

World Conference on Psychology and Sociology 2012

Managing the Process of Retirement: The Medical Professionals' Perceptions

Santiago Perera ^{a*}, Maite Martínez ^b, Pilar Monreal-Bosch ^a

^aUniversity of Girona, Team Aging, Culture and Health. Pl. Sant Domènec, 9, Girona 17071, Spain

^bUniversity Autònoma of Barcelona, Campus UAB, Building B, 08193 Bellaterra, Spain

Abstract

Barber and González (2009) have pointed out that about a third (31%) of the Spanish medical professionals working in the National Health System are between 50 and 60 years old. This indicates that many medical professionals will retire in the coming years, which could pose a threat to the sustainability of the healthcare system. In this paper we will approach the retirement of these workers as a process of adjustment that takes into account their decisions to change roles and can also be an element to foster well-being in and out of work. The analyses indicate that medical professionals demand a clear contribution in terms of the design of the retirement process from healthcare institutions. They want recognition of their role and expertise, and a collaborative approach to designing a retirement process.

© 2013 The Authors. Published by Elsevier Ltd. Open access under [CC BY-NC-ND license](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Selection and peer review under the responsibility of Prof. Dr. Kobus Maree, University of Pretoria, South Africa.

Keywords: Retirement, Expertise, Physicians, Well-being.

1. Introduction

Barber and González (2009) have pointed out that 31% of the Spanish medical professionals working in the National Health System are between 50 and 60 years old and 10% are over 60 years. Therefore, the massive retirement of medical professionals in the coming years poses a threat to the sustainability of the Spanish healthcare system. According to current regulations, 2500 doctors will retire every year, but from 2016 on there will be 7000 retirements a year, which is higher than the number of new medical graduates (García 2008; García & Amaya, 2005; Sánchez, 2008). At present, the Spanish government, under pressure because of the crisis and the recommended adjustments from the European Union, proposes to extend the retirement age across the board, and to restrict access to early retirement and partial layoffs, thereby discouraging workers who seek early

* Corresponding author: Santiago Perera Tel.: +34-972-418008
E-mail address: santiago.perera@udg.edu; www.udg.edu/ecis

retirement. These measures are based on economic parameters and a clear concern about reducing the cost of maintaining the pension payments made by the state. This spending is currently 120,000 million euros a year, which represents 10% of the gross domestic product (GDP). In the past, the average age of retirement for Spanish workers was 63.5 years (one of the highest in Europe), 18 months before the legal age of 65 years. The measures currently under consideration are aimed at raising the effective retirement age. Amendments based on political and labor union agreements, and on employment law, are included in these measures. At the moment, measures and modifications can make the pension system sustainable and consistent with the evolution of the current life expectancy of workers. A change in the age of retirement may mean, in some cases, an immediate solution. However, medium- and long-term alternatives should be studied, taking into account individuals and their particular situations. The increasing number of older workers is evident in all countries, in both the industrial and the service sectors. Organizations should seek strategic solutions and ensure human resource policies in accordance with the situation (Hedge, 2008). Academic interest in the issue of retirement, and in its consequences, has led to extensive studies in general populations and comparative studies across populations in different European countries (Schalk & Veldhoven, 2010). However, little information is available about healthcare workers and, specifically, medical professionals (Monreal, Serdà & del Valle, 2010). Most scientific articles look at retirement in terms of decision making, while also considering other approaches such as viewing this stage as a period of late career development or a process of adjustment (Beehr, 1986; Wang & Schulz, 2010). In the last 25 years, three broad theoretical frameworks have formed the basis of knowledge with respect to retirement.

2. Theoretical perspectives

The first theoretical perspective considers retirement as decision making. It assumes that workers approaching that age decide to leave their jobs based on individual characteristics, features of their jobs or the environment they will become part of. This decision, as noted by Beehr (1986), is progressive: it develops over time. It is not, therefore, a unique, isolated event, but rather a psychological process in which different variables will intervene depending on the circumstances of each person. It involves personal factors such as education, health, family status and financial situation (Hatcher, 2003), and work factors such as productivity, skills and work attitudes. And all of these factors occur in a social, economic and political macrosystem (Beehr & Shultz, 2009; Gallo et al., 2000; Szinovacz & Davey, 2004; Van Solinge & Henkens, 2007; Wang et al., 2009).

The second approach analyzes retirement from a more professional perspective, viewing it as a stage of professional development of the person. This approach contrasts the classic professional career, influenced by the organization and based on rewards, promotions or pension plans (Feldman, 2007), with a career model influenced by the workers themselves and taking into account their own personal values and goals (Hall, 2004; Hedge, 2008). In this approach, retirement is conceptualized as a late career developmental stage (Shultz & Wang, 2008, Wang et al., 2009). The potential developed by workers throughout their working lives is appreciated (Shultz, 2003), influencing a variety of subsequent actions until the natural retirement age is reached. This perspective uses the term bridge employment (Wang et al., 2008; Wang & Schultz, 2010), which assumes that workers will decide to terminate their working life progressively, taking different jobs as a way of continuing their careers.

The third approach, the life cycle perspective (Baltes, 1987), suggests that the transition to retirement is related to people's previous stories, the context in which the transition occurs and the changes they have made towards such a transition. As mentioned by Orel, Ford and Brock (2004), individual histories, as well as behavioral patterns and preferences, are important references for people facing transitions from previous jobs or into the leisure of retirement (Van der Heijden et al., 2008; Van Solinge & Henkens, 2008). Depending on the situation, the person and the possibility of response, these vital moments require adaptation to positive elements that strengthen their identity or negative elements that negatively affect the development of their roles. Good preparation and planning (Wang & Schultz, 2010) help make the separation of workers from their work activity

less traumatic. By contrast, a forced retirement at an unwanted time causes a traumatic dissociation (Chiesa & Sarchielli, 2008). In this third perspective, social context plays an important role. Resources are integrated into this context, in the form of social support, family experiences and the negative stereotypes of this stage. In addition, these resources provide different identity alternatives, which favor continuity, and are transferred after retirement, helping retirees adjust to the new situation. The social responsibility of enterprises can play an important role, facilitating or evading new learning situations while future retirees are still in the organization.

3. Methodology

In this article, we reflect upon some of the research that aims to establish how healthcare professionals perceive the match between their view of retirement and the human resource policies applied by the organizations where they work, all within a theoretical framework of continuous adjustment throughout careers. We have employed a qualitative approach based on Denzin and Lincoln (2000), Iñiguez, (1999), Taylor and Bogdan (1984) and Vallés (1997). Focus groups and in-depth interviews were used to generate the study data. The six focus groups, each with 10–12 participants, were formed based on homogeneity and established sample criteria. The in-depth interviews, carried out in two phases with 20 key informants, provided essential meanings to interpret aspects under study that cannot be directly observed but can be defined. Content and discourse analyses were used for text analysis in this study (Glaser & Strauss, 1965, 1967; Strauss & Corbin, 1990). Moreover, the results generated by the different techniques and informants were triangulated (Golafshani, 2003, Johnson, 1997, Patton, 2002).

4. Findings and results

Reflected in the analyzed discourses are the ideas shared by retired or active medical professionals that support and legitimize short- and long-term actions. The discourses cut across three major issues regarding the object of this study: a shared perception by the members of the organization concerning retirement; the conceptualization of dissociation as a contradictory concept; and some proposals not yet incorporated in the culture of healthcare organizations. Four key perceptions of retirement shared by medical professionals have been identified.

First, they perceive that the organization is interested, primarily, in the achievement of economic goals. They emphasize that the goal of the organization, seen as a priority, is to meet economic and healthcare objectives, (number of procedures performed, shorter waiting lists, etc.). Therefore, the organization can decide, based on economic interests, to dissociate its professionals without taking them into account. If, in order to carry this out, the organization must adjust the size of the workforce, control economic costs, or homogenize workers' tasks, schedules and wages, then dissociation policies become a resource at the disposal of the organization. This focus on economic and/or organizational variables highlights the pressures on the healthcare system resulting from the economic situation (macrosystem) of the country, and effectively masks the age discrimination that has been at the forefront of many studies (Metcalf & Meadows, 2006).

Second, the experience of professionals is only a relative value to the organization. In line with other studies (Carmona et al. 2008), some of the participants in this study expressed emotion over the injustice they suffered by not having their experience exploited (Greller & Stroch 2004; Peterson & Spiker, 2005). In this context, the patients are the only source of recognition of the experience of older professionals.

Third, retirement is a personal matter, and not the organization's business. The discourses reaffirm the idea that retirement constitutes a private event. Healthcare organizations have neither implemented human resource policies aimed at meeting the needs of employees going through pre-dissociation, nor have they initiated processes to help workers adapt to retirement or considered the effects of a dissociation procedure, all because that would mean entering into people's private realms (Spiegel & Shultz, 2003).

The idea that retirement and its preparation are the personal responsibility of the retiree can be deduced from the absence of requests for guided orientation during pre- and post-transition, and is related to the fourth issue: the medical professionals have a good start. The shared perception in the field of medical practice is that medical professionals are as well-positioned to address retirement as they are to face any other life challenge. The second issue that emerges from the medical professionals' discourse is the medical community's dual perception of retirement: solution or problem. It can be seen as an opportunity to rejuvenate the workforce, maintaining quality of service and satisfying customers. However, it is also recognized as a way to reduce personnel costs, since young workers are paid less and often work longer hours.

Proposals based on needs and expectations to promote the adjustment to retirement can be categorized into three main actions:

(1) Increasing individualization and flexibility in the transition towards retirement. Flexible working hours and shared jobs can also solve productivity issues and provide stability in workplaces. Promoting and allowing proposals from associations or professional organizations to proliferate leads to dynamic and contextualized systems that respond to the institutional and professional characteristics of different organizations. Seeking out and generating resources in the immediate environment would provide activities that make it possible for future retirees to collaborate and continue feeling useful.

(2) Actively involving organizations in the preparation of retirement. The importance of retirement preparation cannot be overestimated. It has economic, psychological and social consequences. The challenge is to know when, how and what retirees will do without something (money, power and social recognition), and what besides work they can invest their time in (interpersonal relationships, alternative activities). Organizations interested in promoting positive adaptation should provide workers with easy access to retirement training and planning programs.

(3) Carrying out an active policy aimed at older workers. This allows older workers to transmit knowledge and/or train their "successors", gradually reducing their workload and/or adapting the tasks they do (less direct customer service, more training of new professionals).

5. Conclusions and recommendations

The particular characteristics of retirement among healthcare workers require careful reflection. The concept of retirement itself is a two-sided one. It represents an opportunity for the institution (lower costs and a more sustainable healthcare system) and a threat to staff people of a certain age (no recognition of the knowledge or experience they have accumulated over the years). This underlines two important issues. Under the old rules for retirement, human resource policies can either fall into an obvious discrimination based on age or lead the organization to recognize, value and display the human capital that would otherwise be lost as a result of retirement, and incorporate that expertise and experience for the organization's benefit. This approach would empower workers, enabling them to deal positively with new situations. The stereotype that doctors are professionals who do have control over the transition process to post-employment activities with the organization, regardless of their environments, is widely justified by discourses showing that many of them are able to continue in private practice, prolong their careers and gradually access dissociation. However, it should be noted that this discourse is not uniform among all medical professionals, and nowadays a lack of planning and preparation is causing disruptions in personal well-being. Health care institutions should definitely rethink their human resource policies for the coming years. Social stakeholders have highlighted the need to address the lack of talented professionals ready to continue contributing to and building upon all the knowledge the system has acquired. We know that personal well-being goes hand in hand with scheduled actions that prepare people for the end of their working lives. However, actions aimed at responsible dissociation are still lacking. Staff training, skill development and other human resources policies should prepare workers for dissociation, helping them to adjust their expectations of dissociation and to set realistic and assumable goals. A diversified and timely plan

must be accompanied by clear measures for that period (reduced hours, work training for new doctors, joint seminars and clinical sessions, monitoring of operations such as a mentoring of the new doctors, collaboration with final university projects, etc.). In this way, people going through this period of dissociation will be helped and institutions will learn to reorganize their actions and define new, valued and well-paid tasks with well-defined skills. An organization should not exclude staff persons approaching retirement. Rather, the potential of these persons should be absorbed and returned to the organization in different ways. Accountability is mutual, diverse, friendly to people, clear, and proactive. As postulated by lifespan development theories, retirement refers not only to the end of a stage at work but also to a natural and continuous process of adjustment faced by people and organizations. Discrimination and exclusion must be avoided, especially among older professionals, whose opinions are more likely to go unheard. Basic prevention and assistance provide security. Recognizing and dignifying the diversity of life choices values is important in situations of dissociation. These values must be reflected in the actions organizations propose for the design of the dissociation process. Retirement is now recognized as a time when people can make life changes, begin to develop new projects and care for their physical and mental health. They can enjoy initiatives that could not be explored during their working lives. A robust process of independence will help them live according to their preferences, without depending on others, especially children, thus preserving the health of affective bonding by keeping privacy at a distance. Although the results of this qualitative study cannot be generalized to the general population of healthcare workers, they do allow us to reflect on and design the process of dissociation from a clear position of "personal development". To gradually build this new scenario, the expertise of retirees and their roles in institution must be recognized.

References

- Baltes, P. B. (1987). Theoretical proposition of life-span developmental psychology: On the dynamic between growth and decline. *Developmental Psychology*, 23, 611–626.
- Barber Pérez, P., & González López-Valcárcel, B. (2009). *Oferta y necesidad de especialistas médicos en España (2008–2025)*. Madrid: Ministerio de Sanidad y Consumo.
- Beehr, T. A. (1986). The process of retirement: A review and recommendations for future investigation. *Personnel Psychology*, 39, 31–55.
- Carmona C.I., Cely J., Nemequén R., & Sanabria, W. (2008). Características del proceso de duelo por pérdida de actividad laboral que se presenta en población en proceso de pre-jubilación del Dane. *Umbral Científico*, 12, 101–116.
- Chiesa, R., & Sarchielli, G. (2008). Prepararse para la jubilación: El papel del apoyo social en la gestión de la ansiedad. *Revista Psicología del Trabajo y de las Organizaciones*, 24 (3), 365–388.
- Denzin, N.K., & Lincoln, Y.S. (2000). *Handbook of qualitative research*. London: Sage.
- Feldman, D.C. (2007). Career mobility and career stability among older workers. In K.S. Shultz & G.A. Adams (Eds.) *Aging and work in the 21st Century*: 179–197. New York: Psychology Press.
- Gallo, W. T., Bradley, E. H., Siegel, M., & Kasl, S. (2000). Health effects of involuntary job loss among older workers: Findings from the Health and Retirement Survey. *Journals of Gerontology: Social Sciences*, 55B: S131–S140.
- García, M.A., & Amaya, C. (2005). *Demografía médica en España. Mirando al futuro*. Madrid: Fundación CESM.
- García, M.A. (2008). *Demografía médica en España. Atentos a la realidad*. Madrid: Fundación CESM.
- Glaser, B.G., & Strauss, A.L. (1965). *Awareness of Dying*. London: Weidenfeld and Nicholson.
- Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine de Gruyter.
- Greller, M., & Stroh, L. (2004). Making the most of "late career" for employers and workers themselves: Becoming elders not relics. *Organizational Dynamics*, 33, 202–214.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-607. Retrieved August 24, 2007 from <http://www.nova.edu/ssss/QR8-4/golafshani.pdf>
- Hall, D. T. (2004). The protean career: A quarter century journey. *Journal of Vocational Behavior*, 65, 1–13.
- Hatcher, C. (2003). Refashioning a Passionate Manager: Gender at Work. *Gender, Work and Organization*, 10 (4), 391-412.
- Hedge, J.W. (2008). Strategic human resource management and the older worker. *Journal of Workplace Behavioral Health*, 23(1/2), 109–123.
- Iñiguez, L. (1999). Investigación y evaluación cualitativa: bases teóricas y conceptuales. *Revista de Atención Primaria*. 23, 496–502
- Johnson, B.R. (1997). Examining the validity structure of qualitative research. *Education*, 118 (3), 282–292.
- Metcalfe, H., & Meadows, P. (2006). *Survey of employers' policies, practices and preferences relating to age*. Department of Work and Pension, Research Report No. 325, DTI Employment Relations Research Series No. 49. London: The Stationary Office.
- Monreal, P., Serdà, B.C., & del Valle, A. (2010). Principales retos de los profesionales de la medicina en el momento de la jubilación. *Les*

- Políticas Sociales (Envejecer en el trabajo)*, 27, 99–131.
- Orel, N.A., Ford, R. A., & Brock, C. (2004). Women's financial planning for retirement: The impact of disruptive life events. *Journal of Women and Aging*, 16, 39–53.
- Patton, M.Q. (2002). *Qualitative evaluation and research methods*. Newbury Park, CA: Sage.
- Peterson, S. J., & Spiker, B. K. (2005). Establishing the positive contributory value of older workers: A positive psychology perspective. *Organizational Dynamics*, 34 (2) 153–167.
- Sanchez, A. (2008). Madrid condicionaría el Pacto de Estado a que aborde políticas comunes contra el déficit. *Diario Médico*, 17–6.
- Schalk, R., & Veldhoven, M.J.P.M. van (2010). Moving European research on work and ageing forward: Overview and agenda. *European Journal of Work and Organizational Psychology*, 19(1), 76–101.
- Shultz, K. S. and Wang, M. (2008). The changing nature of mid- and late careers. In C. Wankel (Ed.), *21st century management: A reference handbook* (pp. 130–138). Thousand Oaks, CA: Sage.
- Shultz, K. S. (2003). Bridge employment: Work after retirement. In G. A. Adams and T.A. Beehr (Eds.), *Retirement: Reasons, processes, and result* (pp. 214–241). New York: Springer.
- Spiegel, P. E., & Shultz, K. S. (2003). The influence of preretirement planning and transferability of skills on Naval officers' retirement satisfaction and adjustment. *Military Psychology*, 15 (pp. 285–307).
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage Publications, Inc.
- Szinovacz, M., & Davey, A. (2004). Honeymoons and joint lunches: Effects of retirement and spouse's employment on depressive symptoms. *Journal of Gerontology: Psychological Sciences*, 59, 233–245.
- Taylor, S., & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meanings*. United States, Wiley.
- Valles, M. (1997). *Técnicas cualitativas de investigación social. Reflexión metodológica y práctica profesional*. Madrid: Síntesis.
- Van der Heijden B.I.J.M., Schalk, R., & Van Veldhoven, M.J.P.M. (2008). Ageing and careers: European research on long-term career development and early retirement. *Career Development International*, 13(2), 85–94.
- Van Solinge, H., and Henkens, K. (2007). Involuntary retirement: The role of restrictive circumstances, timing, and social embeddedness. *Journals of Gerontology: Social Sciences*, 62, 295–303.
- Van Solinge, H., & Henkens, K. (2008). Adjustment to and satisfaction with retirement: Two of a kind? *Psychology and Aging*, 23: 422–434.
- Wang, M., & Shultz, K. (2010). Employee retirement. *Journal of Management* 36: 172–206.
- Wang, M., Zhan, Y., Liu, S., & Shultz, K. (2008). Antecedents of bridge employment: A longitudinal investigation. *Journal of Applied Psychology*, 93, 818–830.
- Wang, M., Adams, G.A., Beehr, T.A., & Shultz, K.S. (2009). Career issues at the end of one's career: Bridge employment and retirement. In S.G. Baugh & S.E. Sullivan (Eds.), *Maintaining focus, energy, and options over the life Span*, (pp. 135–162). Charlotte, NC: Information Age Publishing.