

Life without professional work-perceptions about one's self, interpersonal relations and social life after retirement

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The aim of this study is to understand how healthy, older adults in Sweden perceive their life situation after retirement. The study is based on a lifeworld approach, and a phenomenographic method was used. Eighteen participants were interviewed, and data were analysed according to the phenomenographic principle of qualitatively different categories. Two categories were developed. The first category, "perceptions that draw attention inward, towards one's self", was further described in three subcategories: Sense of decreased status in society, the desire to keep aging at a distance, and contemplation of one's own existence. The second category, "perceptions that draw attention outward, away from one's self" was further described in the following four subcategories: caretaking of family members, involvement in social relationships, finding of deep meaning in animals and nature and engagement with society. In the discussion, the findings are further illuminated through comparisons with concepts such as maturity, wisdom and gerotranscendence, and reflections on the findings' relevance to a caring context follow. The conclusion suggests this study can provide knowledge that will allow healthcare providers to bridge the gap between generations in order to provide high-quality care. However, for a more profound caring dialogue, for example, about the end of life, a deeper analysis is required.

Keywords: Healthy older adults, everyday life, professional care, lifeworld, phenomenography

Introduction

Like many countries in the western world, Sweden has an aging population. The average lifespan in Sweden is among the highest in Europe, and the current population includes more than two million persons over the age of 65^[1]. A generally increased proportion of older adults within a population pose challenges for individuals such as an involuntary increase in retirement age. In society, an aging population places new demands on available resources, including the need for increased healthcare and assistance to manage daily life. To provide adequate care, healthcare professionals need more knowledge about how older adults perceive their life situation.

Older adults should not, however, be considered as a homogeneous group. Health and wellbeing variation among the

population, and individuals have different priorities in their daily lives. According to Baltes and Smith^[2], there are two distinct faces of human aging with extensive differences: The relatively young older person and the very old person. Laslett^[3] suggests a further differentiation into a third and a fourth age, not bound to chronological age. The third age begins at retirement when many people still have good health and function. The transition to the fourth age occurs when impaired health necessitates increased assistance in daily life.

The study of older adults and aging is an extensive field, with research based on several different perspectives, yet it is dominated by research on those medical issues that increase in incidence with increasing age (see for example 4-6). Social sciences, such as psychology, sociology and caring science, contribute to the psychological, social and existential understanding of age and aging. Söderhamn, Skisland and Herrman^[7] investigated the expectations of middle-aged Scandinavians in relation to their future transition to retirement. They recorded several perceived opportunities, expectations, wishes, concerns and worries and concluded that autonomy and maturity were positive driving forces for the successful transition into later life. Yet, the research on everyday life for older adults is ambiguous. In a longitudinal study conducted in the United States, Dhaval, Rashad and Spasojevic^[8] suggested that retirement has the potential to reduce wellbeing because of the loss of the social context associated with professional work. In Australia, Olds et al.^[9] arrived at the opposite conclusion. Their study showed increased satisfaction with post-retirement life, especially related to physical and social activities. Similar findings were suggested in Sweden by

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Palmér et al.^[10], who emphasised the sense of freedom perceived after retirement.

Some researchers have investigated whether individual differences are so extensive that general conclusions on life satisfaction after retirement are impossible to draw. Swedish researchers^[11] focused on such complexity when they examined wellbeing in connection with the transition to retirement. Their analysis showed interaction effects, indicating that the type of retirement transition and individual differences are associated with different estimates of wellbeing, which vary in relation to one another. In their study, an individual's resources before retirement proved to have a significant influence on the experiences after retirement. Alftberg^[12] found a more general picture on aging because it affects the everyday situation, which has much to do with materiality. Objects and places change more than oneself and the body. Alftberg suggests that the aging process always occurs as a relationship between the body and the surrounding world and its objects.

Another aspect of aging that is mentioned in research on the everyday lives of older adults, is the impact of the presence and support of close family members. In the UK, for example, Gilbert and Powell^[13] drew attention to the ways in which healthcare providers asked family members of older adults needing support about intergenerational relationships. The authors reported uneven and locally specific ways of asking such questions. Moreover, the policies for various care providers were filled with contradictions. Hence, research on the later part of life appears to be divided into two major areas. The first is based on biological aging and is focused on the increased risk of ill health and impaired function. The second addresses the experience of aging and is focused on the impact of changes initially from the loss of professional identity and later from the need for additional support.

The present study investigates the period of life that begins at retirement when the effects of aging are not yet significant enough to require additional support and assistance, but the young life is definitely over. This transition can mean both a changed identity and new forms of responses from other people. During this period in life, most contacts with healthcare services likely relate to treatable conditions or prevention of age-related illnesses. However, regardless of the reason for care, it is important for care providers to understand what life without professional work means for their patients. Thus, the aim of this study is to provide a greater understanding of how older adults, who estimate their own health as good, perceive their post-retirement life.

Methodology

The current study is part of a multidisciplinary project that focuses on different aspects of healthy, older adults' life situations. It was conducted in the western part of Sweden, where there are 1.7 million inhabitants, of which more than 19 percent are over the age of 65.

Epistemology

A lifeworld perspective was chosen for the study. Such an approach employs a variety of methods and relies on common threads from Husserl^[14], Merleau-Ponty^[15], Heidegger^[16] and Gadamer^[17] concerning the nature of understanding. Research using a lifeworld approach focuses on the world as it is experienced, prior to any theories devised to explain it^[18]. Consequently, it requires an open and sensitive attitude towards the phenomenon under study. In this particular study, phenomenography^[19-21] was applied as a

concrete research method. In phenomenography, the units under investigation are ways of experiencing something as something, and the findings in the present study describe various collective ways of perceiving the research phenomenon "post-retirement life".

Data collection

Participants were chosen via associations for active senior citizens called "Active Seniors". Surveys were completed by 520 Active Senior members, and those who estimated their health as good responded with a shortened version of SOC (Sense of Coherence)^[22], and were asked about their interest in participating in the present study. Of those who expressed interest, 24 seniors from two medium-sized Swedish cities, the surrounding smaller villages and rural areas were asked to participate in the study, with selections made based on gender, variations in SOC and area of residence. Six seniors who had agreed to participate based on the initial questionnaire subsequently changed their minds, leaving 18 participants, 7 men and 11 women, from the age of 72-90 years (M=78 years), who agreed to take part in the study. All had worked professionally but were now retired. The years as retirees varied from 7-25 years.

Interviews

The lifeworld approach requires open and adaptable interview questions. All participants were asked the following questions:

- What is most important in your current life situation?
- What does being old mean for you?
- What does it mean to be in good health at old age?
- How do you think about the end of life?

According to the principles of the lifeworld approach^[18], the participants were encouraged to reflect and describe their personal thoughts and feelings concerning each question. Open-ended, probing questions inspired them to reflect upon matters not immediately described. The interviews were audio-taped and transcribed verbatim. The present study presents an analysis of data, primarily from the first question about important issues in their current life situation. Data from the other questions are analysed in forthcoming articles.

Analysis

Phenomenography is a qualitative method developed to identify and systematize forms of thoughts in order to describe aspects of reality^[19]. The basic assumption in this method is that a research phenomenon is experienced in different ways and that different meanings can be categorized and described as qualitative variations of a phenomenon. The analysis builds on a distinction between the first order perspective, i.e., what something is, and the second order perspective, i.e., how it is perceived?^[21] For this study, the analytical phase included the following methodological steps^[23]:

1. The transcribed interviews were read in their entirety until they became familiar.
2. Meaning units were identified in each interview.
3. Individual meanings were condensed through unfolding what characterises how something is understood in a certain context.
4. Similar meanings were preliminarily grouped in order to clarify shades of similarities within each group.
5. The groups were compared according to similarities and differences and categories were formed.
6. The categories were named based on the core of the descriptions of the experiences.

7. The categories were tested through a contrastive comparison, which established the unique character of the categories in relation to each other.

8. The findings were described in a category system where each category shows a specific perception of the investigated phenomenon.

Ethical considerations

As required by the Declaration of Helsinki, standard procedures for participant-informed consent and confidentiality were followed. When the participants were invited to the study, they were orally informed about its aim, the voluntary nature of participation and their option to withdraw at any time. Furthermore, they were assured of the confidentiality of the study and that their privacy would be protected in the publication of the findings. The regional ethical review board in Gothenburg approved the whole project, of which this study is a part (Dnr. 983-13).

Results

The findings are presented in two descriptive categories: perceptions that draw attention inward and outward, respectively. Both categories include subcategories; for an overview, (Table 1). Those are further clarified with quote excerpts from individual statements. For the sake of clarity, the quotes are presented in a condensed manner that retains the original meanings.

Perceptions that draw attention inward, towards oneself

The first category is based on perceptions of importance for experiences of one's self. Older adults' increasing vulnerability to changing conditions has a significant impact on their perceptions of their life situation. Concerns resulting from these changes are further described below in three subcategories and include a sense of the declining status in society and, as patients, within the healthcare system; a desire to mitigate the negative impacts of aging and increased risks of ill health on their ability to maintain interesting everyday lives; and the realization that life is entering a final phase.

Sense of decreased status in society

Older adults' feelings of being valued within the Swedish society declines with the realisation that, in general, older adults are less valued than younger adults. This decreased status is experienced in various situations and can be particularly problematic in a caring context, as illustrated by the following example of a situation when an older adult contacted health care to express a need.

"So I asked my doctor at the health center if he could write a referral. Well, he said, 'what do you think you'll get out of it when you're so old.'"

Seniors' everyday lives are also affected by the decline in income

after retirement. Since dental care in Sweden is only provided for free of charge for those 18 and younger, this decline is especially difficult in situations when dental care is required.

"I'm going to the dentist now, and it's expensive stuff. I think it's very expensive when you have a small pension".

The perceived decline in status in society influences everyday life.

"I think it's bad for our society that there is not enough health care and help and financial support to allow older people to live decently".

Desire to keep aging at a distance

For those still in good health, health problems among their peers serve as the most prominent reminder that health cannot be taken for granted and must be taken care of to be maintained. Keeping aging at a distance means preventing accidents and ill health, as well as having a positive attitude towards life.

"I intend to be careful lest I fall and break something. But at the same time, I do not want to think that I'm old because I feel it hinders my mindset".

"It is important not to become stiff in the body. Many older people can't get up from the floor. And I'm careful to use slip protection under carpets".

The insight that the risk of ill health increases with age is handled differently. Retirement can be perceived as offering more leisure time while health is still good. But it can also be seen as a period of life with lower levels of function where impairment is either accepted or viewed as something that needs to be addressed.

"One must do as much as you can with your health. Then there are diseases that you can't cope with, and I can't do anything about it".

"The risk of disease when getting older is, of course, something that causes me anxiety because it can mean the loss of strength and independence".

The experience of serious illness and the subsequent worry about the risk of relapse can have a significant impact on an older adult's daily life. Knowing that poor health can make it difficult to maintain independence seems like an indication that the final phase of life is approaching.

"That day, when you need help, then life will change. Then you are in the final stages. I do not worry about death, but I worry about not being able to cope with everyday life myself".

To maintain a meaningful life, it is important to both keep up with old interests and to engage in new things. New ideas are welcomed and tested to see how and if they work. There is an attempt to find joy in life.

"I decided when I was retired that I'm just going to do fun stuff. And that is what I have done since then".

Contemplation of one's own existence

In the search for meaning, religious faith can offer a sense of security, making it easier to cope with late life's challenges. But a sense of meaningfulness does not have to be linked to religiosity and may also be derived from belief in one's self and one's own ability. In addition, a safe childhood and one's family's health and safety can carry such strong existential meaning that they become fundamental conditions for a sense of safety.

"Roots are becoming more important over the years. There are so many who are irrational about so much that they have no place to return to, and they may feel the rest in other contexts as well".

"I have this [security] from my childhood because my parents were actively Christians".

"The most important thing in life is that I do not have to deserve it. It's enough that I breathe. To value my life, and take care of it, it's a gift that I have".

When the prerequisites for a good life have successively

Categories	Sub-categories
Perceptions that draw attention inward, towards one's self	*Sense of decreased status in society *Desire to keep ageing at distance *Contemplation of one's own existence
Perceptions that draw attention outward, away from one's self	*Caretaking of family members *Involvement in social relationship *Finding deep meaning in animals and nature *Engagement in society

decreased, and nothing can be done about it, concerns about life take a new direction, focusing on escaping from worries or threatening developments. The idea of having a worthy end of life takes on more importance.

"I hope the end of my life will not be that far. I'm happy with my life. I think it would be as good if it stopped now before it comes to illnesses and dementia. It would be nice for my children if I do not get that old".

Perceptions that draw attention outward, away from one's self

The second category is based on perceptions that these perceptions concern some element other than self and require attention be directed away from one's self.

Caretaking of family members

Relationships with spouses both give a sense of deep satisfaction and serve as a source of anxiety. Older adults may worry that a partner could become sick and pass away, or may view the possibility of living longer than the partner as a benefit. Among the possibilities for illness and ill health, a spouse's memory impairment and changes in personality are seen as most problematic.

"It's hard to have an old husband too. It's a bit like that... (Pointing to the head). He forgets things; he is stubborn, but then he says I'm stubborn".

An important aspect of caring for the family concerns involvement with children and grandchildren and understanding their situation. Having contact with young relatives can be very positive, but sometimes the extent of the relationship depends on one's own capabilities. The importance of good relationships within the family becomes very clear when a relationship breaks down.

"My daughter had a stroke three years ago; she was only 41 years old then. It was very traumatic in all respects with two young children. It was clear then it felt very good for me to be able to help and support both her and the children".

"I find it difficult to demarcate those who are close to me. If I'm surrounded by them, I want to serve them, and I feel so stressful".

"Unfortunately, I've lost contact with one of my grandchildren. Her parents divorced and she broke all contact with both her father and me. So now it's 13 years since I last saw her. It's sad not to know what's happening to her".

The importance of close family relationships also concerns memories left behind by previous generations.

"My mother has told me a lot so I thought I could sit down and write what she has told about. Otherwise, these memories are gone when I am dead. I also want to go through all the photos, all the cards we have from mom and family. Today, you can make books of them".

Involvement in social relationships

Social relationships outside of the family, like new and old friends, are important, especially when living alone. However, involvement with other people can also be a source of anxiety for those of the younger generation and of sorrow among fellow older adults when one of the older generations gets sick or dies. An additional dimension of this sorrow is the inherent reminder that the older adult is part of an age group that is successively disappearing.

"I do not think it's good if you spend too much time alone. Some want to be alone, but I do not think it's good for anyone. People can be very difficult, but you need them".

"When you get older, friends disappear. I have four girlfriends left, but

none of their husbands are left".

Organised social relationships with people who share the same interests can provide a means of combining interests with the possibility of meeting new people. Engagement can also be about helping others. This can be seen as either a duty or as an opportunity for distraction from concerns. However, based on individual circumstances and wishes, there may be a risk of overstimulation, which makes it difficult to digest new experiences in a reasonable manner.

"Today, I and another orientee laid out a course. We are in the Swedish Tourist Association and we often walk there, so today we walked seven kilometres to plan out the next orienteering trip".

"You should not only stack experiences up on each other because then you kill an experience you had last week. I want to learn, preferably everything possible, though I am 72 now. I have not stopped thinking about widening my views a bit, preferably discovering a few new things".

"As long as you are healthy yourself, you have to take care of those who are lonely and unwell".

Finding deep meaning in animals and nature

Another interest that draws attention away from self is related to animals and nature. Animals can be meaningful in different ways. Pets serve to both complement and compensate for relationships with humans. Owning pets can be very important for wellbeing, but wild animals and nature may also add meaning to everyday life.

"We have a new dog, and it is a new experience. It is important to teach her everything".

"I have to find meaning in life. I've felt like I have nothing to live for, so I do not feel good. But I have my animals, and it's almost better than people when you're not feeling well, because animals are so faithful, and they like me".

Engagement in society

Involvement with other people can take the form of interest in what is happening in society and in other people's living conditions. Inequalities in society are also causes of special concerns.

"I'm in a political association. We are so privileged in Sweden. I could not imagine any better country to live in, even if it's difficult with politics at the moment".

"There are a great many injustices in our society. I think it's nasty, and this with cyberbullying and something they're dealing with".

"It might be a bit better to give a little more for all those who do not have such a good pension. Because there are quite a few who do not have enough".

Discussion

This study highlights post-retirement life from the perspective of older adults themselves, illuminating a period in life without professional work before an eventual need for additional care and assistance arrive. An important motivation for the study was the need for healthcare professionals to understand what it means for someone to still be in good health yet be aware of the fact that the risk of health complications increases significantly each year.

The findings were derived from individual statements, which were incorporated into a collective level through the process of decontextualisation [20,24]. The findings indicate that, in general, humans have similar views of what is important throughout their whole lives. But old age brings with it the insight that one's own generation is about to disappear. One's own death comes closer,

while at the same time, the risk of being left alone increases. From this, follows a natural concern about what the circumstances will be in the final part of life, but also a concern for the welfare of subsequent generations.

The present study helps to both confirm and complete research with a similar purpose. Gilbert, Haggerty and Taggart^[25] explored factors related to healthy aging and found that taking care of one's physical and emotional self, having a positive attitude and meaningful activities facilitated wellbeing and good health. These factors are also reflected in our subcategories about creating new interests, social relationships and engagement in society. However, one subcategory, which describes a sense of the declining status in society, suggests an aggravating factor resulting from exposure to "ageism". There are many negative stereotypes about being old. Ageism occurs when a person is classified as "old" and treated differently because of it. Thus, it becomes a psychosocial factor, which affects how older adults experience their future. According to Barber and Tan^[26], one consequence of ageism is that older adults see their future as having fewer opportunities. Axt, Ebersole and Nosek^[27] also note that ageism occurs when older adults experience limitations and fewer opportunities, leading to poorer subjective wellbeing.

In phenomenography, the whole system of categories, the outcome space, can be further unfolded in a contrastive comparison through which the categories' relationships to one another are investigated. Perceptions about family or religion can be used as examples of how individual statements in the present study were decontextualised to the upper-individual level. One aspect of these meanings is described as an extension of self and has consequently been reported in category one. Another aspect of the same issue is caring for the family and the Christian tradition, i.e., community with others, which belongs to category two. The same contradiction applies to think about who in a relationship will pass away first. Such reflection can both be related to worry about the risk of being left alone (category one) or concern for one's spouse (category two).

Hence, the present categorisation is not self-evident; other alignments are possible. Therefore, it is interesting to further explore the categories based on their relationships to one another. If they are ranked hierarchically, category one can be seen as a prerequisite for category two, building on the assumption that adults, regardless of age, need to understand themselves before they are able to develop care and commitment for other people.

The idea that the ability to commit to other people with care and empathy is based on self-confidence has been expressed by several ego-psychologists (c.f. 28-30). In his famous theory on how social development requires a progressively stronger ego, Erik H. Erikson^[31] describes eight stages during which healthy development occurs. A strong ego develops over a lifetime. It is, however, important to distinguish between a strong and a big ego. A strong ego is self-realised internally, while a big ego always depends on others for appreciation, causing the tolerance for criticism to be very low.

According to ego-psychology, each individual must learn how to handle contradictory feelings in order to reach hope, will, purpose, competence, fidelity, love, care and finally wisdom. In Erikson's last phase, wisdom is often accompanied by integrity and an acceptance of what was and what was not accomplished in the fullness of life. If individuals do not succeed in handling the contradiction between integrity and despair, it is difficult to reach wisdom.

The concept of wisdom has been extensively explored. About twenty years ago, Ardelt^[32] suggested that wisdom, defined as a composite of cognitive, reflective and affective qualities, has a positive influence on older adults' life satisfaction. In a cultural

historical analysis, Baltes and Staudinger^[33] found the wisdom to be characterised by cognitive and motivational pragmatic knowledge towards human excellence in mind and virtue. In slightly later research, Staudinger and Glück^[34] defined five main areas established in research on wisdom: defining, conceptualizing, measuring, understanding and investigating the plasticity of knowledge, and applying psychological knowledge about wisdom in life contexts. Lin and Yu^[35] examined the relationship between wisdom and aging in a literature review on the subject. They found some evidence that older adults outperform younger adults on certain subcomponents of wisdom. Yet the exact relationship between old age and wisdom remains unclear.

Thus, the present findings may be better understood in existential terms. According to Tornstam's theory of "gerotranscendence"^[36], positive aging involves the development of new insights into fundamental existential issues, something that, for example, may be demonstrated as reduced interest in superficial relationships. Such an attitude may also include being more selective when choosing activities. Furthermore, Tornstam believes that an older persons have a clearer view than does a younger person of the connection between life and death, including the meaning of being part of a chain of past and future generations (ibid). The theory of gerotranscendence may explain the relative equilibrium, which is reflected in the present study through the expressions of the thought of death as an opportunity to end life when the fulfillment of new dreams and wishes is no longer possible.

Finally, the question remains of how the findings from the current study can be applied in a caring context. In phenomenography, transferability refers to the degree to which observations are applicable to similar situations and realities and is a measure of pragmatic validity i.e., the usefulness and impact of the findings^[37]. As older adults may be exposed to prejudices based on the fear of age-related decline, this study can provide a realistic view of important issues for caring conversations with older patients. This is important since high-quality professional care depends on meaningful dialogues. On the web, there is a fairly large amount of specific advice intended to improve communication between patient and caregiver. However, research on communication in a caring context focuses more on attitudes and meetings than on checklists. Kourkouta and Papathanasiou^[38] emphasise that meaningful dialogue requires professional security based on knowledge, which in turn must be demonstrated with courtesy, kindness and sincerity. Bramhall^[39] highlights the importance of effective communication skills for professional caregivers, suggesting it is central to the provision of compassionate high-quality care. Strang et al.^[40] propose that caring conversations on existential issues require caregivers with a comfortable attitude towards concerns such as those related to the end of life. The authors found it important to refrain from trying to "solve" a problem and instead maintain a presence and confirming attitude. The importance of existential dialogue was also demonstrated by Kristensen et al.^[41] who stated that dialogue often breaks down between caregivers and older patients. When older adults want to talk about the end of life, they take initiative to talk about it. But caregivers often fail to respond appropriately to handle such issues. According to these authors, caregivers are more focused on the task to be performed than on the existential dialogue. Also notable is a study by Kydd et al.^[42], which examined caregivers' attitudes towards caring for older adults. Those who did not work with older patients expressed that working with them was an unattractive job, while caregivers who worked with older adults

reported finding their caring work challenging and stimulating and chose to continue to engage in such caring work. This study has aimed to further stimulate those caregivers' ability to engage in a caring dialogue.

Conclusion

Individually different experiences of life make old age just as diverse as young age. But over the years a general concern that may not have been present during the younger days arrives. Through aging, the fineness of life becomes visible, which raises questions about how to create a meaningful last period of life. Such maturity often develops together with a concern for other people, especially for close family and old friends.

The findings of this study contribute to professional caregiving knowledge. This knowledge is important from various perspectives, especially since caregivers are most often younger than their older patients. It is important that a caring dialogue does not get lower priority than practical tasks. Difficult questions that concern the very last part of life should not be avoided because a lack of knowledge. Such issues do, however, need deeper analysis, which will be addressed in a forthcoming article.

Conflict of Interest

The author declares no conflict of interest with regard to the content of this article.

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