

RESEARCH PAPER (ORIGINAL)

How Portuguese families perceive transition to retirement

Como as famílias portuguesas percebem a transição para a aposentação
Cómo las familias portuguesas perciben la transición a la jubilación

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Abstract

Theoretical framework: Retirement is a transitional life event which requires an adaptation to change associated with biophysiological, psychological, and sociological vulnerabilities. It is unknown whether this transition interferes with the systemic dynamics of the families.

Objectives: To understand how Portuguese families perceive their experience of transition to retirement.

Methodology: Qualitative study conducted with 14 families of individuals who had recently retired and experienced changes and/or difficulties in this transition. Data were collected through interviews and analysed using NVivo10®.

Results: Retirement influences not only the lives of retired individuals, but it also affects their family systems. Family members perceive this transition as having *gains* and *losses* and as bringing about the need to relearn how to *Act, Feel* and *Be* in family.

Conclusion: Care provision in the transition to retirement should follow a very specific model of nursing intervention that combines the families' uniqueness and the specificity of the changes brought about by this experience.

Palavras-chave: retirement; family; health; nursing.

Resumo

Enquadramento: A aposentação é um evento de vida transicional que origina mudanças às quais os indivíduos se têm que adaptar, associadas às vulnerabilidades biofisiológicas, psicológicas e sociológicas. Desconhece-se se esta transição interfere na dinâmica sistémica das suas famílias.

Objetivos: Compreender as percepções das famílias Portuguesas relativamente à sua experiência de transição para a aposentação.

Metodologia: Estudo qualitativo, com 14 famílias de indivíduos que se aposentaram recentemente e experimentaram alterações e/ou dificuldades nessa transição. Os dados foram recolhidos por meio de entrevistas e as informações foram analisadas utilizando o NVivo10®.

Resultados: A aposentação não interfere apenas na vida dos indivíduos recém-aposentados mas também na sua sistémica familiar. Todos os elementos da sua família percebem esta transição simultaneamente como *ganhos* e *perdas* e a uma necessidade de reaprender a *Ser, Sentir* e *Estar* em família.

Conclusão: Cuidar na passagem à reforma deve obedecer a um modelo muito próprio de intervenção de enfermagem que harmonize a singularidade de famílias e a especificidade das mudanças que essa experiência suscita.

Keywords: aposentadoria; família; saúde; enfermagem.

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Resumen

Marco contextual: La jubilación es un acontecimiento transicional de la vida que provoca cambios a los que los individuos se tienen que adaptar y que están asociados a las vulnerabilidades biofisiológicas, psicológicas y sociológicas. Se desconoce si esta transición interfiere en la dinámica sistémica de sus familias.

Objetivos: Comprender las percepciones de las familias portuguesas sobre su experiencia de transición a la jubilación.

Metodología: Estudio cualitativo con 14 familias de personas que se habían jubilado recientemente y habían experimentado cambios y/o dificultades en esa transición. Los datos fueron recolectados a través de entrevistas y la información se analizó utilizando NVivo10®.

Resultados: La jubilación no solo interfiere en la vida de las personas recién jubiladas, sino que también afecta al sistema familiar. Todos los miembros de la familia perciben simultáneamente esta transición como *ganancias* y *pérdidas* y como una necesidad de reaprender cómo *Ser, Sentir* y *Estar* en familia.

Conclusión: El cuidado de la transición a la jubilación debe ajustarse a un modelo propio de intervención de enfermería que armonice la singularidad de las familias y la especificidad de los cambios derivados de esa experiencia.

Palabras clave: jubilación; familia; salud; enfermería.

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Introduction

Retirement announces the end of active life. It is a transitional event (Meleis, 2010) characterised by an adaptation to change that may lead to health vulnerabilities (Loureiro, Fonseca, & Verissimo, 2012). The increasing number of retired people in most developed societies raises a large number of problems, namely a greater demand for health care services (Hermon & Lent, 2012).

Studies on the impact of retirement in retirees' families are scarce worldwide and, in Portugal, they are practically inexistent. Research in this area is important to produce evidence with a view to promoting family health during this adaptive process. Thus, this study aims to understand how Portuguese families perceive their experience of transition to retirement.

Background

Societies are currently facing one of the greatest challenges ever: the increasing population ageing. The number of retired people has been increasing worldwide and also in Portugal. This challenge can be met by finding a balance among health determinants, including the social and economic environment, the physical environment, and the individual's characteristics and behaviours (Marmot, Allen, Bell, Bloomer, & Goldblatt, 2012), which are influenced by transitional events (Meleis, 2010).

Retirement is one of those transitional events, characterised by a continuous process of adaptation to change, and can expose people to different levels of biophysiological (Loureiro, 2011), psychoemotional (Fonseca, 2011), and socioeconomic vulnerability (Fernandes, 2008). This event is one of the major transitions in the lives of middle-aged individuals. It is the beginning of a new phase of life, which requires the restructuring of the families' daily routines and social contacts.

A transition is an internal psychological process that people go through when they have to face a new situation (Nuss & Schroeder, 2002). Transitions can be anticipated events, like retirement, or unanticipated events. Each person brings certain strengths and weaknesses to deal with the transition process. Family can be seen as strength or as weakness.

As retirement announces the end of active life, it brings about many losses that can increase the risk of illness among retired people. However, retirement is longed for many, as it is also an opportunity to let go of the pressure and responsibility, the lack of time and many other restrictions usually associated with the professional life. However, it is also feared by others who have turned their professional activity into a source of pleasure, personal investment and/or social recognition. Many of these individuals may even perceive it as a loss of their identity.

The successful experience of this event depends on many individual factors (Loureiro et al., 2012; Mintzer & Taylor, 2012) that may have an impact on the families' health.

Research Question

How do Portuguese families perceive the experience of transition to retirement?

Methodology

Qualitative methods were at the methodological basis of this study. Symbolic interactionism was used as a theoretical framework, while narrative inquiry was used to analyse the data provided by participants. A narrative inquiry was conducted based on the analysis of the narratives, which were, later on, retold by the researcher (the main objective of this procedure was to listen to participants and asked them about the validity of the narratives themselves). In a second phase, after an out-of-context analysis, the researcher retold these same narratives in the presence of the participants, thus elaborating a meta-narrative.

The selection of participants resulted from a previous study (Loureiro, 2011) carried out on a sample of 432 recently retired individuals (less than 5 years), of whom 136 were identified through a questionnaire as perceiving changes and/or difficulties in retirement. Among the individuals identified with these characteristics, 30 were flagged because their families met the following inclusion criteria: members who had experienced the period of transition to retirement with the individual in a situation of cohabitation and members who had signed an informed consent accepting to voluntarily participate in the study.

Exclusion criteria were: members under the age of 18 years; members without the necessary cognitive skills to participate in the study (e.g., dementia, Alzheimer's disease); and families in which one of its members had a Family APGAR score (Smilkstein, 1978) lower than four (without family dysfunction).

After the abovementioned criteria were met and informed consent was obtained, a total sample of 14 families was selected. Most of these were made up of two members. None of the families was a reconstituted family. Families were in the «empty nest» stage of the family life cycle (Wright & Leahey, 2012). Their perceived Family APGAR score was between 4 and 9 (average index=6). Families were characterised based on the Calgary Family Assessment Model (Wright & Leahey, 2012).

Data were collected through simultaneous semi-structured interviews to all family members of the selected families. The data collection process was developed in two different phases. In a first phase, after all members had given their informed consent, a semi-structured interview was conducted with the family and video recorded, starting with the question *How is your life now after retirement?*. Later on, in a second phase, participants were given a synthesis of their narratives and asked to validate

the contents. Data analysis began with the full transcription of the interviews, which were then coded according to the number of family participants and the type of relationship with the identified retiree (I-recently retired individual; S-spouse, A-ascendant; D-descendant). The material resulting from the transcriptions was analysed by consensus, using NVivo10®.

All ethical and moral research principles were safeguarded [approved by the Ethics Committee of the Health Sciences Research Unit: Nursing (UICISA:E), Nursing School of Coimbra (P131-01/2013)], namely the rights of the families who were selected to this study.

Results

Families were faced with a new reality after retirement and, although this transition was something experienced by one of its members, the mentioned event was responsible for a set of adaptation processes that left none of the family members indifferent. This evidence emerged in the meanings assigned to this transition, which suggested retirement as an event and as an experience (Figure 1).

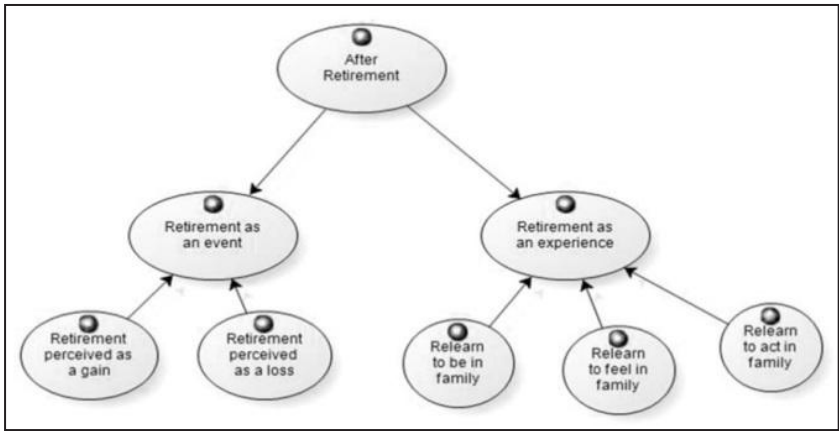


Figure 1. Meanings assigned by Portuguese individuals and their families to the period after retirement.

Families perceived retirement as an event capable of generating *gains* and/or *losses* in their lives (Figure 2).

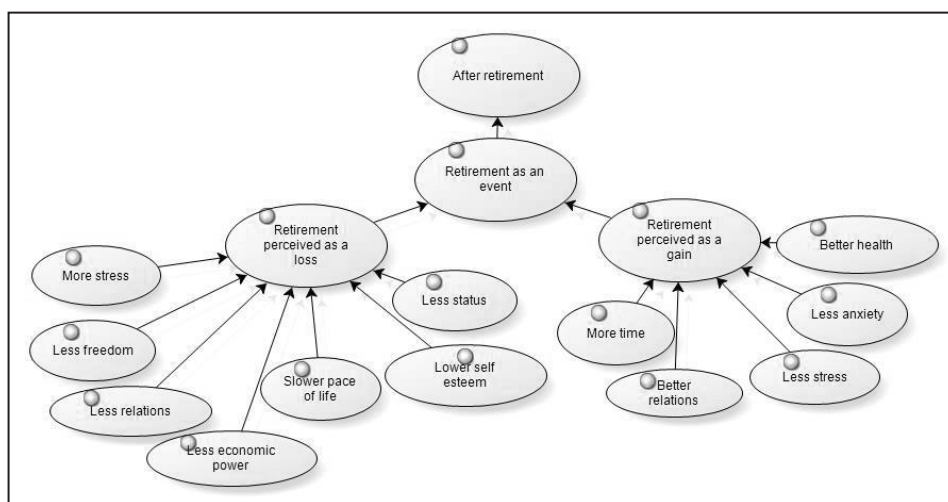


Figure 2. Retirement perceived as a gain and a loss by Portuguese individuals and their families, after retirement.

Perceived *gains* were specifically related to achieving better health outcomes “It was good that I retired . . . because that anguish that wouldn’t let me rest has passed.” (I₁) (2013), less stress “I thought that my wife would be more relaxed. . . which she did” (S₁) (2013)], more time for oneself “it has only one good thing that is now I have more time for numismatics . . .” (I₂) (2013) and for others “now, that I have more time, I help my daughter taking care of my grandchildren” (I₁₂) (2013), and also with the perception of improved family dynamics “but now my son is closer to me” (A₁) (2013).

Perceived *losses* were those related with a slower pace of life “it seems like she no longer has that energy that she used to have” (S₁) (2013)], fewer social contacts “sometimes I’m a bit sad because I’ve lost some contact with everyday life” (I₁) (2013), loss of status “people forget what I did for them . . . I’m no longer Doctor . . . now I’m Mister . . .” (I₃) (2013), loss of economic power “but the economic difficulties were the worst part” (I₁₁) (2013), perception of loss of freedom “At least I had no one to bother me . . . now it’s stressful. I feel trapped. I feel like a little bird in a cage.” (I₉) (2013), and with more stress in the family system “getting home and still having to do

everything? He doesn’t even buy the bread! C’mon, I can’t take it anymore. I only ask him not to litter.” (S₂) (2013).

It was also interesting to see that this event always raised an ambivalent perception of *gains* and *losses* in the same participant and within the same family. An example of this ambivalence was the case of family number 2, in which the retiree and the spouse assigned both *gains* and *losses* to this experience:

The quarrels with the board direction are over . . . but another war has started at home . . . my wife doesn’t understand that we have to prepare ourselves for an uncertain future . . . (I₂) (2013) This is all the wrong way around . . . He now (I₂) says he hasn’t a lot of money . . . that we may need it in case we become ill . . . and the fact of having my mother-in-law here at home doesn’t give us many space to do it”. (S₂) (2013)

In what concerns the meaning assigned to the experience of retirement, the type of perceptions and the context in which they were uttered showed that most of them referred to experiences that led to a kind of systemic relearning around the dimensions *act*, *feel* and *be* in family (Figure 3).

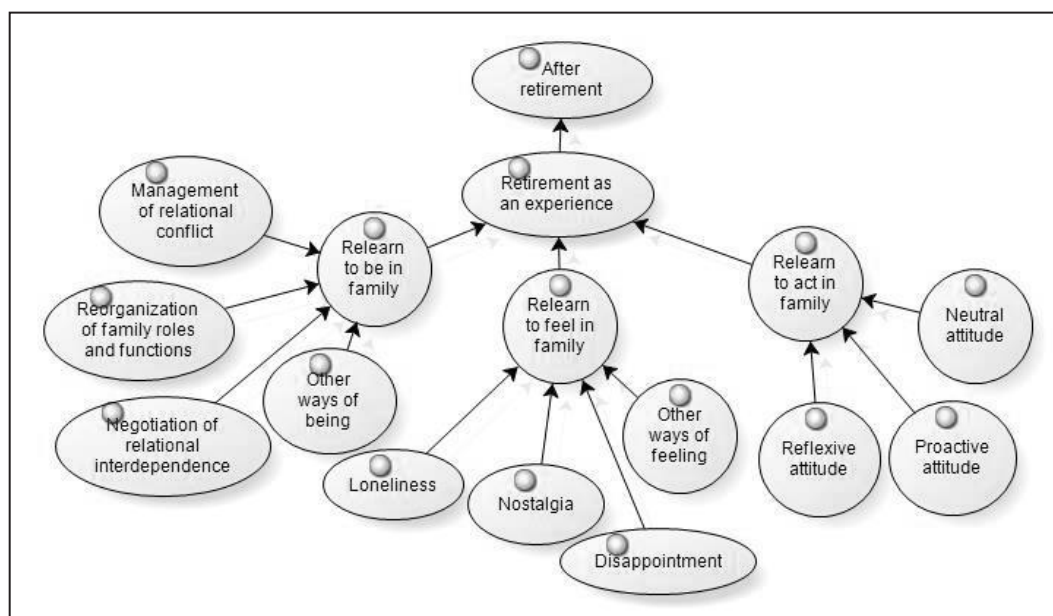


Figure 3. Family systemic relearning by Portuguese individuals and their families, after retirement.

With regard to relearning to *act in family*, this dimension referred to the attitudes that were adopted in response to the change brought along by this life event, suggesting the existence of a proactive attitude, when the individual was an agent of his/her own relearning and which may have been experienced as positive (if constructive for the family system), negative (if non-constructive for the family system) or ambivalent (when expressed in a dualistic way on the familiar system); a reflexive attitude, when the individual felt a change in his/her way of being in family, but in which he/she was not an agent of relearning, and which may have also been experienced in a positive, negative, or ambivalent way; and/or a neutral attitude, when the individual expressed no change in his/her way of being in family, even though he/she may have felt it. In family number 3, the retiree mentioned “to turn things around, I started taking care of household chores . . . yes, I can say that, in a way, I became a *househusband* . . .” (I₃). The meaning of relearning to *Be in family* became evident and associated with a new way of spending their free time. However, a closer analysis showed the symbolic meaning assigned by the retiree to this new way of *being in family*, and, although he appeared to be pleased with it, the hesitation and ironic manner with which he talked revealed that this way of being was not exactly the usual one for his condition and

gender in the sociocultural context where he lived. As a result, his attitude was considered as proactive and ambivalent.

The narratives of family number 5 showed that the retirement of I₅ had no major impact on their way of being in family. This situation may have been due to the lack of investment by this member in the family relationships over the years and to the fact that he kept the same attitude after retirement.

I found a new way to spend my time . . . I was already into numismatics but now I dedicate myself more to it . . . I’ve never worried about the household chores because I know my wife takes good care of that”. (I₅) (2013)

The fact that my husband retired had no impact on my way of living . . . I wasn’t expecting him to help much at home as he had never done it before . . .” (S₅) (2013)

The relearning on how to *Feel in family* was also evident in the participants and, according to the analysis performed, the disappointment, nostalgia, and loneliness were effective in their speeches. These ways of feeling may have also been related to the fact that the retirees mentioned having experienced changes and/or difficulties prior to this study. The analysis of the narrative contexts in which those meanings were uttered showed that other factors may have also been involved in this new way of *feeling in family*.

In what concerns disappointment, the meanings expressed were related to the fact that life after retirement had not corresponded to their expectations, namely to the fact that some of the expected gains in family were not realised after retirement. The narrative of I₁ illustrated this feeling towards such event, which, according to the retiree, should be prepared in advance so as to be avoided:

Not everything is smooth sailing . . . I thought it would be better! Now I miss my old life . . . I think that my previous life pace gave me no chances to prepare for this change . . . people should have the opportunity to prepare for this change of status . . . and I think that in the beginning my husband also felt that I wasn't ready for this abrupt change". (I₁) (2013)

Nostalgia was the premise for the emergence of the feeling of nostalgia in the narratives of several individuals in this study. Some excerpts described this situation and its analysis helped to conclude that this way of feeling was related to the end of professional activity. They were now away from the systems with which they usually contacted and, in general, distant from their past lives. In her narrative, I₁ talked about this feeling explicitly: "but, my passion for teaching never went away and that's what I miss the most. I also miss spending time with some of my co-workers . . . I try not to let this feeling interfere in my life but . . ." (I₁) (2013).

Loneliness was another aspect of relearning how to *feel* in family that emerged in the narratives on the experience after retirement. This feeling was particularly strong among the retirees. However, in a more discreet way, other family members also expressed an identical sentiment which was mostly related to the fact that they had expected that the retiree would spend more time with them and participate more in the family dynamics after retirement. The narratives of family 3 show this perception, namely when one of the family members stated:

I felt lonely! . . . I contacted with many people at work . . . My life was so different from what it is now! I think that the most difficult thing was stopping having that relationship with people. I also didn't have another hobby, so, I felt like the day had 48 hours. I found myself calling my wife just not to feel alone!". (I₃) (2013)

The subtheme of relearning how to *be in family* emerged in the families' narratives when they

mentioned the relational dynamics established in response to the changes brought about by this life event. This relearning was particularly manifested by the marital subsystem, and may have been related to the different instrumental and expressive tasks that they started to perform. It was also manifested in the negotiation of relational interdependence:

We talked and established a plan: in some weekdays, each one of us would have some time for our own activities. On the other days, we would develop activities together (I₁) (2013). It is essential that each of us have our own space and it is also important that the couple finds their common space, together! (S₁) (2013)

The management of the relational conflict:

"my wife never gave me peace and quiet!" (I₂) (2013) "I no longer had a quiet moment since my husband retired! . . . He was always noticing what I was doing." (S₂) (2013);

And the reorganisation of marital roles and functions, with a special emphasis to the *caregiver* role, specially directed to the descendants:

"I started spending time with my grandchildren. . . I'm really proud about this new role, because people recognise me and they congratulate me on my two beautiful grandchildren" (I₃) (2013) "he is very good at caring for his grandchildren . . . I didn't know this side of him . . . I even get the feeling sometimes that I have a new husband" (S₃) (2013)

Discussion

Empirical evidence has shown that retirement is a transition experienced in an ambivalent way, raising both feelings of *gain* and *loss*. For the retirees, the fact that they had more time for themselves and that they no longer had professional responsibilities and obligations or were under the stress, conflicts and other organisational aspects that constituted a source of dissatisfaction facilitated the expression of the meanings of *gains* found in their narratives. These and other reasons contributed to the fact that the other family members also shared the same perception of retirement, because they are now living with a person that is more relaxed, more healthy and with more time available to spend with them, which was clearly an added value to the family environment.

However, meanings of *loss* were also found in the narratives as a result of the inevitability of the confrontation with the notion that they had before this life event and because this situation led to some discontent among those whose expectations regarding retirement were not met. Although this perception was more evident among the individuals who experienced this life event, it was also present among other family members.

The proliferation of meanings of *gain* and *loss* and the concomitant way in which they were revealed in the narratives represented thus one of the clearest evidence that these individuals and their families were experiencing a transitional phenomenon (Meleis, 2010).

This study contributed to developing this area of knowledge as it calls our attention to the fact that experience of the transition to retirement has not only an impact on the retiree, but also, and quite clearly, on the other family members.

In accordance with the ecological model of human development (Bronfenbrenner, 1986), these findings corroborate the idea that transitional experiences cannot be understood in an isolated way. Rather, they have to be analysed within the transitional context of systemic interaction in which they are developed and that inevitably involves the family system.

In view of the above, Nursing professionals should be aware of the fact that their intervention should not only be focused on the individuals who experience this event, but also on the systems involved in this transition, namely the family system.

Therefore, with regard to the context of their development and given the systemic interaction established herein (Hanson, 2005), family involvement becomes inevitable: not only due to the impact of this transition on them (family while a *target of care*), but also because its members can be an important ally in the implementation of strategies aimed at minimising the meanings of *loss* (family while an *informal caregiver*).

In what concerns the meaning assigned to the experience of retirement and more specifically to *acting in family*, the neutral, reflexive and proactive attitudes expressed in the participants' narratives revealed that individuals adapt differently to the changes resulting from this transition. They use different strategies according to their families' life trajectories, their resilience to meet the challenges

and their personal preparation to deal with this transition. According to these findings, we believe that a timely and successful preparation for this transition can make a difference in the families' experience of this particular moment.

In Portugal, this practice is not common. There are no health programs or policies specifically designed for this purpose and, as previously stated, there is also no particular concern from health professionals to accompany individuals and their families during this transition. As this life event typically occurs in early old age, it is recommended that this intervention should start in middle age. Therefore, regarding the consequences resulting from a less successful experience of this transition, we reiterate the need to invest in a health promotion program at this stage of the family life cycle, whose design should be adapted to the Portuguese sociocultural reality (Loureiro, 2014).

As regards *feeling in family* and because the meanings assigned to the experience under study were primarily related to less positive perceptions of it, these results called our attention to the fact that this transition is often seen as a potentially difficult experience within the family dynamics. Although the feelings of disappointment, nostalgia, and loneliness were frequently mentioned by the participants in this study, they do not necessarily have to be experienced during this transition. However, since previous studies (Loureiro et al., 2012) have identified identical changes and/or difficulties perceived by individuals who had experienced this type of event, these results suggest that this relearning should be the object of particular attention from nurses who care for individuals and families during this transition. Some of the many interventions that nurses can develop with these individuals to minimise these feelings include exploring the composition and quality of the relationships established within the family system, fostering relationships with other community systems, and promoting the maintenance or even the creation of stimulating life projects to achieve a renewed self-esteem (Hanson, 2005).

In what concerns the relearning of *being in family*, the results reiterate the importance assigned to the spouse as a source of support in this transition experience (Loureiro, 2011). Given that the spouse is the closest family member to the retiree for having been with him/her for several years, having

established common life goals and/or for the affective bonds between them, this relationship is considered of extreme importance in the process of adapting to retirement (Hanson, 2005; Alarcão, 2006).

However, since this type of relationship in this stage of the life cycle is often characterised by signs of imbalance, resulting from other transitional experiences (e.g., *children leaving their homes, parents entering their homes*), and/or less successful previous marital relationships, resulting from disenchantment with life, it should be noted that this transition is more of an *adaptive effort* in some marital subsystems. The negotiation of interdependence, the management of relational conflicts and marital roles, and the reorganisation of functions clearly expressed this need. As regards the negotiation of interdependence and given that the meanings reflected the existence of opposing attitudes of conformity or nonconformity, this duality showed that the development of this adaptation exposed retirees to moments of relational adjustment. Retirement can thus be experienced with greater difficulty by couples with conflicting relationships (Mintzer & Taylor, 2012), as shown in those reported. These findings corroborate the notion that marital relationships are often subject to constraints at this stage of the life cycle (Alarcão, 2006; Ribeiro, 2005; Wright & Leahey, 2012), mostly as a result of the adaptive processes to which they were exposed throughout their marital lives. In the light of this evidence, nurses should intervene to promote these couples' autonomy, sharing relationship, and development, thus leading to gains for both members of the couple (Ribeiro, 2005; Bushfield, Fitzpatrick, & Vinick, 2008).

In what concerns the relearning of family roles and functions, it was found that the caring function, namely *to take care of grandchildren*, was evident in terms of adaptive response. This finding has somehow found its source in Portuguese cultural customs, where it was common to have extended families with an established self-care practice. The means for the couple to achieve a desired healthy relationship would be to never forget to explore the various ways and strategies to promote their conjugality (Bushfield et al., 2008).

Conclusion

The things, symbols, language, society, self-interaction, human action, and group activity emerging from the narratives revealed that retirement is a transitional experience not only for the retiree, but that it affects the whole family. It was also observed that, depending on the surrounding characteristics, this event may result in different perceptions of *gain* and *loss*, which translates into an attribution of ambivalent meanings. From an experiential perspective, it was also observed that this transition leads to a process of change and adaptation in the family system, which is only achieved through a relearning of how to *Act, Feel* and *Be* in family. Thus, care provision in the transition to retirement should follow a very specific model of nursing intervention that combines the uniqueness of the individuals and their families, who play a leading role in this event. This model is still missing in Portuguese primary healthcare. However, based on these results, a program is being designed to be implemented in primary healthcare settings. The project REATIVA, *Active Retirement: study of a healthy ageing promotor program* (PTDC/MHC-PSC/4846/2012), funded by the Foundation for Science and Technology, the Portuguese Government, and the European Union, and registered in UICISA: E, is seeking more evidence to sustain this program and implement it in primary healthcare settings. This program aims at improving the biopsychosocial health of middle-aged individuals and families undergoing a process of adaptation to retirement, thus promoting an active ageing.

References

- Alarcão, M. (2006). (Des)Equilíbrios familiares: Uma visão sistémica (3ª ed.). Coimbra, Portugal: Quarteto.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723-42.
- Bushfield, S., Fitzpatrick, T., & Vinick, B. (2008). Perceptions of "impingement" and marital satisfaction among wives of retired husbands. *Journal of Women & Aging*, 20(3-4), 199-213.
- Fernandes, A. (2008). *Questões demográficas*. Lisboa, Portugal: Edições Colibri.

- Fonseca, A. (2011). *Reforma e reformados*. Coimbra, Portugal: Almedina.
- Hanson, S. (2005). *Enfermagem de cuidados de saúde à família* (2ª ed). Lisboa, Portugal: Lusociência.
- Hermón, D., & Lent, J. (2012). Transition from career to retirement: A psychoeducational group design. *Career Planning and Adult Development Journal*, 3, 33-57.
- Loureiro, H. (2014). "Passagem à reforma": Uma vivência a promover em cuidados de saúde primários. In A. Fonseca (org), *Envelhecimento, saúde e doença: Novos desafios para a prestação de cuidados a idosos* (pp. 123-151). Lisboa, Portugal: Coisas de Ler.
- Loureiro, H., Fonseca A., & Veríssimo M. (2012). Evolução dos comportamentos e do estado de saúde na passagem à reforma. *Revista de Enfermagem Referência*, 3(8), 44-56. Retrieved from <http://www.scielo.gpeari.mctes.pt/pdf/ref/vserIIIIn8/serIIIIn8a05.pdf>
- Loureiro, H. (2011). *Cuidar na "entrada na reforma": Uma intervenção conducente à promoção da saúde de indivíduos e de famílias* (Tese de doutoramento, Universidade de Aveiro, Portugal).
- Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P. (2012). WHO European review of social determinants of health and the health divide. *Lancet*, 380, 1011–29.
- Meleis, A. (2010). *Transition's theory: Middle range and situation specific theories in research and practice*. New York, USA: Springer.
- Mintzer, D., & Taylor, R. (2012). Working with Couples in "Retirement Transition". *Career Planning and Adult Development Journal*, 28(2), 46-57.
- Nuss, E., & Schroeder, C. (2002). Life planning: Preparing for transitions and retirement. *New Directions for Student Services*, 98, 83-94.
- Ribeiro, M. (2005). Casais de meia-idade: Estudos com casais portugueses numa perspectiva sistémica. *Psicologia*, 19(1-2), 57-85.
- Smilkstein, G (1978). The family APGAR: A proposal for a family function test and it's used by physicians. *The Journal of Family Practice*, 6(6), 12-31.
- Wright, L., & Leahey, M. (2012). *Nurses and families: A guide to family assessment and intervention* (6ª ed.). Philadelphia, USA: F.A. Davis.

