

Does Having Ageist Attitudes in The Middle Aged Affect The Process of Retirement Planning?

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Abstract

Objectives: It is important to be prepared for retirement period for an active, healthy and productive old age. The process of retirement planning, which gains importance in conjunction with gradually aging of societies, could be affected by many personal and environmental factors. In this study, it was aimed to investigate whether ageist attitudes in the middle aged affect the retirement planning process.

Materials and Methods: The cross-sectional study was conducted with workers in Turkey. Forty-five women (54.9%) and 37 men (45.1%) with a mean age of 46.03 ± 6.00 years (Min. 40- Max. 62) participated in the study. “The Process of Retirement Planning Scale” and “The Ageism Attitude Scale” were used as outcome measures.

Results: The results indicated that the individuals who have ageist attitudes had more planning their post-retirement lifestyle, psychosocial process and health ($p < .05$). Retirement planning behavior varied according to working duration, education level and income level ($p < .05$).

Conclusion: Ageist attitudes in the middle aged, even though seems to be one of the motivational sources of retirement planning behavior, might affect negatively to feasible and optimal planning, and post-retirement adaptation. Professionals delivering pre-retirement training might need to identify ageism and to plan appropriate programs.

Keywords: Retirement; ageism; attitude; middle aged

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Introduction

The increasing number of older people and prolongation of life expectancy in Turkey as globally have made it important to consider the old age period in a way that would contribute to the individual and society (United Nations, 2015). Retirement, which coincides with this period and means the end of active working life, is an important process in human life as it is the period that determines the transition from middle ages to the end of the individual's life (Günay, 2013). Being prepared for this transition period in advance is crucial for a more active, healthy and productive old age and retirement process. The aging of societies has therefore made imperative to act on retirement planning (Noone, Stephens, and Alpass, 2009), but little is known about how they prepare for the future, although most of the population is approaching retirement age (Wang, 2013; Noone, Stephens, and Alpass, 2010).

The pre-retirement preparation process includes financial planning, and planning for psychosocial and physical changes such as alteration in social status, identity, health, leisure time, family and marriage relationships (Kim and Moen, 2001). The pre-retirement training, which has become a widespread institutional service in recent years, informs individuals about structured free time and coping with economic and health-related problems that they will encounter in the old age (İpek, 2017). These courses are cited as a shortcut to a better quality of life in active aging (European Union Lifelong Learning Programme Grundtvig Programme, 2012).

The concept of active aging is discussed with the concepts of living a long life, good physical, mental and psychological health, good cognitive functions, staying socially active, feeling happiness in life, independence, active participation, learning, personal development, contribution to society and even re-employment for some people (Tam, 2014). Although these are common factors related to successful aging, life stories, cultures and social values play an important role in individuals' ascribing positive or negative meanings to the aging process (Tam, 2017). The negative thoughts such as "freedom will be restricted", "there will be many difficulties", "old people are inadequate, dependent, weak people", may cause people to develop prejudice against aging and to have negative attitudes towards the older adults (Çayır, 2012). This situation which is expressed as ageism could have many reasons (Pekçetin, 2018). According to Nelson (2005), "Ageism is a prejudice against our feared future self". Attitude is seen as the structure that precedes behavior and guides our actions, and ageist discourses can have an impact on what we can do, what we should do and who we can be (Wilińska, 2013). Continuity theory, which is one of the theories used when examining retirement, emphasizes

that retirement is a process that begins before the act of retirement and that previous attitudes will affect subsequent results (Pinquart and Schindler, 2007).

Despite the increasing number of studies in retirement planning, it is thought that little empirical study has been carried out on the relationship between retirement preparation and the stages leading to planning and preparation, and that cognitive and behavioral components of planning do not significantly integrate retirement preparation in most of the available research limits conceptualization of retirement planning (Noone et al., 2009). Future time perspective and exposure to ageism have been shown to be related to the retirement planning process (Noone et al., 2009; Thorsen et al., 2012). Topa, Moriano, Depolo, Alcover, and Morales (2009) showed small but positive effects of positive attitudes on retirement planning in the meta-analysis study. However, to the best of our knowledge, there is no study examined the effects in positive and negative attitudes about aging on retirement planning in adulthood. The aim of the study was to investigate the relationship between middle-aged adults' (40-65 years) ageist attitudes and retirement planning process. The hypothesis of the current study was that retirement planning behavior would increase together with positive attitudes about old age. The information obtained was expected to contribute preventive interventions related to old age, and to the retirement planning process.

Materials and Methods

Ethical Statement

The study was approved by Trakya University Faculty of Medicine Scientific Research Ethics Committee (TÜTF-BAEK 2018/133). A written informed consent form was received from each participant.

Participants

The cross-sectional study was carried out in 2019 in Turkey. The individuals over 40 years of age and working at Trakya University invited to the study. The final study sample included 82 participants who met the age criterion and were volunteer. Information about the age, gender, education level, household income level, working duration (years), marital status, presence of chronic disease, and caregiving status were obtained.

Measures

The Process of Retirement Planning Scale (PRePS) was developed by Noone, Stephens and Alpass in order to evaluate the pre-retirement planning behaviors of individuals. The scale consists of four sub-scales as “financial planning process” (14 items), “lifestyle planning process” (11 items), “psychosocial planning process” (12 items) and “health planning process”

(11 items) (Noone et al., 2010). The higher score indicates more planning behavior. Turkish version validity and reliability study of the scale was performed by Günay (2013). Cronbach Alpha coefficient was found to be 0.88.

The Ageism Attitude Scale (AAS) is a scale that evaluates attitudes against old people in three sub-dimensions including “restricting life of elderly” (9 items), “positive ageism” (8 items) and “negative ageism” (6 items). The high scores obtained from the scale indicate the positive attitude towards the old age and the low scores indicate the negative attitude. The scale developed by Vefikuluçay-Yılmaz and Terzioğlu (2011) has been shown to be valid and reliable. The overall internal consistency coefficient (Cronbach’s) of the scale was found to be 0.80.

Statistical Method

In the power analysis conducted with 80% power, 0.3 effect size and alpha value of 0.05, it was determined that 82 individuals should be included in the study. SPSS version 21.0 package program was used for statistical analysis of the data. In descriptive statistics, mean and minimum-maximum values were indicated. Categorical variables were presented as numbers and percentages. According to Kolmogorov Smirnov test results, it was observed that the data were not distributed normally. Spearman Correlation Test was used for analyzing of correlations between variables. Spearman’s correlation coefficient (r) values were classified as indicating “weak” (.00–.19), “mild” (.20–.39), “moderate” (.40–.59), “moderately strong” (.60–.79), and “strong” (.80–1.0) relations between variables. Mann Whitney U Test and Kruskal-Wallis Test were used to examine the retirement planning process according to the descriptive characteristics of the individuals. Statistical significance level $p < .05$ was accepted.

Results

The study was completed with 45 female (%54.9) and 37 male (%45.1) participants. The mean age of the individuals was 46.03 ± 6.00 years (Min. 40- Max. 62) and the mean of working duration was 21.35 ± 8.59 years (Min. 2-Max. 52). Table 1 presents the other demographic characteristics. Table 2 presents the descriptive statistics of PRePS and AAS.

A mild negative correlation was determined between AAS and PRePS total scores. "The restricting life of the elderly" sub-scale results of AAS revealed a mild negative correlation with lifestyle planning, psychosocial planning, health planning and PRePS total scores. Also, a mild negative correlation was observed between the negative ageism sub-scale and lifestyle planning, health planning and PRePS total score (Table 3).

Table 1. Demographic characteristics of the participants.

Demographic variables (n=82)	n (%)	
Gender	Female	45 (55)
	Male	37 (45)
Marital status	Married	69 (84)
	Single/Widowed	13 (16)
Education level	Primary school	4 (5)
	High school	16 (19)
	University	62 (76)
Entitlement to retirement	Yes	14 (17)
	No	68 (83)
Household income level (TL)	0-2000 TL	2 (3)
	2000-4000 TL	12 (15)
	4000-6000 TL	34 (41)
	6000 TL and above	34 (41)
Presence of chronic disease	There is	25 (30)
	No	57 (70)
Caregiving status	There is	5 (6)
	No	77 (94)

* n=number; %=per cent; TL=Turkish Lira

Table 2. Descriptive statistics

Instruments	X±SD	Min-Max
The Process of Retirement Planning Scale		
Financial Planning (14-70 points)	43.40±0.97	22.00-68.00
Lifestyle Planning (11-55 points)	37.34±0.75	19.00-53.00
Psychosocial Planning (12-60 points)	33.79±0.96	20.00-60.00
Health Planning (11-55 points)	34.24±0.65	22.00-47.00
Total score (48-240 points)	105.38±2.02	70.00-158.00
The Ageism Attitude Scale		
Restricting Life of Elderly (9-45 points)	36.91±0.55	20.00-44.00
Positive Ageism (8-40 points)	31.83±0.59	12.00-40.00
Negative Ageism (6-30 points)	19.99±0.42	8.00-28.00
Total score (23-115 points)	88.73±1.07	63.00-108.00

* X=Mean; SD=Standard Deviation

Table 3. Correlations between The Process of Retirement Planning Scale and The Ageism Attitude Scale scores.

The Ageism Attitude Scale	The Process of Retirement Planning Scale									
	Financial Planning		Lifestyle Planning		Psychosocial Planning		Health Planning		Total score	
	r	p	r	p	r	p	r	p	r	p
Restricting Life of Elderly	-.128	.253	-.258	.019*	-.343	.002**	-.391	<.001**	-.324	.003**
Positive Ageism	-.057	.609	-.106	.343	-.031	.782	.061	.589	.003	.977
Negative Ageism	-.177	.113	-.275	.012*	-.213	.054	-.363	.001**	-.289	.008**
Total score	-.158	.156	-.304	.005**	-.267	.015*	-.302	.006**	-.274	.013*

* r= Spearman correlation coefficient; *p<.05; **p<.01

In the analysis of PRePS scores according to demographic characteristics, a mild positive correlation was found between the financial planning sub-scale and the working duration ($p < .05$) (Table 4). There was a statistically significant difference in lifestyle planning subtest scores according to monthly income level ($X^2 = 9.176$, $p = .027$). In the pairwise comparison between groups, it was determined that the scores of those with monthly income of 2000-4000 were higher than those of 4000-6000 ($p = .036$) and those above 6000 ($p = .01$). It was determined to be high. According to the level of education, the total score of PRePS ($X^2 = 6.572$, $p = .037$) and lifestyle planning process subtest score ($X^2 = 6.176$, $p = .046$) showed statistically significant difference. In the pairwise comparisons, both PRePS total scores and lifestyle planning scores of high school graduates were higher than those with a university degree or above (*respectively*, $p = .01$ and $p = .013$). According to other variables, there was no statistically significant difference in individuals' PRePS total score and subtest scores ($p > .05$) (Table 5).

Table 4. Correlations between age, working duration, and The Process of Retirement Planning Scale scores

The Process of Retirement Planning Scale	Age		Working duration	
	r	p	r	p
Financial Planning	.002	.983	.266	.016*
Lifestyle Planning	.065	.561	.140	.209
Psychosocial Planning	-.013	.907	.154	.168
Health Planning	.144	.197	.143	.200
Total score	.056	.616	.172	.122

r= Spearman correlation coefficient; * $p < .05$

Discussion

This study indicated that individuals who think that old age restricts life and who have negative attitudes towards the old age have been more planning their post-retirement lifestyle, psychosocial process, and health. In addition, longer-time employees, high school graduates, and individuals with low-middle income have shown more retirement planning behavior.

Previous studies have indicated that there was a positive relationship between retirement planning and attitudes towards retirement (Topa et al., 2009; Reitzes and Mutran, 2004). Our findings reveal that individuals with negative attitudes to the old age are making retirement planning more, and our hypothesis is not supported. Although the current study has evaluated the attitude towards old age, not towards retirement, our findings differed from the literature.

Table 5. Comparison of retirement planning scores according to demographic characteristics

The Process of Retirement Planning Scale											
		Financial Planning		Lifestyle Planning		Psychosocial Planning		Health Planning		Total score	
		X±SD	p	X±SD	p	X±SD	p	X±SD	p	X±SD	p
Gender †	Female	43.58±9.28	.72	37.93±6.71	.502	34.88±8.16	.102	35±5.75	.249	107.82±17.72	.189
	Male	43.18±8.3		36.62±6.86		32.45±9.15		33.32±5.96		102.4±18.76	
Education level ‡	Primary school	43.75±13.04	.698	38±9.27	.046*	33.75±13.22	.062	32.50±5.32	.083	104.25±26.48	.037*
	High school	45.37±12.46		41.81±7.48		40.25±12.38		37.37±6.64		119.43±23.68	
	University	42.87±7.40		36.14±6.01		32.13±6.28		33.54±5.50		101.82±14.39	
Marital status †	Single	42.30±9.53	.652	39.23±8.15	.288	34.53±9.82	.746	35.53±6.07	.347	109.30±20.62	.338
	Married	43.60±8.71		36.98±6.48		33.65±8.49		34±5.84		104.63±17.88	
Entitlement to retirement †	Yes	43.14±11.19	.684	37.64±4.51	.648	35.64±8.27	.204	34.14±6.40	.956	107.42±16.90	.426
	No	43.45±8.32		37.27±7.17		33.41±8.74		34.26±5.80		104.95±18.65	
Household income level (TL) ‡	0-2000	44.5±2.12	.719	42.50±0.70	.027*	40±2.82	.067	33.5±3.53	.553	116±1.41	.052
	2000-4000	46.91±10.74		42.33±7.41		42±13.42		36.83±6.91		121.16±25.55	
	4000-6000	42.11±9.74		36.79±6.47		32.58±7.16		34.08±5.64		103.47±16.01	
	6000 <	43.38±7.08		35.82 ±6.23		31.73±6.29		33.52±5.78		101.08±15.06	
Presence of chronic disease †	There is	40.72±11.27		36.36±5.52	.377	32.48±8.66	.414	34.92±6.62	.603	103.76±18.23	.465
	No	44.57±7.26	.059	37.77±7.25		34.36±8.67		33.94±5.54		106.08±18.43	
Caregiving status †	There is	46.80±5.45	.273	35.2±12.23	.634	33.2±7.94	.938	31.4±7.5	.286	99.8±24.43	.485
	No	43.18±8.95		37.48±6.37		33.83±8.74		34.42±5.76		105.74±17.97	

X= Mean; SD= Standard Deviation; †= Mann Whitney U test; ‡= Kruskal Wallis test; * p<.05

The reason for this might be that old age is perceived as a later period than the active period of retirement. In the literature, factors that cause ageism were stated as to have fear of death, to consider physical beauty and sexuality as significant, to give importance to economic efficiency and productivity, and to think that old people should always be kept in institutions such as nursing homes (Kaya and Örsal, 2018). In this study, the fact that people who see old age as negative are planning retirement more, supports the theoretical approaches that consider this period as a crisis and focus on eliminating the possible losses of individuals (disengagement theory, role theory, etc.) (Lytle, Foley, and Cotter, 2015; Fontoura, Doll, and Oliveira, 2015). This could mean an effort made to be ready for the crisis. Increased planning in lifestyle, psychosocial status and health with ageist attitudes might be thought as the developing planning behavior along with anxiety. Planned behavior theory suggests that if there is a more appropriate attitude towards a specific action (retirement), it is socially accepted and the person has more control over certain behavior, and they are more likely to fulfill a behavior like the retirement planning (Ibrahim and Wahat, 2015; Ajzen, 2002). In this case, even though they are planning retirement, a question mark may arise in carrying out this plan and maintaining control over it, for people who display negative attitudes. However, in line with the approaches that evaluate the retirement process as a natural transition and opportunity, not a crisis (continuity theory, activity theory, etc.), it is predicted that more efficient planning can be made and the adaptation process will be easier (Reitzes and Mutran, 2004; Lytle et al., 2015; Fontoura et al., 2015). Also, the fact that people who have positive thoughts about old age does not enter the planning process, might result in unpreparedness for unpredictable risks and made difficult to adjust to retirement. As a result, we think that it is important that retirement preparation training support positive attitudes about the old age period by an active aging perspective.

According to "Retirement Readiness Survey" results of Aegon Corporate (2015), Turkish employees are not ready enough for retirement. In the study carried out by Günay and Bener (2008), 61.8% of the participants stated that they had no plans for retirement. In another study, it was shown that financial planning behavior increase with age, health planning behavior was more in people with the lower monthly income level (Günay, 2013). In the study conducted by Noone et al. (2010), it has stated that retirement time was more related to retirement planning than age, and planning behaviour might increase as poor health increases. In the current study, retirement planning levels were at a medium level. Therefore, retirement preparation training was considered necessary. In this study, there was no difference between men and women about planning retirement, which was consistent with the literature (Noone et al., 2010; Reitzes and Mutran, 2004; Onyx and Baker, 2006). This situation could be explained by the fact that women

start to get rid of traditional roles (Noone et al., 2010). In this study, it was seen that financial planning had increased with higher working duration, and individuals with middle income and education levels were planning retirement and lifestyle more. Unlike Günay (2013)'s study, the fact that there was a relationship between the financial planning with working duration, instead of age might indicate that taking action with the idea of gaining retirement rights despite the business life that started at different ages. In addition, this result supports to the study of Noone et al. (2010). In this study, the rate of having a chronic disease was low. This might have allowed individuals with low-middle level income and education to focus more on lifestyle continuity despite possible financial losses after retirement rather than health issues. However, a better understanding of behavioral causes could be possible through qualitative studies on the subject.

This study has some limitations. The data of the study were collected from a limited region. In addition, retirement is a process consisting of three main stages, rather than a single event; pre-retirement, transition and adaptation (Muratore and Earl, 2015). Our study had a cross-sectional design and only the pre-retirement period was examined. Although negative attitudes towards old age before retirement appear to be an activating force for planning post-retirement, the effect of this attitude on transition and adaptation processes creates an important question mark.

As a result; the moderate levels of retirement planning supports the necessity of retirement planning training. Giving information about the old age is a natural part of retirement planning training. However, it is thought that interventions aimed at developing a positive attitude towards the image of aging should be planned in detail in the pre-retirement courses. In addition, long-term follow-up studies including these processes should be carried out to demonstrate the relationship between ageism and post-retirement processes. Also, due to the cultural nature of attitudes towards old age, cross-cultural studies are needed on this subject.

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Declaration of interest statement

The authors have no potential conflicts of interest to disclose

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