five women with unplanned retirements were pushed into retirement due to physical health concerns (the other two retired due to a sick family member and changing work environment, respectively). One of the three women stated, “Um, health issues. Um, even though I am old enough to retire, um, it was not my plan to do this, I, uh, planned back when I was head of HR and I had my own HR consulting business, my plan when I was going to retire was to do a little bit of consulting work and to do volunteer work.” (WUP1). WUP2 added, “So I qualified along with um, a few, but not too many others, and so all of a sudden it was, oh my goodness, I can do this (retirement)...it was a gift.”. Both women with planned and unplanned retirements emerged with similar themes, *activities*, *physical/mental health*, and *interpersonal*



*relationships* were found across all participants. Similar average code counts across transcripts were found; 43 codes for women with planned retirements and 41.4 codes for women with unplanned retirements. Both groups of women indicated heavy involvement in post-retirement activities and discussed physical and mental health openly and in-depth. Interpersonal relationships were coded frequently across both groups of women.

It was hypothesized based on other retirement study literature that significant differences would be found between participants with planned and unplanned retirements, especially the reasons for an unplanned retirement (i.e., physical health implications). With most literature on this aspect of retirement published almost twenty years ago, it is evident from this current study that the differences between these two types of retirees have diminished significantly. This finding leads to speculation that retirees today are better equipped to psychologically manage an unplanned retirement.

In general, there was a very small amount of codable material that pertained to the participants' unplanned retirement; most participants in this group acknowledged the reasons for their forced retirement with little discussion afterwards. It is theorized that retirees with unplanned retirements were able to adjust to their circumstances with outside supports (i.e., participation in activities, socialization with friends and family, etc.) and/or having identified financial stability despite not having a planned retirement. In contrast, participants with planned retirements openly discussed the steps they themselves and their employer took to prepare for retirement (i.e., financial planning, employer led workshops).

The terms "planned" and "unplanned" may need further definition going forward. As part of the study design, it was expected that a "planned retirement" meant that the retiree knew when they were going to retire and had a certain amount of control the specifics (i.e., financials,

timing, etc.). An “unplanned retirement”, on the other hand would reflect an unanticipated retirement (there may have been some planning at some point but these plans were not able to be fulfilled). Anecdotal evidence observed in the present study suggests that some participants may have interpreted these terms differently. For example, some participants noted in their qualitative responses that indeed their retirement was “unplanned” but that they had come to terms and adjusted their life accordingly.

There needs to be further investigation of the operational definitions of “planned” and “unplanned” retirements as a retiree can identify one way but express their outcomes differently from retirees in the same group depending on financial stability, family support, etc. For example, an “unplanned” retiree may find they have the same financial outcome they would have if their retirement was “planned”, or an “unplanned” retiree may rationalize their type of retirement because of family emotional support. These possibilities suggest further clarification in instructions may be necessary in further research.

### **Future Time Perspective**

Future perspective and time were revealed as important to each retiree in this study. Time emerged as a theme for women with planned retirements and men with planned retirements whereas time/future perspective emerged as a theme for their counterparts with unplanned retirements. Coupled with the quantitative data revealing high percentages of future time orientation of opportunists, it is apparent retirees think and plan about their future in numerous capacities. Surprisingly the qualitative coding of the FTP responses did not garner significant results between the FTE and FTO and PANAS and SWLS. However, the finding that FTC and CES-D are positively correlated was not a surprise, as those with more pessimistic views of the future reported lower affect.

## Retirement Planning

The theme of retirement planning emerged for both women and men with planned retirements. Both groups indicated financial planning and employer led workshops. Four of the five men with planned retirements and five of the five of the women with planned retirements had codable material that clearly defined how their retirements were planned. Many women noted a definable timeline of events leading up to retirement. One stated, "So about a year ahead I think I knew about- I think I pretty much knew when, anyway so I went to the retirement, I think there was two of them [workshop]- I went to one that was more, um, financial...and then there was one that was more about lifestyle....and make sure you have some interests and stuff like that (WP1)". A male retiree commented, "...I started to plan for retirement probably twenty years ago... (MP2)". Men with unplanned retirements also emerged with a similar theme as retirement planning but more so a general theme of *retirement* which was indicative of thinking about and planning in some capacity for the transition to retirement. When asked about their overall thoughts about retirement, MUP1 stated, "Uh good, I've been able to do things that I've put off doing and do things because I want to now instead of having to do them". Other retirees in this group indicate severance packages and the ability to have more free time to participate in activities. Men with unplanned retirements expressed positive aspects of retirement, even considering they did not "plan" their retirement. Conversely, women with unplanned retirements did not mention retirement planning enough to emerge as a theme which may be explained by the fact that three of the five women were forced into retirement due to physical illnesses.

Participants were asked, *did your expectations of what retirement might be like match what it was like in reality?* None of the men with unplanned retirements answered with an

unequivocal “no”. Four of the men answered with some form of “yes”, indicating that their expectations of retirement did indeed match their reality and one reported no expectations to compare to. Interestingly, men with planned retirements responded in similar ways (four indicated expectations were met and one responded with a firm “no”) but were more inclined to disclose hardships associated with retirement with three retirees attributing the discrepancy between expectations and reality as financial discontent. Women responded less definitively; women with unplanned retirements reported dissatisfaction with the dissonance between expectation and reality of retirement with two retirees despondent when asked this question. For example, WUP5 (“high-status career”) stated, “My expectations of retirement were low, were terrible because I got most of my satisfaction from working, everything surrounded that.” Price (2003) refuted the long-standing argument that women with high status careers were less satisfied in retirement however, quantitative data in the current study failed to support these claims while the qualitative data demonstrates more gender differences in unplanned and planned retirements than in career status pre-retirement. Lastly, women with planned retirements found the expectations of retirement to be met with three of the five women responding with some form of “yes” and one retiree answering “no” due to spouse illness (no data for that question from the last retiree).

### **Summary**

This group of retirees demonstrated high levels of psychological well-being (as evidenced by the three psychological well-being scales: PANAS, CES-D, and SWLS), high levels of activity participation, engagement in social activities, a positive outlook on the future, and a proactive interest in physical activity. As in many studies, an unplanned retirement led to worse psychological outcomes for retirees, however, even with supportive quantitative data from

this study, qualitatively, unplanned retirees' showed resilience and were making similar decisions to be active, socially engaged, and future oriented. Gender differences indicated that men have higher levels of psychological well-being on two of the three scales. Educationally, the women and men in this study were similar, which may have resulted in similar findings. Overall, these retirees give hope that the future of retirement is not bleak, that the role change into retirement is positive, and that older age can bring new and exciting adventures.

### **Limitations**

The small, heterogenous sample is the most obvious limitation in the current study. The small number of participants was not without considerable effort in recruitment with numerous avenues exhausted which is not uncommon when doing research with this demographic. A post-hoc power analysis using G\*Power 3.1 software (Faul et al., 2007) was used to determine the necessary number of participants to garner adequate power (.80 or higher) for the already performed analyses (linear regressions and ANOVAs). G\*Power analyses confirmed that the current data set provides power of .481 for linear regressions and .388 for the ANOVA analyses. An adequate participant pool to demonstrate power of .80 or higher would be 250 participants (power = .834) and 300 participants (power = .852), respectively.

The smaller sample size limits generalizability to other demographic groups and SES groups difficult. For instance, most participants in the present sample were White (88.7%), educated (84% college level or higher), and the large majority have a family income of over 40k a year (82.2%). The broader Canadian population is much more diverse. For example, Statistics Canada reports the percentage of people that identify as White was 69.8% and people that identify as Asian was 17.4% in 2021). The narrowing sampling of the population in the present study may have influenced some outcomes. For example, only a small, significant relationship

was found between one well-being scale and volunteering. This is hypothesized as the result of over 80% of the participants engaging in volunteer activities; there was no variability of participants. Although the present findings are an important foundation for ongoing research, subsequent studies need to include greater range of individuals varying in ethnicity, education, and SES.

Although the data set was small, the deeper exploration of retirees' personal disclosures allows thorough investigation of a sample that would not be possible with a larger number of participants and will provide insight to some Canadians planning to retire.

The inability to reject the null hypothesis is indicative of other confounding variables. Some plausible confounding variables include the restriction of variance of participants and supplementary retirement questions (i.e., "how long have you been retired?"). The initial design of this research study was to gather data about retirees' demographics, thoughts and feelings about retirement, daily activities, physical health, psychological well-being, future orientation, and more. With hindsight, there is opportunity to gather more precise data that would allow more definitive cause and effect relationships between psychological well-being and other variables.

### **Future Directions**

More direct questions regarding planned and unplanned retirements with questions focused on the process of retirement would benefit a better understanding of the differences between these two groups and why some of the well-being measures demonstrated differences. This will be particularly important with post-COVID retirees as the pandemic caused more isolation, changes in work patterns (i.e., working from home versus the office), and presumably more psychological hardships. With the knowledge that unplanned retirements are already more

psychologically impactful than planned retirements, post-COVID participants may demonstrate even greater effects. There is also the question of how the economical state of Canada impacts finances of future retirees.

In addition to more direct questions, future studies should include larger sample sizes that are more inclusive of the cultural climate of Canada to make results more applicable to the general population of people preparing for retirement. Not only is a culturally representative sample necessary, but so too is a sample that is more equitable in general (gender, SES level, educational level, etc.). A larger sample can provide more generalizability to retirees in Canada.

Future methods should include additional qualitative questions oriented directly for men and women and their mental health post-retirement. Within the qualitative data of the current study, both men and women referenced caregiving in some capacity (e.g., spouse, parent, etc.); how does this impact mental health post-retirement?

The current study demonstrated rich qualitative data with large implications for future retirees. Future predictors of positive psychological well-being during retirement may be found through additional questions about the adjustment to retirement (e.g., family support, community support, etc.) and with a longitudinal aspect. Longitudinal designs with the older adult population can be challenging due to attrition but there may be great value in investigating the potential changes and challenges in psychological well-being throughout retirement.

Other psychological well-being measures may provide contextually different views on well-being in older adults. For instance, Ryff's Psychological Well-Being Scales (Ryff, 1989) include questions that target purpose in life and personal growth. The personal growth aspect of Ryff's scale is particularly interesting for the older adult demographic as it investigates the perception whether an individual is performing to their potential. It may be easy to believe or

think that older adults are stagnant and therefore the potential for change in their daily lives is limited, however, purely based on the data from this study, it is evident that older adults do change, adapt, and can offer insight into their psychological processes during retirement.

Lastly, an exploratory qualitative study investigating gender differences can provide more insight into the differences in psychological well-being post-retirement. Asking women about their careers, household demands, and family responsibilities may be helpful in better understanding their challenges during retirement.

### **Conclusion**

The individual stories from retirees and the thematic analysis of their responses demonstrate a need to reach further with this population using qualitative measures. Retirees have many stories to share, advice to give, and problems to solve—they are insightful, helpful, and in need of help. Retirement and older age can be a time of excitement and optimistic world views. This group of older adults were happy, determined to stay active, willing to learn and grow, and thought about the implications of their actions. Most importantly, they provide all of us with hope that older age, retirement is not a time of uneasiness or boredom but a time of fulfillment.



### References

- Adawi, A., Ferrara, I., & Malik, S. M. (2023). Effect of Retirement on Life Satisfaction in Canada: Evidence from the 2008–2009 Canadian Community Health Survey–Healthy Aging. *Canadian Public Policy*, 49(S1), 48-75.
- Amabile, T. M. (2019). Understanding retirement requires getting inside people's stories: A call for more qualitative research. *Work, Aging and Retirement*, 5(3), 207-211.
- Atchley, R. C. (1982). Retirement: Leaving the world of work. *The Annals of the American Academy of Political and Social Science*, 464(1), 120-131. doi:10.1177/0002716282464001011
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75.
- Birren, J. E., & Renner, V. J. (1980). Concepts and issues of mental health and aging. In J. E. Birren & R. B. Sloane (Eds.), *Handbook of mental health*.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage Publications.
- Calasanti, T. M. (1996). Gender and life satisfaction in retirement: An assessment of the male model. *Journals of Gerontology: Series B*, 51B(1), S18-S29. doi:10.1093/geronb/51B.1.S18
- Carter, M.A.T., & Cook, K. (1995). Adaptation to retirement: Role changes and psychological resources. *The Career Development Quarterly*, 44(1), 67-82.
- Carstensen, L. L. (1991). Selectivity theory: Social activity in lifespan context. In K. W. Schaie (Ed.), *Annual review of gerontology and geriatrics* (Vol. 11, pp. 195–217). New York: Springer-Verlag.
- Carstensen, L. L., Fung, H. H., & Charles, S. T. (2003). Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and emotion*, 27(2), 103-123.

- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth edition.). SAGE.
- Delcambre, P. K. (2011). *The influence of gender, years in retirement, and future time perspective on psychological well-being for retirees*. Oklahoma State University.
- Desmyter, F., & De Raedt, R. (2012). The relationship between time perspective and subjective well-being of older adults. *Psychologica Belgica*, 52(1), 19–38.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71-75. doi:10.1207/s15327752jpa4901\_13
- Drentea, P. (2002). Retirement and mental health. *Journal of Aging and Health*, 14(2), 167-194. doi:10.1177/089826430201400201
- Erikson, E. (1968). *Identity: Youth and crisis*. New York: W. W. Norton.
- Erikson, E. (1982). *The life cycle completed*. New York: W. W. Norton.
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175-191.
- Gall, T. L., & Evans, D. R. (2000). Preretirement expectations and the quality of life of male retirees in later retirement. *Canadian Journal of Behavioural Science*, 32(3), 187.
- George, L. K. (1993). Sociological perspectives on life transitions. *Annual Review of Sociology*, 19, 353-373.
- Goode, R. (1960). A theory of role strain. *American Sociological Review*, 25, 483-496
- Government of Canada, S. C. (2007, May 8). Statistics Canada: Canada's national statistical agency. <https://www.statcan.gc.ca/eng/start>.

- Greenfield, E. A., & Marks, N. F. (2004). Formal volunteering as a protective factor for older adults' psychological well-being. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 59B*, 258-264. doi:10.1093/geronb/59.5.S258
- Hao, Y. (2008). Productive activities and psychological well-being among older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 63(2)*, S64-S72.
- Henning, G., Lindwall, M., and Johansson, B. (2016). Continuity in well-being in the transition to retirement. *GeroPsych, 29*, 225–237. doi: 10.1024/1662-9647/a000155
- Hill, P. L., Kivi, M., Hansson, I., Thorvaldsson, V., & Allemand, M. (2021). Future time perspective and personality trait change during the retirement transition: Insights from a six-wave longitudinal study in Sweden. *Psychology and Aging, 37(2)*, 272.
- Jacobs-Lawson, J. M., & Hershey, D. A. (2005). Influence of future time perspective, financial knowledge, and financial risk tolerance on retirement saving behaviors. *Financial Services Review-greenwich-, 14(4)*, 331.
- Jahoda, M. (1958). Current concepts of positive mental health. New York: Basic Books.
- Jain, S., Kumar, S., & Jain, S. (2017). Late-life engagement after retirement: Implications for psychological well-being and distress in elderly. *Indian Journal of Health & Wellbeing, 8(6)*, 525-529.
- Jung, S., & Siedlecki, K. L. (2018). Attitude toward own aging: Age invariance and construct validity across middle-aged, young-old, and old-old adults. *Journal of Adult Development, 25*, 141-149.
- Kahana, E., Bhatta, T., Lovegreen, L. D., Kahana, B., & Midlarsky, E. (2013). Altruism, helping, and volunteering: Pathways to well-being in late life. *Journal of Aging and Health, 25(1)*, 159-187.

- Kim, J. E., & Moen, P. (2002). Retirement transitions, gender, and psychological well-being: A life-course, ecological model. *Journal of Gerontology: Psychological Sciences*, 57B, P212-P222. [doi.org/10.1093/geronb/57.3.P212](https://doi.org/10.1093/geronb/57.3.P212)
- Krause, N. (2004). Stressors arising in highly valued roles, meaning in life, and the physical health status of older adults. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 59(5), S287-S291. doi:10.1093/geronb/59.5.S287
- Kubicek, B., Korunka, C., Raymo, J. M., & Honnaker, P. (2011). Psychological well-being in retirement: the effects of personal and gendered contextual resources. *Journal of Occupational Health Psychology*, 16(2), 230.
- Latif, E. (2011). The impact of retirement on psychological well-being in Canada. *Journal of Social Economics*, 40(4), 373-380. [doi.org/10.1016/j.socec.2010.12.011](https://doi.org/10.1016/j.socec.2010.12.011)
- Lawton, M. P. (1975). The philadelphia geriatric center morale scale: A revision. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 30(1), 85-89.
- Lewin. (1951). *Field theory in social science: selected theoretical papers* (Edited by Dorwin Cartwright.) *Field Theory in Social Science; Selected Theoretical Papers*. Edited by Dorwin Cartwright. <https://doi.org/info:doi/>
- Liang, J., & Bollen, K. A. (1983). The structure of the Philadelphia geriatric center morale scale: A reinterpretation. *Journal of Gerontology*, 38(2), 181-189.
- Liao, H. W., & Carstensen, L. L. (2018). Future time perspective. *GeroPsych*.
- Matz-Costa C., Besen E., Boone, J. J, Pitt-Catsoupes, M. (2012). Differential impact of multiple levels of productive activity engagement on psychological well-being in middle and later life. *The Gerontologist*, 54(2), 277-289. <http://dx.doi.org/10.1093/geront/gns148>

- McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100-122.
- McAdams, D. P., & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology, 62*(6), 1003-1015. doi:<http://dx.doi.org/10.1037/0022-3514.62.6.1003>
- McHugh, M. L. (2012). Interrater reliability: the kappa statistic. *Biochemia medica, 22*(3), 276-282.
- Miller, W.C., Anton, H.A., & Townson, A. F. (2008). Measurement properties of the CESD scale among individuals with spinal cord injury. *Spinal Cord, 46*, 287-292.  
doi:10.1038/sj.sc.3102127
- Moen, P., Erickson, W. A., Agarwal, M., Fields, V., & Todd, L. (2000). *The Cornell retirement and well-being study*. Ithaca, NY: Bronfenbrenner Life Course Center, Cornell University.
- Morrow-Howell, N., Hinterlong, J., Rozario, P. A., & Tang, F. (2003). Effects of volunteering on the well-being of older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 58*(3), S137-S145.
- Nordenmark, M. & Stattin, M. (2009). Psychosocial wellbeing and reasons for retirement in Sweden. *Ageing and Society, 29*(3), 413-430. doi:10.1017/S0144686X08008179
- Patel, R. P. (2018). A study of impact of post-retirement work on psychological well-being of elderly. *Indian J Ment Heal, 5*, 63-67.
- Pietromonaco, P. A., Manis, J., & Frohardt-Lane, K. (1986). Psychological consequences of multiple roles. *Psychology of Women Quarterly, 10*, 274-284
- Price, C. A. (2003). Professional women's retirement adjustment: The experience of reestablishing order. *Journal of Aging Studies, 17*, 341-355.

- Quine, S., Wells, Y., De Vaus, D., & Kendig, H. (2007). When choice in retirement decisions is missing: Qualitative and quantitative findings of impact on well-being. *Australasian Journal of Ageing, 26*(4), 173–179. DOI: 10.1111/j.1741-6612.2007.00251.x.
- Radloff L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.  
doi:<http://dx.doi.org/10.1111/j.1467-6494.1992.tb00980.x>
- Richardson, V., & Kilty, K. M. (1991). Adjustment to retirement: Continuity vs. discontinuity. *The International Journal of Aging and Human Development, 33*(2), 151-169. <https://doi.org/10.2190/6RPT-U8GN-VUCV-P0TU>
- Rohr, M. K., John, D. T., Fung, H. H., & Lang, F. R. (2017). A three-component model of future time perspective across adulthood. *Psychology and Aging, 32*(7), 597-607.  
doi:<http://dx.doi.org.libproxy.wlu.ca/10.1037/pag0000191>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069–1081. doi: 10.1037/0022-3514.57.6.1069
- Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science, 4*(4), 99-104.
- Ryff, C., & Heincke, S. (1983). Subjective organization of personality in adulthood and aging. *Journal of Personality and Social Psychology, 44*(4), 807-816.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*, 719–727.

- Shultz, K. S., Morton, K. R., & Weckerle, J. R. 1998. The influence of push and pull factors on voluntary and involuntary early retirees' retirement decision and adjustment. *Journal of Vocational Behavior*, 53, 45-57.
- Shultz, K. S., & Wang, M. (2007). The influence of specific physical health conditions on retirement decisions. *The International Journal of Aging and Human Development*, 65(2), 149-161.
- Shultz, K. S., & Wang, M. (2011). Psychological Perspectives on the Changing Nature of Retirement. *American Psychologist*, 66(3), 170. doi: 10.1037/a0022411
- Smith, C. P., Feld, S. C., & Franz, C. E. (1992). Methodological considerations: Steps in research employing content analysis systems. In C. P. Smith, J. W. Atkinson, D. C. McClelland, & J. Veroff (Eds.), *Motivation and personality: Handbook of thematic content analysis* (pp. 515-536). New York: Cambridge University Press.
- Statistics Canada. (2007). *Caring Canadians, Involved Canadians: Highlights from the 2007 Canada Survey of Giving, Volunteering and Participating*. Ottawa: ON.
- Statistics Canada. (2010). *Caring Survey of Giving, Volunteering and Participating*. Ottawa: ON.
- Statistics Canada. (2018). *National Volunteer Week*. Ottawa: ON.
- Statistics Canada. (2019). *Retirement Age by Class of Worker, Annual*. Ottawa: ON.
- Statistics Canada. (2021). *Retirement Age by Class of Worker, Annual*. Ottawa: ON.
- Tambellini, E. (2023). Exploring the relationship between working history, retirement transition and women's life satisfaction. *Ageing & Society*, 43(8), 1754-1783.
- Vandewater, E. A., Ostrove, J. M., & Stewart, A. J. (1997). Predicting women's well-being in midlife: The importance of personality development and social role involvements. *Journal of Personality and Social Psychology*, 72(5), 1147.

- van Solinge, H., & Henkens, K. (2008). Adjustment to and satisfaction with retirement: Two of a kind? *Psychology and Aging, 23*(2), 422-434. <http://dx.doi.org/10.1037/0882-7974.23.2.422>
- Wang M. (2012). Health and Fiscal and Psychological Well-Being in Retirement. In Hedge JW, Borman WC, editors., *The Oxford Handbook of Work and Aging*. pp. 570–584. Oxford University Press.
- Wang, M., Henkens, K., & van Solinge, H. (2011). Retirement adjustment: A review of theoretical and empirical advancements. *American Psychologist, 66*, 204–213.
- Wang, M. and Hesketh, B. (2012). Achieving well-being in retirement: Recommendations from 20 years of research. *SIOP White Paper Series, 1*(1), 11-22.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*(6), 1063-1070. <http://oi.org/10.1037/0022-3514.54.6.1063>
- Wheeler, J. A., Gorey, K. M., & Greenblatt, B. (1998). The beneficial effects of volunteering for older volunteers and the people they serve: A meta-analysis. *The International Journal of Aging and Human Development, 47*(1), 69-79.
- Whitbourne, S. K., Sneed, J. R., & Skultety, K. M. (2002). Identity processes in adulthood: Theoretical and methodological challenges. *Identity: An International Journal of Theory and Research, 2*(1), 29-45. doi:<http://dx.doi.org/10.1207/S1532706XID020103>
- Yang, T. Y., & Devaney, S. A. (2011). Intrinsic rewards of work, future time perspective, the economy in the future and retirement planning. *Journal of Consumer Affairs, 45*(3), 419-444.



**Tables and Figures**

Table 1a

*Codes for Future Time Perspective Themes (Question One)**Question One: What do you see as the next chapter? Please describe what you see to be the next chapter in your life. What is going to come next?*

Theme	Example	Number of times theme appeared in responses	%
Future Time Extension	“I think the next chapter in my life could be a really good chapter because I plan on still being healthy for ten years and that’s my plan...”	90	27.108
Future Time Opportunity	“Yeah so I think for me um doing things with friends whether it’s coffee and lunches, social activities...”	157	47.290
Future Time Constraint	“As I get older, I begin to experience time as limited.”	85	25.602

*N* = 113

Table 1b

*Codes for Future Time Perspective Themes (Question Two)*

*Question Two: Please describe your plans, dreams, and hopes for the future. What do you hope to accomplish in the near and far future?*

Theme	Example	Number of times theme appeared in responses	%
Future Time Extension	“I think the next chapter in my life could be a really good chapter because I plan on still being healthy for ten years and that’s my plan...”	65	23.132
Future Time Opportunity	“Yeah so I think for me um doing things with friends whether it’s coffee and lunches, social activities...”	192	68.327
Future Time Constraint	“As I get older, I begin to experience time as limited.”	24	8.541

*N* = 112

Table 2

*Summary of Descriptive Statistics for Scales Related to Psychological Well-Being*

Variable	<i>M(SD)</i>	$\alpha$
PANAS	4.060 (.491)	.920
SWLS	5.427 (1.104)	.879
CESD	.647(.398)	.745

Note: N = 123

Positive and Negative Affect Schedule scores = 1-5

Satisfaction with Life Scale scores = 1-7

Center for Epidemiologic Studies Short Depression Scale scores = 0-3

Table 3

*Correlations Between Psychological Well-Being Scales and Predictor Variables*

Variable	PANAS		CES-D		SWLS	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Family Income	.148	.110	-.124	.182	.283**	.002
Physical Health	-.450**	<.001	.334**	<.001	-.390**	<.001
Planned/Unplanned Retirement	-.178	.076	.044	.666	-.269**	.007
Gender	-.003	.973	-.137	.131	.115	.207
Family Satisfaction	.415**	<.001	-.447**	<.001	.638**	<.001
Education Level	.067	.464	-.085	.349	.110	.225
Future Time Constraint	-.080	.431	.207*	.041	-.029	.776

Table 4

*Descriptive Summaries and t-tests Between Retirees with Planned and Unplanned Retirements*

	Planned Retirements		Unplanned Retirements		<i>t</i> (df)	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
PANAS	4.174	.394	3.982	.642	1.793 (98)	.017	.470
CES-D	.586	.354	.623	.417	-.434 (97)	.739	.370
SWLS	5.760	.713	5.191	1.307	2.763 (98)	<.001	.902
Family Income	2.21	.645	2.00	.511	1.420 (95)	.031	.615
Physical Health	1.58	.686	1.85	.834	-1.632 (97)	.459	.727

Table 5

*2x2 ANOVAs, PANAS, CES-D, SWLS Gender, Planned/Unplanned Retirement*

Variable	<i>df</i>	<i>F</i>	$\eta p^2$	<i>p</i>
Psychological Well-Being (PANAS)	3	2.01	.059	.118
Planned/Unplanned Retirement	1	.982	.010	.324
Gender	1	2.358	.024	.128
Planned/Unplanned*Gender	1	1.747	.018	.189
Psychological Well-Being (CES-D)	3	2.813	.082	.043
Planned/Unplanned Retirement	1	.012	.000	.914
Gender	1	8.137	.079	.005
Planned/Unplanned*Gender	1	1.313	.014	.255
Psychological Well-Being (SWLS)	3	5.487	.146	.002
Planned/Unplanned Retirement	1	2.639	.927	.108
Gender	1	6.036	.076	.006
Planned/Unplanned*Gender	1	3.850	.039	.053

Table 6

*Regression for Physical Health and SES Level on Psychological Well-Being*

Dependent Variable	Physical Health					Family Financial Income				
	$\beta$	$t$	$p$	95% CI	$R^2$	$\beta$	$t$	$p$	95% CI	$R^2$ Adjusted
PANAS Scale	-.266	-4.797	<.001	[-.376, -1.56]	.186	.038	-.590	.557	[-.091, .168]	.172
CESD-10 Scale	.185	3.780	<.001	[.088, .282]	.110	-.027	-.480	.632	[-.139, .085]	.110
SWLS Scale	-.460	-3.575	<.001	[-.716, -.205]	.173	.392	2.393	.018	[.062, .661]	.158

Table 7

*Qualitative Data: Total Code Counts and Average Code Counts Across All Four Groups of Retirees*

	Theme	Total Codes	Average Codes
<b>Women with Planned Retirements</b>			
	Post-Retirement Activities	39	7.8
	Time	48	9.6
	Physical and Mental Health	33	6.6
	Interpersonal Relationships	46	9.2
	Planned Retirement	12	2.4
	Expectations of Retirement	37	7.4
	Total	215	43
<b>Women with Unplanned Retirements</b>			
	Post-Retirement Activities	47	9.4
	Future Perspective	28	5.6
	Physical and Mental Health	56	11.2
	Interpersonal Relationships	34	6.8
	Community Engagement	22	4.4
	Change in Life Structure	22	4.4
	Total	207	41.4
<b>Men with Planned Retirements</b>			
	Post-Retirement Activities	31	6.2
	Time	14	2.8
	Mental Health	15	3
	Retirement Planning	12	2.4
	Schedule	19	3.8
	Total	91	18.2
<b>Men with Unplanned Retirements</b>			
	Post-Retirement Activities	25	5
	Time and Future Perspective	18	3.6
	Physical and Mental Health	18	3.6
	Family	14	2.8
	Process of Retirement	13	2.6
	Total	88	17.6



Table 8

*Qualitative Data: Comparison of Code Counts/Average Code Counts Across All Four Groups of Retirees*

	Women with Planned Retirements		Women with Unplanned Retirements		Men with Planned Retirements		Men with Unplanned Retirements	
	Total Codes	Average Codes	Total Codes	Average Codes	Total Codes	Average Codes	Total Codes	Average Codes
Post-Retirement Activities	39	7.4	47	9.4	31	6.2	25	5
Time	48	9.6			14	2.8		
Future Perspective			28	5.6				
Time and Future Perspective							18	3.6
Physical and Mental Health	33	6.6	56	11.2			18	3.6
Mental Health					15	3		
Interpersonal Relationships	46	9.2	34	6.8				
Family							14	2.8
Planned Retirement	12	2.4						
Retirement Planning					12	2.4		
Process of Retirement							13	2.6
Expectations of Retirement	37	7.4						
Change in Life Structure			22	4.4				
Schedule					19	3.8		
Community Engagement			22	4.4				

Table 9

*Qualitative Data: Transcript Word Count and Code Count Totals*

Group	Average Word Count	Average Code Count
Women, planned retirements	3061.4	43.0
Women, unplanned retirements	3229.4	41.4
Men, planned retirements	2410.0	18.2
Men, unplanned retirements	1606.2	17.6

Note:  $N = 20$

Table 10

*Qualitative Data: Comparison of Codes Across Retiree Groups*

	WP	WUP	MP	MUP
Activities	✓	✓	✓	✓
Time	✓		✓	
Future Perspective		✓		
Time/FP				✓
Physical/Mental	✓	✓		✓
Mental Health			✓	
Interpersonal	✓	✓		
Family				✓
Planned Retirement	✓			
Retirement Plan			✓	
Process of Retiring				✓
Expectations	✓			
Change in Life		✓		
Schedule			✓	
Community Engagement		✓		

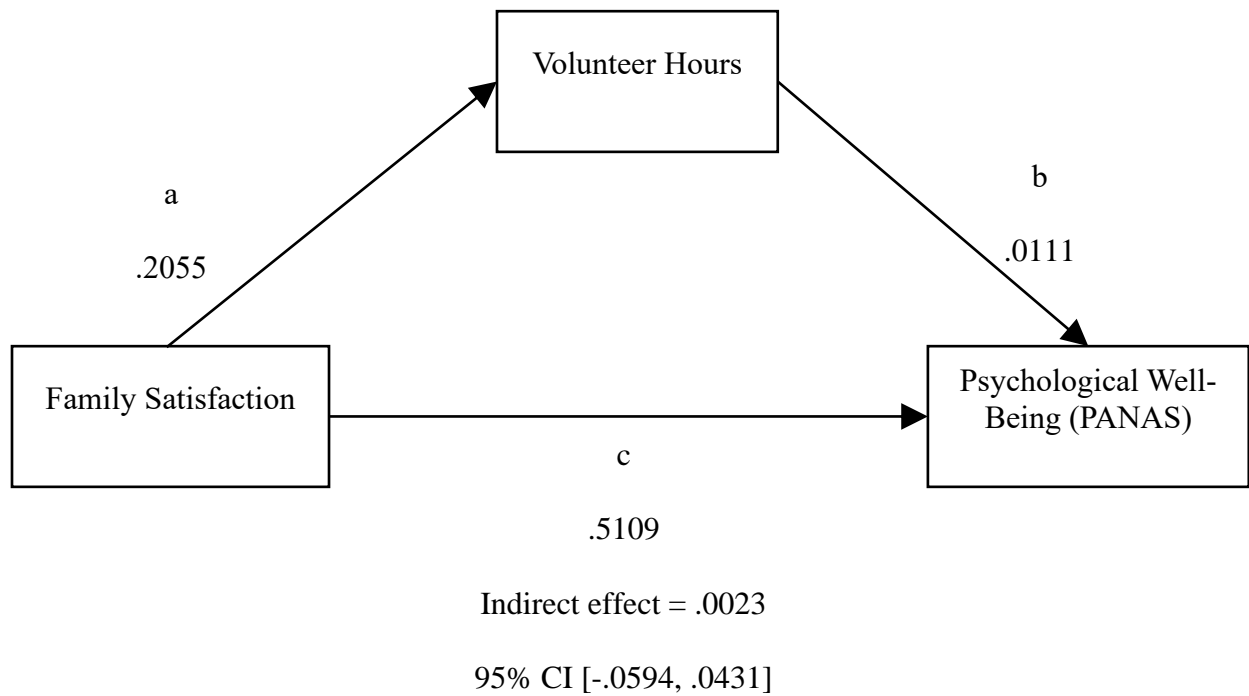
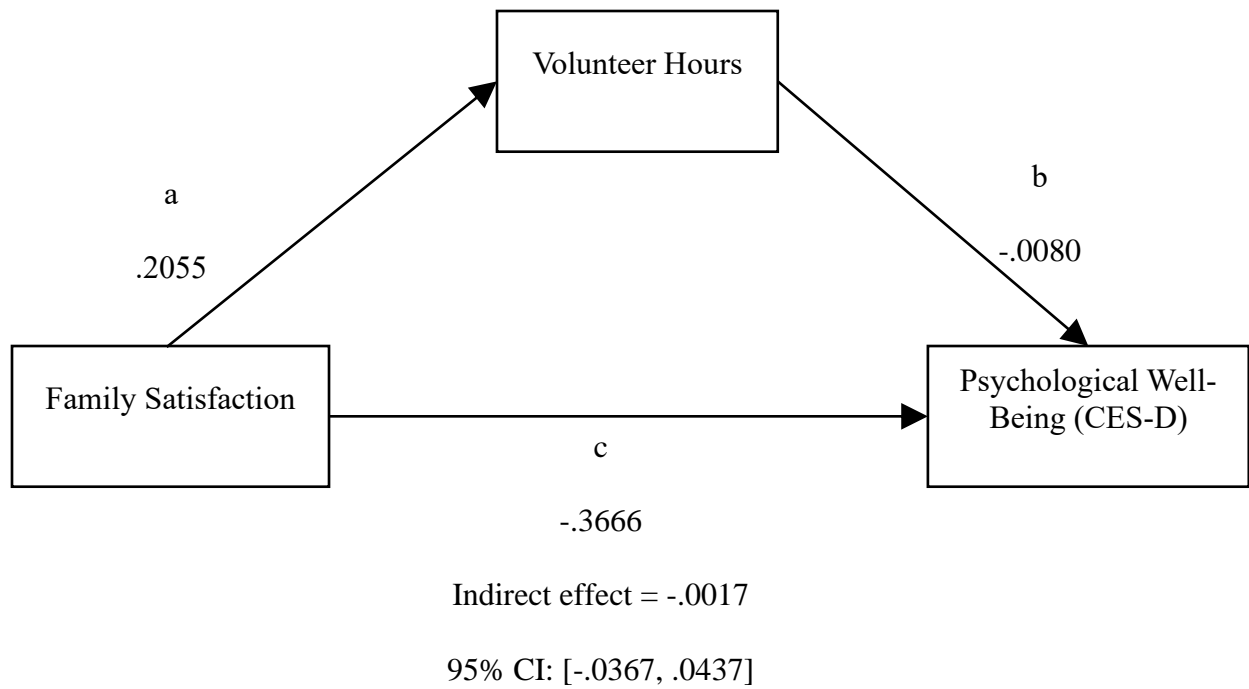


Figure 1a. Mediation model in PROCESS for Study 1: family satisfaction (IV), (PANAS) as the outcome variable, volunteer hours as mediator.



*Figure 1b. Mediation model in PROCESS for Study 1: family satisfaction (IV), (CES-D) as the outcome variable, volunteer hours as mediator.*

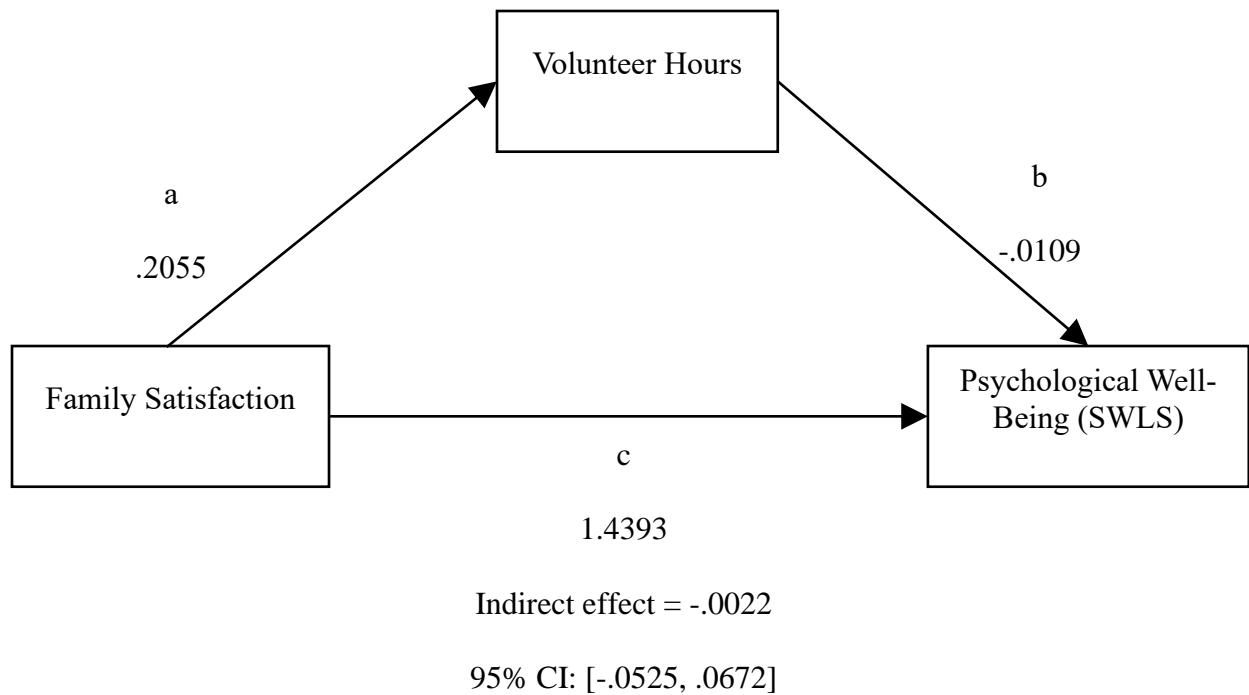


Figure 1c. Mediation model in PROCESS for Study 1: family satisfaction (IV), (SWLS) as the outcome variable, volunteer hours as mediator.

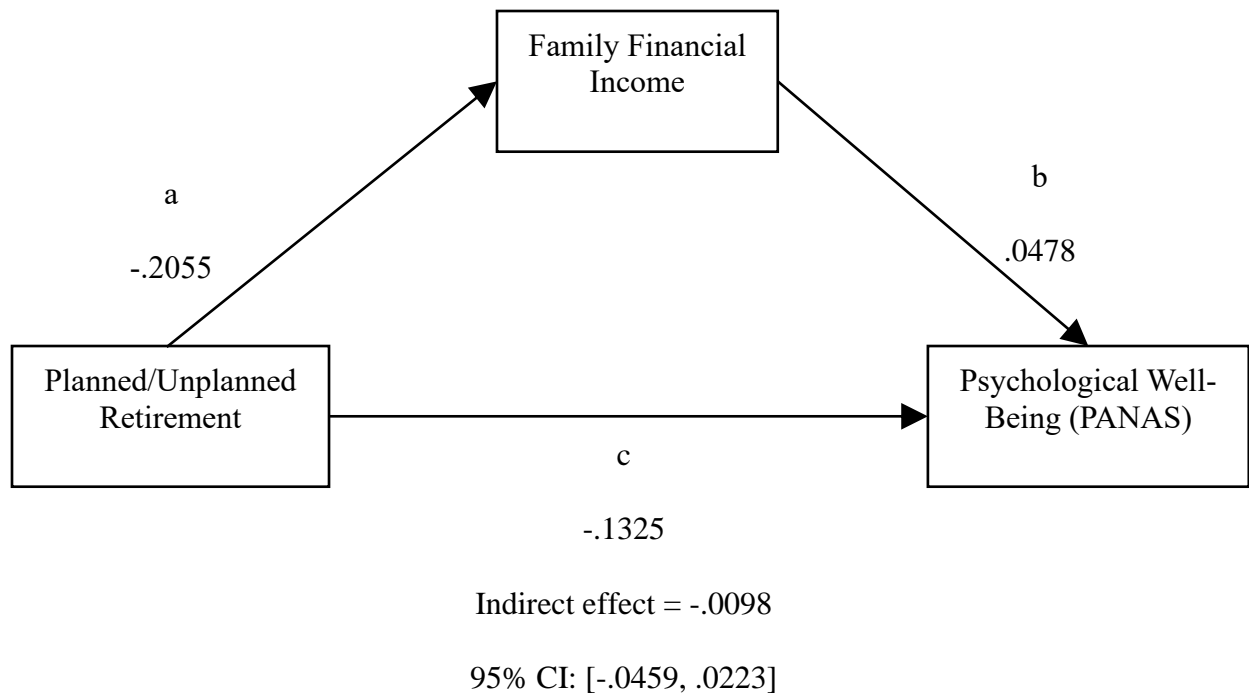


Figure 2a. Mediation model in PROCESS for Study 1: planned or unplanned retirement (IV), (PANAS) as the outcome variable, family financial income as the mediator.

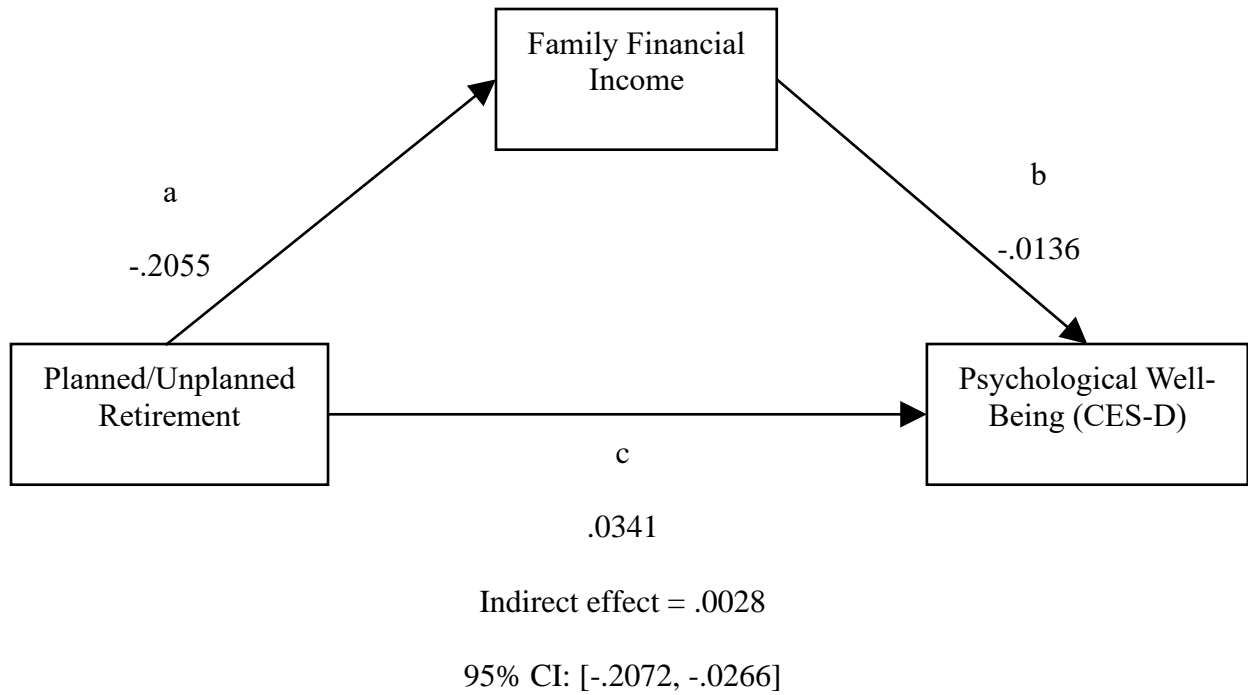


Figure 2b. Mediation model in PROCESS for Study 1: planned or unplanned retirement (IV), (CES-D) as the outcome variable, family financial income as the mediator.



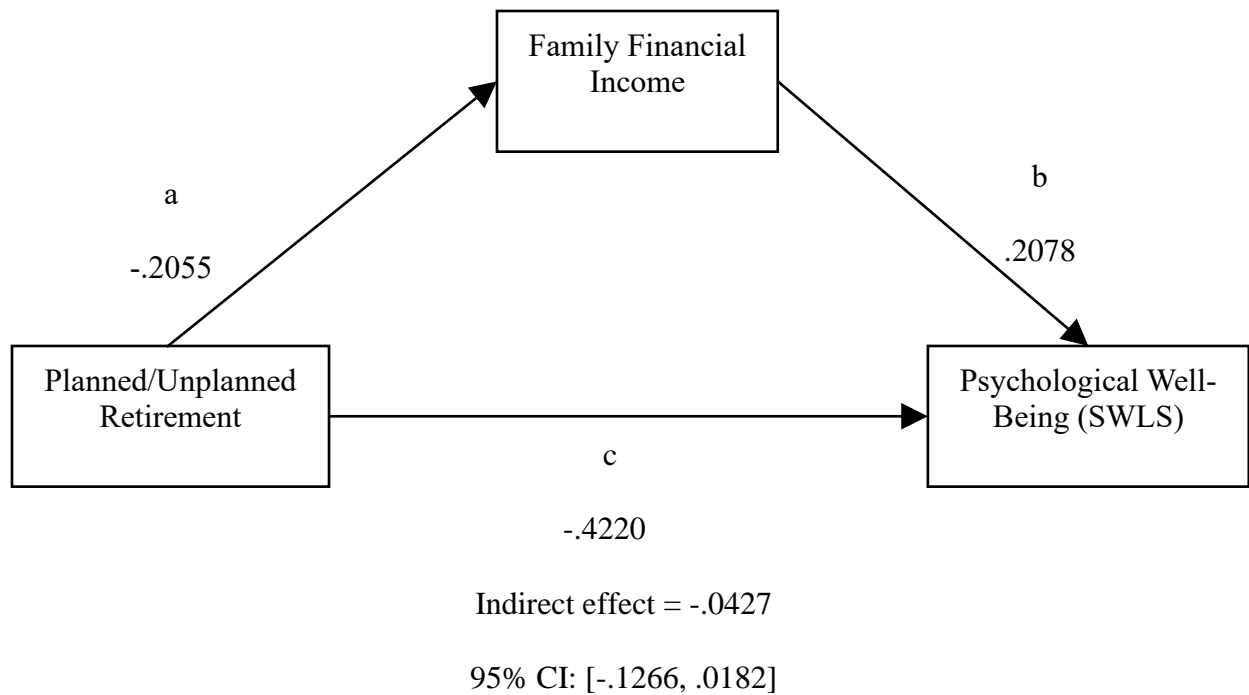


Figure 2c. Mediation model in PROCESS for Study 1: planned or unplanned retirement (IV), (SWLS) as the outcome variable, family financial income as the mediator.

**Appendices**

**Appendix A: Study Questionnaire (Abridged)**

**INFORMATION ABOUT YOU**

---

1. What is your date of birth? \_\_\_\_\_
2. What gender do you most identify as? (e.g., male, female, cis, transgender):  
\_\_\_\_\_
3. What race do you most identify as? (e.g., White, Black, First Nation, Asian):  
\_\_\_\_\_
4. What is your education level?  

High School____	College/University____	Graduate School____
Other_____		

What is your highest degree? \_\_\_\_\_
5. Are you currently employed? \_\_\_\_Yes                      \_\_\_\_No (If no, please skip to Question 8)
6. If yes, please briefly describe your current employment:
7. Is your current employment: part-time\_\_\_\_ or full-time\_\_\_\_\_
8. If not currently employed, what was your last job?
9. What is your yearly income? \_\_\_\_ Not working for pay                      \_\_\_\_ \$100,001-  
\$150,000  

	____ Under \$20,000	____ \$150,001-
\$200,000		
	____ \$20,001- \$50,000	____ \$200,001-
\$250,000		
	____ \$50,001- \$100,000	____ \$250,000 and over
10. What is your yearly household income (from all sources)?  

	____ Under \$40,000	____ \$200,001 -
\$300,000		
	____ \$40,001 - \$100,000	____ \$300,001 -
\$400,000		
	____ \$100,001 - \$200,000	____ \$400,001 and over



9. Overall, how satisfied are you with your family or living situation? (Please circle one):

1	2	3	4
Not at all Satisfied	Not Very Satisfied	Fairly Satisfied	Very Satisfied

10. Do you volunteer? This can include any unpaid work you do for a religious, educational, political organization, or if you provide help to friends, neighbours, or relatives not living with you.

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please skip this section)

If yes, about how many hours per week do you volunteer? \_\_\_\_\_ hours per week

If you volunteer, please briefly describe your volunteer work:

**PHYSICAL HEALTH and WELL-BEING**

---

1. In general, how would you rate your health at the present time? (Please circle one):

excellent      fairly good      average      not very good      poor

2. How would you rate your energy level at the present time? (Please circle one):

excellent      fairly good      average      not very good      poor

3. Has a doctor ever told you that you have (please circle your response):

- |  |     |    |
|--|-----|----|
| a. high blood pressure or hypertension   | Yes | No |
| b. diabetes or high blood sugar  | Yes | No |
| c. cancer or a malignant tumor, excluding minor skin cancer  | Yes | No |
| d. chronic lung disease such as chronic bronchitis or emphysema  | Yes | No |
| e. had a heart attack, coronary heart disease, angina, congestive heart failure,<br>or any other heart problem | Yes | No |
| f. had a stroke  | Yes | No |

5. What types of physical activities do you regularly do? You might include things like walking, swimming, yoga, Pilates; sports such as golf or tennis; or other activities such as gardening, mowing the lawn, or shoveling snow (in season). Are there any other physical activities you regularly do?

### **GOALS, VALUES, BELIEFS, AND SATISFACTION IN LIFE**

---

6. Please describe a recent or current situation in which you needed to make difficult decisions that involved some degree of moral judgement. Please tell us: a) What the situation was; b) What you decided to do; and c) How you felt about your decision.

### **REFLECTIONS ABOUT THE PAST**

---

1. Looking back over the last five years, what do you consider major high points, or the most satisfying activities? Please include as many things and as much detail as you can.

2. Similarly, what do you consider the low points or the most disturbing or upsetting aspects of the last five years? Please include as many things and as much detail as you can.

3. If you had it to do over again, would you choose the same lifestyle pattern -- with respect to your home versus career decision(s)? \_\_\_ No \_\_\_ Yes

Why/why not? What would you change?

4. By this point in life, many people feel that certain paths that they once considered as possible for them are really no longer possible -- they have become "paths not taken." Can you describe what might be a path you did not take, but might have?

a. Why didn't you take it?

a. How do you think it would have turned out if you had?

2. Any regrets?

**3. ACTIVITIES**

1. Please circle which day of the week it was yesterday:  
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

2. Now please think back to what you did yesterday. Check all the activities in the list below that apply, as well as how long you spent in each activity:

Activity	Time spent (hours and/or minutes)
Watched TV	___hours ___minutes
Volunteered	___hours ___minutes
Walked or exercised	___hours ___minutes
Did health-related activities, such as visiting a doctor, taking medications, doing treatments	___hours ___minutes
Traveled or commuted	___hours ___minutes
Socialized with neighbours, friends, or family (not including your spouse or partner)	___hours ___minutes
Spent time at home by yourself, without a partner, spouse, or anyone else	___hours ___minutes
Ran errands (shopping, got gas or supplies, picked up or delivered something)	___hours ___minutes
Did household chores	___hours ___minutes
Used a telephone or computer (e.g., Facebook or e-mail) to keep in touch with friends and family	___hours ___minutes

We would like to know how you felt during each of the activities you participated in yesterday. Please rate your feelings from 0 (did not experience it at all) to 6 (the feeling was extremely strong) by circling the appropriate number.

3. **If you watched TV** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6

Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

4. **If you volunteered** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

5. **If you walked or exercised** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6

Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

6. If you did health-related activities (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

7. If you traveled or commuted (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6



Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

8. **If you socialized** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

9. **If you spent time by yourself** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6

Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

10. **If you ran errands** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

12. **If you did household chores** (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6

Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

13. If you telephoned or used the computer to get in touch with friends or relatives (If you didn't, please skip to the next question), to what extent did you feel:

	Did Not Experience It At All						The Feeling Was Extremely Strong
Happy	0	1	2	3	4	5	6
Frustrated	0	1	2	3	4	5	6
Interested	0	1	2	3	4	5	6
Sad	0	1	2	3	4	5	6
Content	0	1	2	3	4	5	6
Bored	0	1	2	3	4	5	6
Angry	0	1	2	3	4	5	6
Enthusiastic	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6
Stressed	0	1	2	3	4	5	6

**Telephone Protocol – Canadians' Retirement Interview**

*[Note to interviewer: while phone is ringing, record the participant number]*

Hello, is *(name of participant)* home? Hi *(name of participant)*, this is *(name of interviewer)* from Wilfrid Laurier University. How are you? I'm calling because you recently completed a survey for us and indicated that you would like to participate in the follow-up phone interview for our study of Canadians' Retirement Expectations and Experiences. Is that still the case? *[If no, then thank them for their time and say good bye; if yes, then:]* Great! The interview should take 30-45 minutes. Is now a good time?

*[If not: when would be a good time to schedule a call? If they're unsure, you could suggest that we can begin the interview now and schedule another time to complete it. Date and time requested for call back: \_\_\_\_\_]*

The purpose of this interview is to ask you about your experience of retirement, both the process of retiring and the state of being retired. We're interested in hearing about your own experience and expectations. This interview is completely voluntary and confidential. None of the information you share with us will ever be associated with your name. If we should come to any question you do not want to answer, let me know and we'll go on to the next question. There are three main sections to the interview: retirement timing and reasons; daily activities and structure in retirement, and thinking about the future. I will be reading questions from a script, so I apologize if I sound a bit stilted at times.

As stated on the consent form that you signed before the survey, this project has been reviewed and approved by the Wilfrid Laurier University Research Ethics Board (REB), and the approval number is REB 5030. The form provided contact information for the REB Chair, as well as the principal researcher, Dr. Nicky Newton. Do you still have the form with this contact information? *[If no, then provide this contact information to the participant and offer to send a copy of the consent form for their records; if yes, then:]* Great! Please maintain the form for your records.

Before we start, I wanted to let you know that I will be recording our discussion. Is that okay? *[If no, then be prepared to take notes and repeat questions if necessary; if yes, then:]* Do you have any questions for me before we start?

OK, let's get started. I will start audio-recording our conversation now. First: Are you currently retired?

*[if participant asks what we mean by that, clarify by asking if they would call themselves retired from fulltime, and/or paid employment]*

SOME PEOPLE RETIRE MORE THAN ONCE. IS THIS THE FIRST TIME YOU HAVE RETIRED?

*[IF 'NO,' ASK PARTICIPANT "CAN YOU TELL ME A BIT ABOUT THAT? SUCH AS WHAT LURED YOU BACK OUT OF RETIREMENT?"]*

**[IF PARTICIPANT IS NOT CURRENTLY RETIRED, SKIP TO SECTION 3 OF THE INTERVIEW; IF THEY ARE RETIRED, PROCEED BELOW]**

## **1. Retirement timing and reasons**

The first section of the interview looks at your experience of the process of retirement. I'm going to ask you a series of questions about your experience of the process of retiring.

Was your retirement planned or unplanned? *[Perhaps your retirement was abrupt or unforeseen in some way? Or maybe you had planned how and when you would retire?]*

Can you tell me a little bit about that? Such as, if your retirement was unplanned, was it someone else's decision or your own?

How long had you been at the company you worked for when you retired?

Some people retire because they want to do other things, or because they want to spend time with family; others retire because they don't like the work they're doing, or are burnt out, or they have health issues. Do any of those apply to you? *[which ones?]*

Are there any other reasons that prompted you to retire?

What were some of the things you were looking forward to in retirement? *[Things like taking it easy, having more time for various activities, that sort of thing]*

What were some of the things you were *not* looking forward to in retirement? *[Things like having too much time, not having enough money, that sort of thing]*

## **2. Daily activities and structure in retirement**

The second section of the interview looks at the types of activities you engage in during retirement.

To start, please tell me the types of things you do on a regular basis, and/or the things that you enjoy doing the most.

Are there any differences in the activities you engage in now, compared to those you engaged in pre-retirement (apart from work, of course!)? For example, you might do more or fewer activities, or different types of activities.

Are there similar activities that you continue to do in retirement? That is, activities you already engaged in when you were working.

Do you enjoy these activities more or less than you did when you were working?  
*[Why do you think that is?]*

Are these activities more or less meaningful to you now that you're retired? *[Why do you think that is?]*

Is your day structured differently in retirement to what it was pre-retirement? *[How so? Perhaps you follow a certain schedule, or none at all. Do you spend more or less time on certain things? Do you go to bed and wake up at similar times to when you were working?]*

Finally, in this section, what are your overall thoughts about retirement?

Did your expectations of what retirement might be like match what it was like in reality?

What would be your advice to someone thinking of retiring, or someone who is approaching retirement age?

### **3. Thinking about the future**

The third and final section in today's interview is about the near and distant future, and any continuing project you might have.

What do you see as the next chapter? Please describe what you see to be the next chapter in your life. What is going to come next?

Please describe your plans, dreams, and hopes for the future. What do you hope to accomplish in the near and far future?

Do you have a project in life? A life project is something that you have been working on and plan to work on in the future chapters of your life story. The project might involve your family or your work life, or it might be a hobby, avocation, or pastime. Please describe any project that you are currently working on or plan to work on in the future. Tell me what the project is, how you got involved in the project or will get involved in the project, how the project might develop, and why you think this project is important for you and/or for other people.

### **4. Wrap Up**

*[Make sure you have the participant's contact details in front of you for this; if they mention something different, please be certain to note it for our records]*

We're almost at the end of the interview! Thank you for taking the time for this interview. Before I finish, do you have any questions for me?

We will be analyzing your responses for themes about Canadians' experiences of retirement, and we hope to give presentations at conferences and publish in scholarly journals. You will receive a report once the study has been completed, sometime towards the end of summer, 2018. Would you prefer an electronic or hard copy of the report? Can I check your contact details to make sure we know where to send it?

Again, thank you so much for participating in our study! Have a great day! 'Bye.

## Appendix B: Quantitative Data, Future Time Perspective Qualitative Codebook

This codebook was modeled after Rohr and colleagues' (2017) three component understanding of FTP based on work of numerous FTP theorists including Carstensen (1991). FTE is based on the premise that one looks at their life in chronological years, FTO promotes the notion that one perceives opportunities in the future, and lastly, FTC is associated with negative affect and the perception that time is limited (Rohr et al., 2017). The codebook was developed by selecting participant responses that matched each of the three categories. Three participant responses were chosen for each FTP category and used as examples for further coding.

### Scoring Categories:

1. Perceived Future Time Extension- a perception of time left in relation to chronological age subjective age, and position in life (more of an optimistic construal).
  - a. "...health wise and you know, age wise, I'm very active, I'm out every day, I have responsibilities all over the place and I feel I'll continue with that"
  - b. "Continuing doing what I'm doing..."
  - c. "I think the next chapter in my life could be a really good chapter because I plan on still being healthy for ten years and that's my plan..."
2. Perceived Future Time Opportunity- perceptions about the possibilities in one's remaining time (associated with positive affect and openness to experience).
  - a. "Well, um I'm not sure, we're planning a trip to Ireland in 2018..."
  - b. "Yeah so I think for me um doing things with friends whether it's coffee and lunches, social activities..."
  - c. "...I'd really like to be able to leave Canada for the winter."
3. Perceived Future Time Constraint- awareness of road blocks and the view that life is short (associated with negative affect and neuroticism), (more of a pessimistic construal).
  - a. "As I get older, I begin to experience time as limited"
  - b. "I have the sense that time is running out"
  - c. "...the older you get the more likely your health will fail, right, so I guess I've been trying to enjoy now..."

Rohr, M. K., John, D. T., Fung, H. H., & Lang, F. R. (2017). A three-component model of future time perspective across adulthood. *Psychology and Aging, 32*(7), 597-607.

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**Appendix C: Qualitative Codebook**

*Women, Planned Retirements*

<b>Code</b>	<b>Description</b>	<b>Example</b>
<b>Expectations of Retirement</b>	The availability of financial resources post-retirement, worried about being bored, freedom from the structure of work, ability to enjoy activities, spending time with family	"...the sense that, you know, I could sit down and just read a good book without thinking, 'oh I should be reading, you know, a journal or periodical or catching up on paperwork.'" (WP4)
<b>Post-Retirement Activities</b>	Volunteering, quilting, going to the gym, fine arts, traveling, the notion that activities are more meaningful compared to pre-retirement.	"Well, I work out at the gym three times a week, early mornings around 6 o'clock, I swim and do some weight training and I volunteer, um, I have travelled..." (WP3)
<b>Time</b>	Management of time, thinking about time, future is positive, future is not concrete, retrospective thinking about being rushed pre-retirement, more time for activities, in control of free time, busy, actual time.	"...having time, um, just to kind of do what I want, I was in client service so I counted for every six minutes of my day for 34 and a half years..." (WP2)
<b>Interpersonal Relationships</b>	Social relationships and family.	"I spend a fair amount of time with my um, sons, um, I entertain a fair amount, um, you know, inviting folks for dinner..." (WP4)
<b>Planned Retirement</b>	Secure financially, workplace educational programs about retirement, pension plans.	"...I went to the retirement [workshop], I think there was two of them-I went to one that was more, um, financial, like, this will be how you can figure out your pension..." (WP1)
<b>Physical and Mental Health</b>	Going to the gym, proactive about maintaining physical health, small discussions about mental health, aging in reference to time and physical health.	"Before health starts to fail because generally speaking that happens the older you get." (WP1)



*Women, Unplanned Retirements*

<b>Code</b>	<b>Description</b>	<b>Example</b>
<b>Change in Life Structure</b>	Differences in the daily and overall structure of life pre and post retirement, i.e. work used to be centre of life.	Example: "It's very hard to structure...because it's not-it's not as planned or as structured as what I had wanted it..." (WUP1)
<b>Post-Retirement Activities</b>	Music, art, volunteering, continuing education, differences in the meaningfulness of activities pre and post retirement.	"...I act in community theatre plays..." (WUP2)
<b>Future Perspective</b>	Outlook on future plans, short versus long term thinking, downsizing, what are retirees looking forward to in the future?	"Some people don't like green bananas because they don't know if they'll be around to eat them all, but I think of good grief, that's a very negative way of looking at it..." (WUP3)
<b>Community Engagement</b>	Caring for the community, community activism.	"...The other thing I do is I host international students in my home..." (WUP3)
<b>Interpersonal Relationships</b>	Friends and family, the importance of social relationships.	"Well I get together with friends a lot, which is when you're working you don't have as much time for that, I mean, I'm divorced so I've been single for a long time so I've always been very um, proactive and very committed to having friendships..." (WUP4)
<b>Physical and Mental Health</b>	Physical health in reference to spouse, self, and other, importance of physical health	"...I was teaching for 10 years and I thought I might go another year or two but then I got something called lumbar stenosis..." (WUP4)

*Men, Planned Retirements*

<b>Code</b>	<b>Description</b>	<b>Example</b>
<b>Schedule</b>	The freedom to schedule activities and make plans that are not associated with work hours. The differences in retirees schedule pre- and post-retirement.	"I remember remarking to her [wife], this is the first time I've ever at 2 o'clock in the afternoon jumped in my car and gone to Costco" (MP4).
<b>Mental Health</b>	PTSD, stress of job, the relationship between enjoyment of activities and mental health, burn out.	"I found the last five years of executive manager were really kind of burning me out so I, the stress of it, started to weigh..." (MP2).
<b>Time</b>	Lack of time filling activities because actual activities are plentiful, difference of schedule pre and post retirement, no longer on "the bell".	"...I had been responding to a bell...um, bell to start school, 45 minutes later bell for the next class, and so on." (MP3).
<b>Retirement Planning</b>	Financial planning for retirement, employer led retirement planning workshops.	"I started to plan for my retirement probably twenty years ago..." (MP2).
<b>Post-Retirement Activities</b>	Hobbies, art, travel, volunteering.	"We do Pilates, uh, we do Pilates three to four times a week..." (MP5).

*Men, Unplanned Retirements*

<b>Code</b>	<b>Description</b>	<b>Example</b>
<b>Time and Future Perspective</b>	Future orientation is limited, future time constraint thinking, focused on the present, less future projects.	“Keep healthy.” (MUP5).
<b>Physical and Mental Health</b>	Worried (i.e. mental health), going to the gym, discussion surrounding weight and losing/gaining pounds, mental burnout.	“Uh, the burn out factor, and the worried about health factor. The burn out factor leading to the health factor.” (MUP3).
<b>Family</b>	Wife and children.	“...I have two kids so I guess it will be partially just helping them out wherever I can help out.” (MUP1).
<b>Post-Retirement Activities</b>	Volunteering, golf, skiing, cycling, hobbies outside of work, travel.	“I enjoy photography, I’m into cycling...” (MUP4).
<b>Process of Retirement</b>	Rationalization of an “unplanned retirement”, control of circumstances, expectations of retirement.	“...back in the 1960’s all the behavioural scientists were predicting that we would be working less, we’d have more leisure time, stuff like that. And that really hasn’t happened, it seems to be the opposite. There just isn’t enough time to do all the things that I want do to.” (MUP3).