

BMJ Open Interventions across the retirement transition for improving well-being: a scoping review protocol

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ABSTRACT

Introduction The work-to-retirement transition involves a process of psychologically and behaviourally distancing oneself from the workforce that is often accompanied by other social changes. The person is confronted with new social roles, expectations, challenges and opportunities that can influence lifestyle and well-being. In the scientific literature, we find recent reports of interventions aimed at improving health and well-being in people at retirement age. However, there is still a gap of knowledge on how different interventions during retirement might improve health status. We intend to conduct a scoping review with the aim of describing interventions for improving well-being across the retirement transition.

Methods and analysis The methodological framework described by Arksey and O'Malley; the Joanna Briggs Institute guidelines as well as the Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols statements will be followed. Eligibility criteria comprise of: (a) all type of original studies, review articles or reports published on journals as well as grey literature; (b) describing interventions to improve the well-being in adults across their retirement transition; (c) including participants before, during and after retirement; (d) all publications must describe variables associated with participants' physical and/or psychological and/or social well-being and/or perceived quality of life related to these; (e) no language restriction and (f) published from January 2000 to March 2019. The main findings will be summarised using a narrative descriptive synthesis approach and grouped following the population, concept and context principles. A stakeholder meeting will be held to provide feedback on the findings and to develop next steps in research and practice.

Ethics and dissemination Approval from a research ethics committee is not required, as no personal information will be collected. We plan to disseminate our research findings at different levels: scientific community, clinical and social arenas, as well as to healthcare leaders and policymakers and general population. The project has been registered at Open Science Framework with the name TRANSITS: work to retirement transition project.

Strengths and limitations of this study

- Methodological framework is based on the one initially described by Arksey and O'Malley as well as the current Guidelines published by the Joanna Briggs Institute. The Preferred Reporting Items for scoping reviews and the Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols statement are used to report the final protocol.
- The main findings will be summarised using a narrative descriptive synthesis approach and grouped following the population, concept and context principles.
- The future scoping review will include the collaboration of the main Primary Health Research Institute in Catalonia.
- The stakeholder meeting will guide our future steps.
- Our findings can inform the development and implementation of innovative multicomponent interventions to promote overall well-being during the work-to-retirement transition.

INTRODUCTION

The WHO estimates are that between 2015 and 2050, the proportion of individuals older than 60 will practically double, to reach 22% of the world total population.¹ Spain is among the countries with greatest life expectancy, currently set in 83 years old.² However, life expectancy in good health decreases to 66 and 67 years old for Spanish men and women, respectively, and only 45% of people aged 65 or more consider being in good health.³ A recent report of the European Commission concluded that between 2016 and 2070, public expenditure related to ageing could increase from 1.6% to 26.7% of gross disposable income due to the growth of social and health costs.⁴ As a consequence, active ageing and healthy lifestyles have become one of the most pressing priorities at national and international levels.¹

Because life transitions entail normative lifestyle changes, synchronising them

with intervention programmes has been thought as an important public health strategy.^{5 6} Much attention has been devoted to early childhood or adolescence, but not so many initiatives have been developed for the retirement transition.

The work-to-retirement transition involves a process of psychologically and behaviourally distancing oneself from the workforce that is often accompanied by other social changes like the decrease of income acquisition. The person is confronted with new social roles, expectations, challenges and opportunities, all of which can influence lifestyle and well-being.^{7–13} Several studies have shown significant changes in physical activity and sedentary behaviour, dietary habits and also socialisation. Two recent reviews point out negative effects in relation to the increase of alcohol and tobacco consumption, the decrease of physical activity or diet, at the same time that they also illustrate how retirement is an understudied life stage, in a manner that more research has been claimed about how people experience and face this transition, and what factors can interfere or contribute to the promotion of healthy lifestyles.^{14–16} Retirement has also an impact on changes in mental health. It may increase depressive symptoms among older adults, particularly men of lower social classes, while social leisure can act as a promoter of mental health.¹⁴ When this transition is involuntary, forced or occurs in vulnerable populations—such as less skilled workers—it can have a greater impact on physical and mental health.^{8 9 17 18}

In the scientific literature, we find recent reports of interventions aimed at improving the health and well-being in people at retirement age. The Institute of Ageing and Health of the University of Newcastle (UK) published in the years 2013 and 2014 a series of systematic reviews on interventions to promote greater physical activity, an improvement in the quality of the diet or the maintenance or creation of significant social roles.^{19–21} Their results served to develop an online multicomponent intervention, whose pilot of 2 months was published in 2016,²² with positive results in terms of acceptability and feasibility of the intervention. Of the five components of the programme (healthy diet, physical activity, social roles, management of free time and management of the new work/financial situation), diet, physical activity and social life were the most visited and obtained the best evaluation. Despite that, the study reports that 8 weeks of intervention were not enough to obtain significant results in terms of behaviour change.

Another randomized controlled trial conducted in the Netherlands to investigate the effect of a digital and multicomponent intervention to improve blood pressure, waist circumference, weight and body composition for 1 year with a follow-up of 48 months, found no significant differences among the intervention and control groups.¹⁸ Some of the reasons that the authors point out as explanatory of these results are the sample selection (in terms of size and possible bias in terms of health awareness of the participants), the Hawthorne effect (the mere fact of

participating in the study constitutes an incentive for the change of habits, independently of the assigned group) or the effect of the transition to retirement (which could have a positive effect on health). A plausible explanation, although not discussed by the authors of the study, would precisely be not having made an appropriate segmentation of the study population. Thus, although the socioeconomic level of the participants is taken into account, it is not reported having considered other potentially relevant characteristics such as occupation or working conditions before retirement.

There is still a gap of knowledge on how different interventions during retirement might improve health status, as laid bare in a recently published review by Vrkljan *et al* that also included interventions at bereavement and relocation.²³ The authors were able to identify two interventions delivered at the retirement transition, which yielded positive results in terms of self-efficacy, quality of marriage and oxidative stress; but do not report outcomes in terms of health behaviours such as physical activity, sleep, alcohol or dietary habits, nor other psychosocial measures. Therefore, we intend to broaden their study by conducting a scoping review with the aim of describing interventions for improving the well-being across the retirement transition in a biopsychosocial way. Our study can add to the current state of the art in at least three ways: first, it will provide an update of and a complement to the systematic reviews on the topic published by Lara *et al*, 2014^{19 21}; Heaven *et al* 2013²⁰; and Vrkljan *et al*.²³ Second, it will contribute to integrate knowledge on how to promote well-being from a biopsychosocial perspective, as it will only include multicomponent interventions targeting both physical, mental and social outcomes. From this point of view, we seek at addressing un researched issues such as occupation or working conditions before retirement. Third, it will gather information from the grey literature and key stakeholders, thus including a vast area of programmes developed outside the scientific field by governmental and non-governmental bodies that can provide substantial data otherwise dismissed. Last, we expect that our findings can inform the development and implementation of innovative multicomponent interventions to promote overall well-being during the work-to-retirement transition.

METHODS AND ANALYSIS

Design

The present study will consider the methodological framework described by Arksey and O'Malley with improvements of other authors. Initially the framework involved a six-stage phase: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; (5) collating, summarising and reporting the results; and (6) consulting with the key stakeholders.²⁴ Afterwards, Levac, Daudt and Colquhoun made improvements to this model considering a more in-depth explanation of each phase with a

clear description of the research question, purpose and outcome of the scoping review; the participation of an expert team on the content and the methodological approach which would select the studies and extract the data; incorporating a numerical summary and qualitative thematic analysis; conducting a quality assessment of included papers; identifying the implications of study findings for policy, practice or research; and adopting consultation with stakeholders as a mandatory step.^{25–27}

Thus to its increasing popularity and in order to improve the strength of evidence of scoping reviews, recent guidelines have appeared with the aim of a more standardised methodology. Consequently, the Guidelines published by the Joanna Briggs Institute as well as the Preferred Reporting Items for scoping reviews (PRISMA-ScR) and the Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols statement will also be followed.^{28–30} The TRANSITS scoping review will begin in March 2019 and is expected to be completed by October of the same year.

Stage 1: identifying the research question—rationale

On the basis of an exploratory initial research, some preliminary ideas were drawn linked to the identification of interventions to prevent the development of chronic conditions and frailty in early stages. This focus was mainly determined by the fact of a high life expectancy of the Spanish population and the change in the care approach of the elderly.³¹ Retirement has been described as a significant step from ‘mid’ to ‘later life’.³² Consequently, designing intervention programmes in this life transition with the aim of promoting good health and well-being in later life has become an important public health strategy.^{5 20 33–35} Considering these preliminary ideas and trying to generate a broad research question in order to have an extensive overview of the topic, we used the PCC principles to guide us. We finally agreed on articulating the following research questions: which interventions exist in order to improve the well-being of adults around the transition age? What is the impact and effectiveness of these interventions on the present and future well-being of this population? Which settings and professionals are involved in conducting these interventions?

Stage 2: identifying relevant studies: eligibility criteria, information sources and search

At this stage, we aim at describing the inclusion criteria of the selected studies as well as the information sources and the search strategy that will be followed.

To be included in the review, the following eligibility criteria will be considered: (a) inclusion of all type of original studies (quantitative, qualitative, mix-method studies), review articles or reports published on journals as well as grey literature; (b) describing interventions to improve the well-being in adults across their retirement transition; (c) including participants before, during and after retirement; (d) all publications must describe variables associated with participants’ physical well-being

and/or psychological well-being and/or social well-being and/or their perceived quality of life related to these; (e) with no language restriction and (f) covering the time frame from January 2000 to January 2019.

We will search the following medical and social science bibliographic databases: Cochrane Central Register of Controlled Trials (CENTRAL), Medline, Embase, CINAHL, PsycINFO, Sociological Abstracts and ISI Web of Knowledge. Reference lists of included studies will also be considered. After consultation with an academic librarian a search strategy was designed (online supplementary data 1) and will be adapted to the other databases.

Trial registries (clinicaltrials.gov, EU-CTR) will be included. We will also search for grey literature and international policies through Google, Google Scholar, Yahoo and Opengrey. Specific and recommended resources for searching grey literature will be followed.³⁶

Authors of the original studies will be contacted if relevant information on eligibility or key study data is not available in the published report.

Searches will be carried out by two members of the research team with expertise in review methodology, as well as an expert Librarian.

Stage 3: study selection

Two investigators will independently screen the titles and abstracts of the studies or other type of documents such as reports or guidelines identified in the search considering the eligibility criteria. Furthermore, all potentially relevant full documents will be reviewed by the same two reviewers. Any discrepancies will be resolved by consensus. If the consensus is not achieved, a third investigator will be included in order to reach consensus. The process will be reported following a flowchart from the extension for scoping reviews (PRISMA-ScR).²⁹

As stated by Arksey and O’Malley²⁴ the identification and selection of studies should be a comprehensive and iterative process, consequently weekly meetings will be set in order to discuss the different phases and improve and direct the diverse aspects under agreement.

Stage 4: charting the data: data charting process and data items

Data will be abstracted by two independent reviewers and compared. We will use a standardised form created by the research team in order to collect the data (Microsoft Excel Spreadsheets), which will be continuously updated on the reviewer’s criteria. We will follow the Joanna Briggs Institute reviewer’s manual 2015 for data charting.²⁸

The data extracted will be:

- ▶ Author, year of publication, journal or other information source.
- ▶ Study population characteristics (ethnicity, age, sex, educational level, presence of physical, psychological or social problems at baseline).
- ▶ Definition of transition or transition to retirement.
- ▶ Study design.
- ▶ Follow-up and retention rates.

- ▶ Intervention (type, setting, professional/person involved in the delivery, duration).
- ▶ Effects of intervention on outcomes (including measurement approach and tools).
- ▶ Analysis used to examine outcomes.
- ▶ Quality of the study.

Despite being considered an optional step, the team agreed on assessing the quality of the included studies in our review. Therefore, as the studies included will have different designs, the quality assessment will be based on the Mixed Methods Appraisal Tool (MMAT). This is a validated tool that allows inclusion of qualitative and quantitative studies in a review. As the MMAT has not been designed to exclude studies based on the quality assessment result, we will not exclude studies based on the quality assessment as our aim is to provide a comprehensive overview of the available evidence.³⁷

Stage 5: collating, summarising and reporting the results: synthesis of the results

The main findings will be summarised using a narrative descriptive synthesis approach and grouped following the PCC principles to link the different findings to the review question/s. We will also include in our synthesis tables or graphics for an easier overview of the results (table 1).

Stage 6: consultation

As mentioned above, the transition to retirement in Spain, with one of the highest life expectancies in the world, is crucial. The general population will, generally, live for more than two decades after work retirement.³¹ Health professionals, policymakers and patients should be aware of this reality as they are responsible for the design, conduction and application of strategies in order to maintain or achieve general well-being. Therefore, despite Arksey and O'Malley stated that consultation is optional, we find that our study is a fundamental step. Consequently, we plan to organise a stakeholder meeting to provide feedback on the findings and to develop next steps in research and practice. The feedback from the stakeholder meeting and the results of the scoping review will be combined to clearly indicate the available evidence, gaps in research and future research priorities for this population.^{38 39}

Patient and public involvement

In this study, patient and public involvement (PPI) will be performed at the consultation stage and dissemination. Our PPI strategy comprises involving not only *people who retires* but also caregivers, health and social professionals, and policymakers at different competence levels. It is expected that their contribution in the discussion of the systematic review results will inform the next steps of the project regarding the development and implementation of novel forms of intervention across the retirement transition.

Table 1 Data charting items

Data extracted	Description
Document type	Original article, review, report, guideline, others
If a study: type of design	RCT, observational study
Objective	What was the main aim of the document?
Author, publication year	Name of the authors and year of publication
Language	Language of publication
Geographical region of publication	Where was the document published?
Quality of the study (if applicable)	MMAT criteria
<i>Domain/subdomain following PCC principles</i>	
Population	Baseline characteristics of the population receiving the intervention
Age	
Sex	
Ethnicity	
Educational level	
Baseline physical, psychological or social problems	
Concept	Main outcomes on the general well-being of the population across the transition period
Definition of transition or transition to retirement	
Type of intervention	
Retention rates (if conducted)	
Duration	
Effect/s of the intervention on well-being (general and main outcomes, as well as measurements and tools used to assess them)	
Analysis used (if applicable)	
Context	Where was the intervention conducted? Who did it?
Context/setting of the intervention delivered	
Person/professional responsible for the intervention's delivery.	

A stratified sampling approach will be used to include the previously mentioned profiles with relevance in terms of the different dimensions of well-being, following Kirsten *et al.*⁴⁰

ETHICS AND DISSEMINATION

The present study does not require ethical approval as it is a review and collection of the data on publicly available materials. The involvement of relevant stakeholders does not imply personal data collection, rather, we seek to have the key persons feedback on the information gathered through the bibliographic review

phase which, according to the consultation submitted to the authors' institution ethical committee, does not require this procedure.

To the best of our knowledge, this review will be the first to collate and analyse interventions that impact on the general well-being of the population across retirement transition. Peer-reviewed publications, grey literature and international and national policies will be included. As mentioned, we foresee to contribute to the knowledge on how to promote well-being across the retirement transition in different manners, which include adopting a holistic approach and including key informants and stakeholders. Because all data in this project will be gathered through searches of literature databases and policies available online and no personal (health) information will be collected in the context of this project; approval from a research ethics committee is not required. The project has been registered at Open Science Framework with the name TRANSITS: work to retirement transition project.

As population ages worldwide, actions and structural changes to promote well-being and to prevent frailty will become much indispensable to sustain societies and economic systems. Our results can provide important insights to this aim.

We plan to disseminate our research findings at different levels. For the scientific community, we will present our results through the publication in a peer-reviewed journal, as well as in a national and an international conferences and meetings. Results will also be shared with Primary Care Centers and other clinical and social settings, where the population of our study will be followed. Workers associations will be approached, too. In order to make substantial changes possible, we consider important to inform principal healthcare leaders of the community of our results. Moreover, the review will be conducted in collaboration with the main research institute of primary health in our country. Both strategies seek to sensitise health or social professionals of the relevance of working with this population and the impact that good quality interventions may achieve. Last, our findings will be made available to the general population to press notes and institutional website publications.

Contributors All authors contributed towards the study design. EC obtained study funding. EC and MRM (review guarantors) drafted the protocol. MRM, CJ and MSR designed the initial search strategy for protocol submission. AM, OC, MSO and JV were involved in establishing eligibility criteria and data extraction forms. All authors provided feedback on the manuscript and approval to the publishing of this protocol manuscript.

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