Original Article

Successful Aging Awareness and Retirement Preparation in a Sample of Medical Center Employees

Yi-Ling Chou[1,2], Hui-Chuan Hsu[3,4*], Shu-Nu Chang-Lee[3], Hung-Yu Yang[5], Yi-Hui Sung[1]

[1] Department of Nursing, Chung Shan Medical University Hospital

[2] School of Nursing, Chung Shan Medical University

[3] Department of Health Care Administration, Asia University

[4] Department of Health Research, China Medical University Hospital, China Medical University

[5] Department of Healthcare Management, Yuanpei University

The purpose of this study was to explore successful aging awareness and retirement preparation as well as to examine the relationship between the two among employees in a medical center prior to their retirement. The sample included medical center employees who were 45 years of age or older (n=174, with completion rate of 56.3%). Data were analyzed using factor analysis and multiple regression models. Six components to successful aging were identified as learning and social life, economy and health expenses, environment and society welfare, family relationships, health, and positive thinking. Seven retirement preparation factors were learning and social life, environment and social welfare, family relationships, financial security, psychological and physical health, social relationships, and spirituality and religion. Increased awareness of learning and social life, environment and society welfare, economy and health expense, and health correlated with more adequate over all retirement preparation. Successful aging awareness and retirement preparation should be promoted via lifelong education.

Key Words: successful aging, retirement preparation

Introduction

In recent years, there has been a global trend in the aging of the population. The increase in life expectancy means that the years following retirement occupy one-fifth of an entire life for OECD countries[1]. A similar trend, both for increased life expectancy and an extended number of years in retirement, has been noted in Asian countries. In recent decades, the field of gerontology has become interested in the paradigm of successful aging. Thus, the achievement of successful aging following retirement is a new goal for adults as they become older. The aging issue is important not only for the general population but also for the workers in the medical field. The medical-related workers in the hospitals, including physicians, nurses, para-medicals and administrative workers, are important resources with regard to information on healthy aging for the patients and families. The role of health education is embedded in their work. However, whether the medical staff members are aware of the concept of successful aging has rarely been

* Corresponding Author: Hui-Chuan Hsu

  Address: No. 500, Lioufeng Road, Wufeng, Taichung, 41354, Taiwan, R. O. C.

  TEL: +886-4-23323456#1827

explored. Furthermore, because of their medical specialty, retired medical staff members are still important human resources in health and social care volunteers. Whether medical staff members have well-planned for their retirement and are responding to successful aging is unknown. If the medical staff members have the awareness of successful aging and plan well for their retirement, then their quality of life in their older age is promising, and such benefits would in turn benefit the population they serve.

Successful aging is generally viewed as a multi-dimensional concept[2], and there are many studies that have defined essential components to successful aging, e.g., health, financial security, adaptation to life, family relationships, social relationships, lifelong learning, productive activities, environment and social welfare policies, and religious spirituality[3,4,5,6]. However, the successful aging concept among the middle-aged is little explored. There may be cohort differences in these concepts for the older people and the middle-aged.

Retirement planning is the planning process for the life after paid work ends. In the past, people usually prepare only for the financial aspects of life after retirement[7,8] and tend to be much less concerned with the other dimensions of their lives post-retirement. It is only recently that studies have begun to explore new dimensions of retirement preparation, including health, family, learning, leisure activities and social networks during retirement[9,10,11,12,13,14,15]. However, these studies only address issues of successful aging during the years after retirement. Factors related to retirement preparation include age, income, gender, education, marital status, social networks and the influence of life experience[9,13,14,16,17].

Retirement preparation is an important life decision for aging people, and better preparation is expected to contribute to a better quality of life in old age. Thus, what successful aging awareness is and what adequate retirement planning is to the middle-aged group should be examined. Existing research has not fully explored the association between successful aging and retirement preparation, particularly specific populations such as those found in the medical field.

The purpose of this study was to explore the awareness of successful aging and its relationship to retirement preparation behaviors in a sample of employees in a medical center in Taiwan.

Methods

Data and Samples

The data from this study were collected from middle-aged employees in a medical center in Taiwan. The questionnaire was designed based on the results of a literature review and a qualitative pilot study. It was reviewed by four experts whose backgrounds included gerontology, nursing, health care management, qualitative research and survey research. The questionnaire was modified based on the experts' comments, and the results from the pilot study were used to improve its validity. The questionnaire was pre-tested and modified. Finally, the formal questionnaire was finalized for in this study. All employees aged 45 years old or greater in the medical center were invited to participate in the study. The data were collected from February to March 2012. The sample included 309 people. A total of 174 people completed the questionnaire, with a completion rate of 56.3%. The eligible samples in the medical centers were 309 employees, including physicians (38.8%), nurses (10.7%), other para-medicals (22.0%), and administration staff (28.5%). The respondents of the eligible samples in each category were: 41 physicians (23.6%), 30 nurses (17.2%), 45 para-medical staff members (25.9%), and 58 administrative staff members (33.3%). The completion rate of the nurses (90.9%) and the administrative staff members (85.3%) were the highest, and the completion rate of physicians were the lowest (34.2%). This study had obtained approval of Research Ethics Committee before the conduction.

This study was approved by the ethical committee of the medical center. Informed consent was obtained from all participants. Participants were assured that their responses would remain confidential and that only aggregated data would be reported.

Measures

Successful Aging Awareness

According to the results of our pilot qualitative study and literature review, 30 items on the concept of successful aging awareness were identified. The aging awareness scales covered nine dimensions: health, financial security, life adjustment, family relationships, social support, productive activities, lifelong learning, environmental and social welfare, and spirituality and religion. Each item was scored on a 5-point Likert scale according to increasing importance (1=not important at all and 5=very important). The Cronbach's alpha for the successful aging awareness scale was 0.941.

Retirement preparation

The scale for retirement preparation consisted of 30 items related to retirement preparation behaviors, which were correlated with the nine dimensions of successful aging. Each item was scored by the frequency of the preparation behaviors, ranging from 1 (none) to 5 (always). The Cronbach's α for the retirement preparation behavior was 0.931.

Controlling variables

Demographic variables included gender, age, marital status (having a spouse or no spouse), annual income, satisfaction with family income (very satisfied to very unsatisfied, scored 1 to 5), years of full-time employment, religious beliefs (yes/no), medical background (yes/no), ethnic group, level of education (high school or less, university or college, and graduate school or above), occupation and department in the medical center (physicians, nurses, other para-medicals, and administrative staff). The health-related variables of the participants included the self-reported number of chronic diseases and self-rated health (coded as good or poor).

In addition, participants were asked if they is they were familiar with the concept of successful aging (from know nothing at all to knowing very much, scored from 1 to 4): if they had thought about retirement (not at all, thought about it, seriously considered, and action to preparation, scored from 1 to 4); and how many years it would be until they retired. They also rated the degree to which their own life experiences or that of their family/friends affected their planning (from none to very much, scored 1 to 3).

Analysis

The statistical analysis included descriptive statistics, bi-variate analysis, factor analysis, and multiple regression analysis. The data analysis was conducted using SPSS PC 12.0 software.

Exploratory factor analysis was used to extract factors from the successful aging awareness scale and the retirement preparation behavior scale. The extracting method utilized principal component analysis, and the criterion was set as Eigen value>1. The same approach was applied to the analysis of successful aging awareness and on the analysis of retirement preparation.

The factor scores of successful aging awareness and retirement preparation were then used as the independent variables in our correlation between successful aging awareness factors and retirement preparation factors. A multiple regression analysis was then conducted: the sums of scores were used as dependent variables, and the scores for each factor associated with successful aging awareness and other control variables were used as independent variables.

Results

The characteristics of our sample are shown in Table 1. Among them, 70.7% were women and 29.3% were men. The average age was 51.7 years old (SD=4.8). Of the participants, 23.6% were physicians, 17.2% were nurses, 25.9% were para-medical personnel, and 33.3% were administrative staff members. Approximately 38% of the sample expected to retire in 5 years. Most participants had not heard about 'successful aging.' They thought about or had considered their preparation for retirement but had not yet begun to start preparing for it.

Table 2 shows the summary of our analysis of successful aging awareness scale and the retirement preparation scale. After deleting the unfit items and considering their conceptual reasonableness, 29 items were retained in the successful aging

Table 1. Description of Participants (N=174)

Variables	N	Mean (SD) or %
Gender		
Male	51	29.3%
Female	123	70.7%
Occupation		
Physicians	41	23.6%
Nurses	30	17.2%
Para-medical personnel	45	25.9%
Administrative staff members	58	33.3%
Education		
High school or lower	27	15.5%
University/College	95	54.6%
Graduate school or above	52	29.9%
Marital status		
Having a spouse	137	79.2%
Separated, divorced, or widowed	16	9.3%
Never married	20	11.6%
Annual personal income (NT 10 thousand dollars)		
≤60	101	58.0%
61-120	39	22.4%
121 +	34	19.5%
Self-rated health		
Good	110	63.2%
Poor	61	35.1%
Years anticipated to retirement		
Don't know	12	7.1%
0-2 years	11	6.4%
3-5 years	54	31.6%
6-10 years	67	39.2%
11-30 years	27	15.8%
Age		51.70 (4.89)
Family income satisfaction		3.18 (0.85)
Number of chronic diseases		0.36 (0.61)
Years working a full-time job		22.78 (7.04)
Knowledge of successful aging		1.94 (0.88)
Having planned for retirement		2.43 (0.79)
Influence of personal experiences on retirement preparation		1.96 (0.65)
Influence of friends and relatives' experiences on retirement preparation		2.11 (0.60)

awareness model and 6 factors were extracted; the model explained 68.4% of the variance in the model (Table 2). The six factors we extracted were follows: learning and social life, economy and health expense, environment and society welfare, family relationships, health, and positive thinking. The average scores of the awareness of successful aging were higher when responding to health factor items than the other items, probably due to the backgrounds of the respondents. However, the average scores of the items in the environment and social welfare factor were lower than the items of other factors.

There were also 29 items retained in the retirement preparation scale, and seven factors were extracted, which explained 69.3% of the variance in the model. These factors were as follows: learning and social life, environment and social welfare, family relationships, financial security, psychological and physical health, social relationships, and spirituality and religion (Table 3). The average scores of the retirement preparation across the items were similar, ranging between 2.80 to 3.90. The highest scored items were the healthy eating (score=3.96) and optimistic attitude toward aging (score=3.90), and the lowest score was in the taking care of children and grandchildren (score=2.80).

Table 4 shows the correlations for successful aging awareness factors and retirement preparation behavioral factors. In general, the relationships of successful aging awareness and retirement preparation factors were positively and moderately correlated, with the exception of the relationship of family relationship awareness and the preparation for learning and social life (r=-0.177, p<0.05).

Table 5 shows the multiple regression data for successful aging awareness to retirement preparation. Stepwise regression models were applied. The total retirement preparation model explained 61.6% of the variance in the model, indicating that the models were acceptable. Having greater awareness in learning and social life (β = 0.830), greater economic and health expense awareness (β = 0.517), greater environment and social welfare awareness (β = 1.219), and greater health awareness (β = 0.957) were related to more retirement preparation. The participants who had thought more about retirement planning had higher retirement preparation.

Table 2. Factor analysis of successful aging awareness for the employees in the medical center

Items of successful aging awareness	Mean (SD)	Factor 1 Learning and Social Life	Factor 2 Finance and Health Expense	Factor 3 Environmental and Social Welfare	Factor 4 Family Relationships	Factor5 Health	Factor 6 Positive Thinking
Participate in learning activities	4.11 (0.727)	.837	.013	.098	.042	.236	.176
Participate in social activities	3.93 (0.797)	.823	.213	.274	.043	.112	.131
Feel enthusiastic about learning new things	4.21 (0.712)	.778	.096	.191	.083	.142	.288
Agree with "living is learning" even while getting old	4.28 (0.732)	.753	.053	.091	.102	.222	.300
Participate in voluntary service activities	3.86 (0.790)	.706	.087	.405	.103	.140	.081
Socialize with acquaintances in the workplace	3.81 (0.742)	.568	.218	.295	.350	.126	-.166
Befriend people with similar interests	4.24 (0.721)	.526	.359	.109	.377	-.054	.204
Socialize with relatives/neighbors	3.98 (0.733)	.502	.279	.220	.440	-.017	-.010
Plan leisure activities after retirement	4.23 (0.732)	.442	.428	.191	.132	.150	.279
Plan for financial management and investment	4.23 (0.736)	.160	.838	.170	.014	.085	-.063
Saved money in case of illness or the accident	4.45 (0.677)	.061	.713	.179	.090	.258	.100
Saved enough money for old age	4.56 (0.623)	-.061	.665	-.051	.159	.287	-.086
Living arrangement	4.28 (0.722)	.324	.658	.191	.049	.134	.271
Have regular health examinations	4.82 (0.403)	.117	.559	.342	.131	.410	.016
Prepared for long-term care or family caregivers available	4.47 (0.670)	.193	.527	.011	.394	.193	.317
Schedule daily lives in old age	4.39 (0.623)	.358	.471	.126	.325	.218	.282
Learn more about current political dynamics	3.17 (1.042)	.250	.032	.790	.064	.008	-.019
Concerned about community or social environment	3.70 (0.850)	.286	.198	.726	.232	.096	.105
Participate in religious activities	3.42 (1.010)	.097	.155	.630	.047	.082	.246
Concerned about elder welfare policy	4.08 (0.821)	.381	.341	.501	.177	.060	.195
Satisfied with children's career achievements	3.86 (0.998)	.181	.149	.084	.862	.030	.033
Feel no need to worry for children	4.11 (0.970)	.029	.041	.170	.845	.124	.186
Have harmony in family relationships	4.52 (0.576)	.219	.416	.081	.461	.240	.388
Take care of health & nutrition	4.82 (0.403)	.166	.220	-.009	.000	.822	.142
Create a healthy lifestyle	4.71 (0.516)	.201	.357	.088	.090	.805	.097
Perform regular exercise.	4.64 (0.570)	.278	.283	.162	.173	.753	.089
Have peace of mind	4.33 (0.664)	.216	.077	.344	.164	.081	.724
Possess a positive attitude towards life	4.57 (0.572)	.344	.248	-.021	.127	.209	.653
Explore meaning/value of life	4.19 (0.750)	.296	.119	.498	.075	.064	.555

Note: 29 items were analyzed and extracted by principal component analysis, with an explained variance 68.4%.

Table 3. Factor analysis of retirement preparation for the employees in the medical center

Items of retirement preparation	Mean (SD)	Factor 1 Learning and Social Life	Factor 2 Environment and Society	Factor 3 Family Relationships	Factor 4 Financial Security	Factor5 Psychological and Physical Health	Factor 6 Social Relationships	Factor 7 Spirituality and Religion
Participate in a new course	3.10 (0.998)	.818	.131	-.008	.085	.004	.097	.116
Plan and organize community activities	3.22 (0.990)	.793	.166	.051	.170	.231	.192	.112
Collect information about hobbies/interests	3.41 (0.947)	.775	.172	-.014	.144	.211	.085	.135
Participate in social activities	3.14 (1.013)	.774	.275	.186	.016	.078	.247	.110
Participate in volunteer activities	3.15 (1.029)	.696	.412	.132	.047	.107	.158	.090
Develop hobbies after retirement	3.45 (0.963)	.630	-.016	.281	.271	.246	-.030	.260
Planned schedule for after retirement	3.30 (0.970)	.465	.069	.226	.417	.131	.292	.214
Aware of the political dynamics	3.09 (1.127)	.159	.718	.203	.122	-.013	.157	.144
Consider retirement from paid work	3.26 (1.066)	.204	.698	.083	.025	.112	-.086	.156
Cares about the community and social environment	3.44 (0.927)	.227	.681	.106	.126	.182	.294	.084
Cares about the welfare of the elderly	3.67 (0.998)	.122	.670	.128	.225	.008	.304	.084
Financially assist children in business or home	3.29 (1.091)	.009	.148	.851	.021	.093	.096	-.044
Take care of children and grandchildren	2.80 (1.083)	.017	.160	.825	.088	-.101	.100	.038
Think about living arrangements after retirement	3.22 (1.091)	.232	.066	.610	.329	.152	.232	.116
Engaged in family relationships	3.71 (0.847)	.250	.378	.555	.139	.217	.228	.090
Prepared financial plan for retirement	3.30 (0.989)	.248	.189	.129	.826	.087	.027	.117
Saved living expenses after retirement	3.28 (0.980)	.151	.092	.243	.775	.136	-.005	.049
Saved money for illness or accident	3.73 (0.944)	.010	.120	-.065	.765	.262	.129	-.099
Develop a healthy lifestyle	3.73 (0.806)	.237	.112	.049	.105	.803	.072	-.075
Perform regular exercise	3.27 (1.004)	.350	.106	.019	.167	.710	-.124	.082
Eat less fried food, eat more fruits and vegetables	3.96 (0.793)	-.149	-.060	-.030	.171	.655	.101	.300
Optimistic attitude toward aging	3.90 (0.840)	.342	-.060	.410	.050	.532	.140	.006
Regular health examination	3.49 (0.900)	.162	.117	.122	.365	.488	.229	-.029
Maintain friendships with colleagues	3.58 (0.785)	.127	.157	.052	.049	.155	.822	.107
Socialize with relatives/neighbors	3.55 (0.822)	.200	.110	.319	.035	.061	.760	.077
Befriend new friends of same interests	3.57 (0.825)	.218	.258	.167	.152	-.034	.728	.242
Possess peace of mind or pray	3.40 (1.122)	.185	.159	.028	-.016	.132	.198	.842
Participate in religious groups	3.01 (1.121)	.255	.194	.026	.031	-.040	.127	.837
Think about the meaning of their life	3.65 (1.002)	.333	.386	.097	.144	.254	.089	.461

Note: 29 items were analyzed and extracted by principal component analysis, with an explained variance of 69.3%.

Table 4. Correlations for successful aging awareness factors and retirement preparation factors

Successful aging awareness	Retirement Preparation						
	Learning and Social Life	Environment and Social Welfare	Family Relationships	Financial Security	Psychological and Physical Health	Social Relationships	Spiritualty and Religion
Learning and Social Life	0.400**	0.276**	0.096	-0.114	0.079	0.277**	0.011
Finance and Health Expense	-0.096	0.060	0.022	0.231**	0.111	0.219*	0.040
Environment and Society	0.096	0.464**	0.050	0.163	0.054	0.195*	0.242*
Family Relationships	-0.177**	-0.012	0.259**	-0.095	0.112	0.195*	0.068
Health	0.018	0.029	0.057	0.046	0.267**	-0.005	0.002
Positive Thinking	0.084	0.051	-0.093	0.077	0.154	-0.049	0.248**

Note: Pearson's correlation analysis was conducted. *p<0.05, **p<0.01, **p<0.001.

Table 5. Multiple regression analysis of retirement preparation by successful aging awareness and controlling variables

	Total Retirement Preparation Beta (S.E.)
Successful Aging Awareness	
Learning and social life	0.830(0.153)***
Finance and health expense	0.517(0.159)**
Environment and social welfare	1.219(0.154)***
Family relationship	0.178(0.149)
Health	0.957(0.154)***
Positive thinking	0.322(0.164)
Controlling factors	
Planning for retirement	0.957(0.207)***
R^2	0.616

Note: The reference groups: Gender (female), marital status (married or cohabiting), annual income (<60,000 NT dollars). Stepwise multiple regression analysis was conducted, and only the significant independent variables are shown in the table. The controlling factors included age, gender, occupation, marital status, annual income, family economic satisfaction, heard of successful aging, planning for retirement, the influence of life experiences, and the influence of friends' experiences. The stepwise regression model was applied. Only significant factors are shown in the table. *p<0.05, **p<0.01, ***p<0.001.

Discussion

This study explored elements of successful aging and retirement preparation awareness and the relationship between successful aging awareness and retirement preparation among middle-aged employees in a medical center. Six successful aging awareness factors were extracted: learning and social life, economy and health expense, environment and society welfare, family relationships, health, and positive thinking. Seven retirement preparation factors were extracted: learning and social life, environment and social welfare, family relationships, financial security, psychological and physical health, social relationships, and spirituality and religion. Successful aging awareness significantly affects retirement preparation in different dimensions. Increased awareness of learning and social life, environment and society welfare, economic and health expenses, and health resulted in improved

retirement preparation.

The components of successful aging awareness in this study were generally consistent with the definition noted in previous studies, although some new elements were found. In addition to the three components of successful aging in Rowe and Kahn's model (reducing health risks, maintaining high physical and cognitive function, and engaging with life), previous research has also indicated other important dimensions of successful aging, such as life-long learning[3,6]. In our study, life-long learning combined with social relationships and productive activities to create one factor called "learning and social life", which was closely related to the concept of engagement with life in successful aging. In one previous Taiwanese study[6], the components of successful aging among Taiwanese elderly adults covered physical health and independence, financial security, family and social support, engagement with life, spiritual well-being, and environment and social welfare policy. In this study, the components of successful aging awareness were generally similar but were somewhat different for the middle-aged group. For middle-aged workers, family relationships and social relationships were identified as different concepts, and learning and social life became a major part of retirement preparation. It seems that middle-aged workers valued learning and social life as well as social relationships more highly than the elderly. This may be due to cohort and educational background differences among the different samples used in this study.

The dimensions of retirement preparation found in this study were consistent with those noted in previous studies[12,15,18]. Past research indicates the most important aspect of retirement preparation among nursing staffs is to maintain an active state of body and mind and financial security after retirement[10]. The importance of physical and psychological health and financial security was also found in our medical center employees. However, our samples also included physicians, para-medicals, and administrative staff other than nurses, and we did find significant differences among them. People with different positions and occupations may differ with respect to retirement

preparation[15]. Leisure activities were viewed as part of the retirement plan in previous research[15], although in our study leisure activities were viewed to be a part of learning and social life.

Some of the successful aging awareness components were related to retirement preparation in this study. First, having a greater awareness of learning and social life and, in contrast, having less awareness of family relationships were related to more preparation in the learning and social life behaviors. The contradictory association of personal learning or social relationships with family relationships indicates that learning/social life may compete with family relationships. Retirement preparation for environment and society related to not only higher awareness of environment and social welfare but also to higher awareness in learning and social life. It is possible that learning new things is affected by the social environment and social trends; thus, paying attention to environmental and social changes may be associated with higher awareness in learning and social life.

This study has some limitations. First, the topic was related to retirement, which may be a sensitive subject for some employees in the hospital; thus, some people may have refused to participate. In particular, the completion rate for the physicians was lower than the other personnel categories. Second, this study was cross-sectional, so a causal relationship between successful aging awareness and retirement preparation cannot be discussed. Third, because the samples were from a medical center, the results may not be generalized to other workers in other hospitals.

Conclusion

This study explored the successful aging and retirement preparation awareness among a sample of employees in a medical center. Awareness of the components critical to successful aging should be considered in policies concerning the middle-aged population. Preparation for the environment and society, family relationships and spirituality should be added to current policies, and education related to these areas should be provided to middle-aged

adults. In addition, life-long learning would thus play a more essential role in retirement preparation.

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成功老化認知及其退休準備行為之相關探討：以某醫學中心員工為例

周怡伶[1,2]　徐慧娟[3,4*]　張李淑女[3]　楊紅玉[5]　宋怡憓[1]

[1] 中山醫學大學附設醫院 護理部
[2] 中山醫學大學 護理學系
[3] 亞洲大學 健康產業管理學系
[4] 中國醫藥大學附設醫院 醫學研究部
[5] 元培科技大學 醫務管理學系

本研究目的在探討某醫學中心員工對成功老化之認知與其退休準備行為的內涵，以及成功老化認知與退休準備行為之間的關係。以就職某醫學中心達45歲以上之全體員工，以問卷調查法收集問卷，完訪174份，回收率達56.3%。分析方法則採用因素分析及複迴歸分析。在成功老化認知上，因素分析共萃取出學習與社交生活、現實經濟與健康生活所需、環境與社會、家庭關係、健康習慣、正面思考等六個因素。在退休準備行為上，因素分析共萃取出學習與社交生活、環境與社會福利、家庭關係、經濟安全、心理與生理健康、社會人際關係、靈性與宗教等七個因素。研究結果發現，受訪者的學習與社交生活、環境與社會福利、現實經濟與健康生活所需、健康習慣等成功老化認知越強，其退休準備行為越充份。建議未來可透過終身教育來推廣成功老化認知與退休準備。

關鍵詞：成功老化、退休準備

* 通訊作者：徐慧娟
　通訊地址：台中市霧峰區柳豐路500號
　聯絡電話：04-23323456 轉 1827