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Hope and Well-Being in Retirement

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Abstract

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Utilizing Diener's (1984) model of subjective well-being, this study examined predictors of positive affect, negative affect, and context-free life satisfaction in a sample of 215 retirees (mean age = 64.53 years); with a view toward the development of a model of well-being in retirement. Predictors included person-centered and organization-centered variables. Person-centered variables such as marital satisfaction were predictive of subjective well-being, while demographic variables and financial satisfaction were not. Organization-centered variables including retrospective job satisfaction, person-work retirement decision factors, and the retirement transition were all found to be predictive of subjective well-being. The study found that after controlling for all other predictors, the two factors of hope, pathways and agency thinking, as operationalized by Snyder, Harris, Anderson, Holleran, Irving, et al. (1991) accounted for a significant proportion of variance in the three dimensions of subjective well-being: negative affect, positive affect, and satisfaction with life.

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INTRODUCTION

The primary goal of this study is to examine the role of hopeful cognitions in predicting well-being. Specifically, this study will examine the manner in which hope, as operationalized by Snyder, Harris, Anderson, Holleran, Irving, et al. (1991), accounts for the variation in reports of state well-being across a sample of retirees. That is, does the way in which we think about future goals and goal-directed behaviour influence our well-being? After controlling for demographic variables, context-specific perceptions of life satisfaction, and other organization-centered variables, does hope account for the variance in reports of subjective well-being or happiness? Thus, this study will examine the manner in which one particular formulation of hope affects well-being in retirement.

The secondary goal of this study is to explore variables that may eventually be included in a model of well-being in retirement. Retirement is an important issue for both individuals and society. For some, retirement marks a new beginning, bringing with it the freedom to explore interests, widen personal social networks, spend time with friends and family, and enjoy life. For others, the transition to retirement can have negative consequences including anxiety, depression, mental illness, physiological deterioration, and, in extreme cases, death. Given these possible outcomes, identifying variables that may be integral to a model of well-being in retirement that can inform future research and current practice is important.

In developing a model of well-being in retirement this study will also examine the link between the organization and the former employee. Specifically, I will measure this link in terms of retrospective job satisfaction and organization-centered reasons for retiring, such as job stress, mandatory retirement, early-retirement incentives, and

organizational pressure to retire. Does retirement indicate the end of the person-work relationship? Although the legal and explicit relationships between the employee and work end sometime in retirement, it may be that some characteristics of the person-work relationship have long-term implications for the health and well-being of the employee in retirement.

Subjective Well-Being

The manner in which psychologists define and measure health is changing. The increasing interest in subjective evaluations of well-being is reflective of this trend. Specifically, there is a move to evaluate healthiness as something different from the absence of illness. The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1946, p.100)." For the most part psychology has centered its work on sickness rather than health, focusing on the diagnosis of mental illness rather than the components of mental health. For example, the capstone of psychological diagnosis is the DSM-IV, a taxonomy of mental illness. Further, social psychologists are traditionally preoccupied with biases, deficiencies, and the dysfunctions of human behavior (Luthans, 2002). Positive psychology, on the other hand, assumes *a priori* that health is substantively different from not being sick (Clifton, 2002). Consequently, positivistic approaches tend not to measure dysfunction; rather they focus intentionally on health, well-being, and functionality. The focus of this study is on well-being and its predictors, rather than illness or depression and their respective predictors. Thus, this study takes a positivistic perspective rather than a diagnostic one.

Unfortunately, labeling ones own work as positivistic or as "positive psychology," brings with it a host of pejorative connotations. This is due to a lack of empirically sound research in the field of positive psychology. Fortunately, this trend is changing as researchers become more interested in the field. One of the constructs that parallels this increasing interest is that of subjective well-being.

Subjective well-being has been of interest to researchers for decades. Wilson (1967) provided a general review of the Subjective Well-Being research. Based on the very limited data at the time, he described a happy person as a "young, healthy, well-educated, well-paid, extroverted, optimistic, worry-free, religious, married person with high self-esteem, job morale, modest aspirations, of either sex and of a wide range of intelligence" (p. 294). Since that time, our understanding of Subjective Well-Being has evolved past the point where researchers believe it is possible to characterize well-being, or happiness, based on demographic variables. Rather, the emphasis is on the internal processes that support or sustain happiness. Although the Wilson definition of happiness includes such demographic components, it also identifies non-demographic dimensions that are of interest to psychologists. Determining the validity and accuracy of all of those characteristics as predictors of well-being is beyond the scope of this thesis. However, I will examine the role of marital satisfaction, age, and gender play in post-retirement well-being.

Diener and colleagues (Diener, et al., 1999) point out that directions taken in the field of Subjective Well-Being reflect societal trends concerning the value of the individual, and the importance of subjective evaluations of life. Individual happiness grew in importance throughout the twentieth century, so much so that in the US a

national index of happiness was developed by social psychologists who are currently

lobbying the federal government to pass a bill in Congress promoting the further

development and measurement of such an index (Diener, 2001). Almost as a matter of

course, scientific investigation of happiness, its correlates, and predictors grew as well.

When Wilson (1967) reported the definition of subjective well-being thirty-five years

ago, the literature on well-being was sparse. (Sentence deleted).

Diener and colleagues also make the observation that subjective well-being can

transcend physical conditions such as economic poverty; chronic illness, traumatic life

events, and age-related, physical infirmity. In a study examining well-being across 40

countries, Diener, Suh, Lucas, & Smith, (1999) found that both the concept of well-being

and reports of well-being tended to remain stable. That is, in spite of economic and

social disparity, participant's understanding and reports of happiness were similar. This

is not to suggest that profound tragedies, such as extreme poverty, disease, famine, and

war do not affect well-being, rather that all things being equal, happiness is viewed in a

similar manner across different countries and cultures. Additionally, Deiner and

colleagues found that the predicates of happiness and mean levels of reported well-being

were similar across the forty countries they examined. One exception to this is the

finding that for collective cultures, subjective well-being (or personal happiness) tends to

be less important to the individual, and the correlates and predictors of well-being are

different (Diener & Suh, 1998). This may be due to fundamental differences in self-

construal and value judgments, in that collectivist cultures tend to be less concerned with

personal outcomes and place more value on communal or familial outcomes.

Subjective Well-Being researchers tend to emphasize positive states and incentives, rather than pejorative, pathological, dysfunctional, or negative states. As such, Subjective Well-Being researchers are positive psychologists, emphasizing positive states as predictors and outcomes, with the belief that such a perspective can broaden our understanding of human nature (Seligman, 2002; Snyder 2002).

Other researchers operationalize subjective well-being as "psychological" well-being (Ryff & Keyes, 1995). This approach evaluates well-being in terms of the various domains of life, such as social, spiritual, and intellectual areas. Although some of these domains are of interest to this study, the measurement model needed to assess psychological well-being is complex and lengthy (Keyes, Shmotkin, & Ryff, 2002 and Lent, 2004). It may be that a more complex, psychological-domain approach may provide a better model of well-being, but such a comparison is beyond the scope of the current study. Further, Keyes and colleagues have been unable to produce the psychometric properties of psychological well-being they hypothesize (Keyes & Magyar-Moe, 2002). On the other hand, Denier's model of subjective well-being is both simple to measure and is shown to be linked with health and health-related behaviours (Diener et al., 1999). Because of these advantages, I will use the Diener (1985) model of subjective well-being in this study.

The Components of Subjective Well-Being

Diener's (1985) model of well-being is composed of three dimensions, including two affective dimensions (positive and negative affect) and one cognitive dimension (global, context-free life satisfaction). High levels of subjective well-being are associated with low and infrequent incidences of negative affect, such as guilt, stress, and anger as

well as generally high positive affect, such as joy, pride, and ecstasy. Additionally, according to the Diener model, individuals with elevated subjective well-being tend to report high levels of life satisfaction. There is some debate regarding the independence of positive and negative affect (Green, Goldman, & Salovey, 1993; Green & Salovey, 1999; Tellegen, Watson, & Clark, 1999). Intuitively, one would not expect an individual to experience negative emotions concurrent with feelings of extreme happiness. That is, the state of emotions at one particular moment should be either positive or negative. For the most part, emotional states are uni-polar and short-term when compared to affective disposition (Diener, 2000). However, when people report how often they have felt happy or sad over a period (i.e., six months), results show that positive and negative affect share a moderate, inverse correlation, but are clearly separate constructs (Diener, Smith, & Fujita, 1995). Not only do positive and negative affect behave as distinct constructs, but dispositional measures taken over a period also correlate highly with state measures of affect. The vast majority of individuals experience lows and highs, those extremes are relative to our individual, normal, affective disposition. Furthermore, positive and negative affect are predictive of differential outcomes (Diener, et al. 1995; Diener, 2000; Mroczek & Kolzar, 1998).

Although some researchers conceptualize well-being as an affective construct, where well-being is operationalized as the lack of negative affect and frequent presence of positive affect (such as Mroczek & Kolzar, 1998), these models fail to take the cognitive component of well-being into account. Feeling good or bad, and thinking about one's life and evaluating the extent to which one is satisfied with life, tend to differentiate from one another in terms of their relationship with important outcomes. This "affect-

and-cognition" model of well-being held by Diener et al. (2002) has been the subject of

debate for some time, but even a decade ago Andrews and Robbins (1992), in a review,

found the Diener model to be the most widely accepted view of well-being. Other non-

Hedonistic or Eudemonic conceptualizations of psychological well-being are becoming

more frequent, but the models are generally complex and difficult to measure when

compared to subjective well-being (see Lent, 2004 for a review). I believe that well-

being implies something more than simply feeling "happy-unhappy" or "good-bad."

Therefore, a measure of the cognitive component of well-being is necessary.

The cognitive component of Subjective Well-Being is referred to as life-

satisfaction (Pavot & Diener, 1993). This satisfaction with life is defined as a cognitive

evaluation of the extent to which one is pleased with the course of one's own life,

including satisfaction with the past, present, and future (Diener & Suh, 1997; Keyes &

Magyar-Moe, 2002). Life satisfaction refers to a judgmental process, in which

individuals assess the quality of their lives based on their own unique set of criteria.

They may compare one domain of their own life (family) with another (work) as the basis

of their judgment. Alternatively, they may compare their own life to that of another, or to

how they perceive another's life (Diener, Emmons, Larsen, & Griffin, 1985). Measures

of life satisfaction generally demonstrate a moderate relationship with those of positive

and negative affect.

Some well-being researchers equate well-being with happiness and limit the

definition of happiness to positive affect and the lack of negative affect, or emotional

well-being (Diener, 2000). William James (1902) expressed the inadequacy of either

affective states or cognitive evaluations alone to encompass well-being over a century

ago. He pointed out that for many individuals, unhappiness can be "cured" by simply

thinking positive thoughts. He also used the analogy of the "sick soul" to characterize

those for whom such machinations are ineffectual. Regardless of the accuracy of his

characterizations, his discussion implicitly defines happiness as a state that has both

affective and cognitive components. (Next Paragraph deleted)

Hope

One of the primary variables of interest to this study is the construct of hope as

developed by Snyder and colleagues (Babyak, Snyder, & Yoshinobu, 1993; Curry,

Snyder, Cook, Ruby, & Rehm, 1997; Snyder, 2002). This model of hope also has the

benefit of a large body of sound quantitative research across a wide range of disciplines,

including social work (Callan, 1989; Lum & Lightfoot, 2003) and medicine (burn injury

recovery, Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; cancer treatment, Everson,

Goldberg, Kaplan, & Cohen, 1996; and vision loss, Jackson, Taylor, Palmatier, Elliott, &

Elliot, 1998). Psychological research utilizing hope ranges from cognitive therapy

(Snyder, Ilardi, Michael, & Cheavens, 2000), and post-traumatic stress disorder

(Crowson, Frueh, & Snyder, 2001), to studies on depression, (Elliott, Witty, Herrick, &

Hoffman, 1991). Snyder's model of hope is also predictive of positive outcomes for

students coping with stress in statistics class (Onwuegbuzie, 1998).

Studies have clearly demonstrated that this model of hope has discriminant

validity among positive psychological constructs (Magaletta & Oliver, 1999). There are

a number of operationalizations of hope. However, the predominant operationalization of

hope in the literature is Snyder's (Kwon, 2002). Snyder defines hope as "goal-directed

thinking in which people perceive that they can visualize routes, including contingencies,

to desired goals (pathways thinking) and the requisite motivation to use those routes

(agency thinking) (Lopez, Snyder, & Teramoto-Pedrotti, 2003, p. 94)."

Snyder's cognitive model of Hope is a two-factor construct. The factors – agency

thinking and pathways thinking – are reasonably independent of one another, and share a

moderate positive correlation. That is, an individual may be able to visualize the route to

achieving a goal (pathways thinking), but lack the motivation to do so (agentic thinking).

Similarly, a person may be motivated to achieve a goal (agency), but be unable to deduce

the steps necessary to realize that goal (pathways). Someone who is hopeful must be

high in both the pathways and agentic cognitive ability. Those higher in hope are less

likely to give up on their goals as the result of untoward events (Snyder, Harris, et al.,

1991). They are also likely to visualize multiple pathways, or contingencies, to the

attainment of those goals (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000).

Magaletta and Oliver (1999) found that although there are conceptual parallels

between the individual pathways and agency factors and other constructs, they are

distinct. Pathways thinking is occasionally criticized as a measure of self-efficacy and

agentic thinking as optimism, but numerous studies have demonstrated that the two

factors are independent and are predictive of differential outcomes across varying

contexts (Babyak, et al., 1993; Snyder, Harris, et al., 1991). Additionally, previous

research has compared each factor to those constructs they supposedly replicate and

results consistently demonstrate their discriminant validity.

One of the strengths of Snyder's formulation of hope is the extent of target goals.

For example, other theories of hope (e.g. Lazarus, 1999) limit goals to only those things

that fill a profound void in an individual's life. However, Snyder (2002) includes goals

that are part of the daily agenda of life, observing the fact that "these maintenance goals are the very stuff of our ongoing lives" (p. 252). The goals that are part of everyday work, the "to-do list," are the object of hope, as well as profoundly meaningful life goals. It is this goal-related thinking about all goals, even the most mundane, that can move us to act on those goals; these actions, in turn, structure and provide meaning to our daily lives.

Subjective Well-Being in Retirement

For the individual, the definition of retirement is quickly changing. In the not-so-distant past, retirement meant that an individual had worked as long and as hard as he or she could. The individual would spend a few years, staying near their home, working in the garden, taking visits from family, and essentially waiting to die. Today that image is quickly changing, if it was ever a reality in the first place. Retirees are going back to school to acquire skills for a new career, or starting new ventures and adventures, and are often more active than at any other time in life. Additionally, retirees are finding their way back to the workplace in a variety of professions (Conner, Dorfman, & Thompkins, 1985), calling into question the definition of retirement. Rather than the prospect of a few declining years, many retirees today face the prospect of decades of functional health and productivity. As the scope and definition of retirement increases, the importance of the retired population to the rest of society also increases.

Not only is retirement changing at the individual level, but that change is also about to be felt by society. The Canadian workforce, as with that of much of the western world, is on the verge of a dramatic demographic shift. The Organization for Economic Co-Operation and Development (OECD) and the United Nations (UN) anticipate a

significant shift in the ratio between working and retired persons over the next 25 years.

Specifically, the Organization for Economic Co-Operation and Development reports that

the ratio between those over 65 years and those aged 14 to 65 was 0.127:1 in 1960. By

2000, that ratio had increased to 0.187:1. More important, both organizations estimate

that by 2030 the ratio will be 0.374 (United Nations, 1998). Essentially, this means that

37.4% of the Canadian working population will be retired by 2030, more than double the

amount seen in 2000. These estimates do not take into account the full effect of

dramatically declining birth rates (OECD, 1998). Additionally, the age of retirement is in

decline. The median retirement age fell to 61 from 62 between 1995 and 2000, with

more people retiring in their 50s during the period between 1996 and 2000 (43%) than

during the previous five years (33%; Rathje, 2003). Thus, 37.4% may be a considerably

conservative prediction.

Unfortunately, I/O psychologists have largely ignored the issue of retirement.

Gerontological research is the greatest contributor to our understanding of well-being in

older age. One of the reasons for this disparity is the notion that once an individual

retires, they are no longer part of the organization. Thus, they fall outside the zone of

interest for I/O psychologists. This inattention is not due to empirical evidence that

retirement and work are unrelated, it is simply based on the notion that when people are

not working there is no connection between them and their former employer. It may be

that actions taken by the organization can have far-reaching effect on well-being in

retirement. Given the age of retirement that is fast approaching, it is incumbent on I/O

psychology to take a look at retirement, retirement planning, and what organizations do

that can effect the well-being of their members in retirement.

Factors Influencing Subjective Well-Being in Retirement

Although early well-being researchers operationalized subjective well-being in demographic terms, such as age, gender, and income, these variables are poor predictors of happiness or well-being (Diener et al., 1999; Diener, 2000). In spite of the finding that demographic variables are poor predictors, researchers continue to employ them while examining retirement quality. For example, economic indicators of retirement quality are often limited to the use of objective measures of socio-economic status and health factors for assessing the frequency of physiological and mental pathology (George, Okun, & Landerman, 1985). In other health-related research, demographic factors are generally strong predictors. Subsequently, demographic factors are often included in psychosocial research designs targeting health issues. Although I am measuring some demographic factors, they will be used as control variables in the first step of the omnibus regressions.

There is some debate regarding the measurement of specific life satisfactions. Warr (1997) argues that such measures of life satisfaction must be context-specific. Context-specific measures examine satisfaction with various domains in an individual's life, such as marriage, finances, intellect, spirituality, social support, etc. The issue is whether context-specific or context-free life satisfactions are equivalent to subjective well-being. Diener asserts that context-specific life satisfactions can influence global, or context-free, life satisfactions, while being conceptually independent of subjective well-being (Emmons, Diener, & Larsen, 1986).

For the purposes of this study, context-specific life satisfactions were treated as predictors of subjective well-being, of which global life satisfaction is a component. The basis for this stance is the observation that an individual can be dissatisfied with a

particular life-domain and yet report that they are happy and generally satisfied with life

(Sanderson & Cantor, 1997). The point of interest is what context-specific life

satisfactions are most related to well-being. For example, are financial satisfactions more

important overall for subjective well-being than health satisfactions? Of course, this

study is examining subjective well-being with the particular context of retirement.

However, the context of retirement varies greatly between individuals. Subsequently,

individual evaluations of context-specific life satisfactions reflect those differences and

serve as indicators or predictors of general satisfaction with life and subjective well-

being.

   Person-Centered Factors Influencing Well Being in Retirement. Retirement

brings with it the promise of freedom and independence. However, most people face

some form of physical decline that inhibits the ability to fully engage that freedom and

independence. Atchley (1991) estimated that all but 15% of the older population

experience some infirmity or impairment. Dorfman (1995) found that specific diseases

or ailments had a profound effect on retiree's satisfaction with their health. This negative

effect on health satisfaction correlated with decreased satisfaction in other areas of life,

including financial satisfaction, physical activity, and social interaction. A number of

longitudinal studies have examined the relationship between health and retirement (e.g.,

Bosse, Aldwin, Levenson, & Ekerdt, 1987 and Palmore, Burchett, Fillenbaum, George, &

Wallman, 1984, for example), but the results are sometimes contradictory. . These

studies have consistently found a small effect of health on retirement satisfaction. Given

Dorfman's (1995) findings, measures of health satisfaction should be indicative of the

presence or absence of physiological pathology. Further, subjective measures of health

satisfaction should be strong predictors of subjective well-being. Individual perceptions

of health may not reflect objective measures of their health. That is, an individual may

report that they are well, while an objective measure of their health may indicate a

chronic condition. Thus, the perception, or evaluation of personal health may provide a

better or more complete understanding of the relationship between physical health and

happiness. The relationship between objective and subjective measures of health lessens

as a function of increased age (Borchelt, Gilberg, Horgas, & Geiselmann, 1999). In spite

of decreasing physical health or functional health, some researchers find that reports of

subjective well-being remain relatively stable throughout older age (Diener, Suh, Lucas,

& Smith, 1999). On the other hand, Adkins, Martin, and Poon (1996) found that for

centenarians subjective health increased in spite of increased physiological infirmity,

while decreasing for participants in their sixties who experienced similar pathology.

Whatever the case, in each case the effect of age and physiological health on well-being

was small.

Spousal health perceptions are important in older age as quite often one spouse

experiences some physiological illness or disease that can cause them to be dependent on

their spouse for care. This, in turn, can have consequences for the caring spouse's mental

health and subjective well-being (Elliott, Witty, Herrick, & Hoffman, 1991). Thus, I will

employ a subjective measure of personal and spousal health perceptions. I expect that

> H1A: Subjective satisfaction with health will be predictive of
>
> subjective well-being.
>
> H1B: Subjective satisfaction with spousal health will be predictive of
>
> subjective well-being.

Another context-specific factor that research shows is predictive of well being throughout life is that of financial resources and/or income. Although stable, the relationship between income and well-being is weak. In studies examining non-retired populations, Haring, Stock, and Okun (1984) found an average correlation of .17 between income and subjective well-being. In a later study, Diener, Sandvik, Seidlitz, and Diener (1993) found a correlation of .12 between income and well-being. Further, the finding that adequate financial resources are predictive of retirement qualities repeated in the literature (Beehr, Glazer, Nielsen, & Farmer, 2000; Dorfman, 1995; Seccombe & Lee, 1986).

There are a number of other reasons to include a measure assessing the level of satisfaction the individual has with his or her finances. First, socio-economic indicators are often reliable indicators of physiological health. Second, financial concerns are a theme in the retired population as well as an important component of the goal of retirement. Third, a subjective measure of financial satisfaction may also reflect the respondent's satisfaction with the prestige of his or her previous job. Studies have shown that those who regard their job as prestigious have a greater satisfaction with their retirement (George, Fillenbaum, & Palmore, 1984). Thus, it may be that satisfaction with retirement income (which can be a function of job prestige) can predict reports of happiness in retirement.

There is some evidence that the relationship between finances and well-being is curvilinear. That is, for those with extremely inadequate resources, who are unable to meet basic personal needs, finances can have a negative relationship with well-being (Richardson & Kilty, 1991). In spite of poverty and the difficulties it can bring, people

can (and do) report that they are happy. That said, the negative relationship between financial resource and well-being is strongest for those with the lowest financial wherewithal. For those with vast financial resources, there is some evidence that wealth and maintaining that wealth can have a negative effect on health (Kasser & Ryan, 1993); however, in some studies the effect of wealth on well-being is smaller (Diener, Horowitz, & Emmons (1985). Kim and Moen (1999) found that individuals with inadequate income and/or financial problems are likely to experience dissatisfaction and maladjustment in retirement. However, those with relatively modest financial means, who are still able to meet financial demands, demonstrate a much smaller relationship between objective measures of income and well-being.

Subsequently, although the trend between income and well-being is consistent, it may be that an individual's perception of their financial resources is a better predictor of well-being. That is, individuals with equal income levels may report very different levels of satisfaction with that income, and that satisfaction difference may be a better predictor of the relationship between finances and well-being. In fact, in studies examining pre-retirement expectations, perceptions of health and income were more predictive of quality of life than objective measures of health and income (Gall & Evans, 2000; Gee, S. & Ballie, 1999). Finally, the fact that some research has found a negative effect of income on well-being (Smith & Razzell, 1975) and that increased income resulted in lowered well-being (Thoits & Hannan, 1979), make the relationship between income and well-being connection uncertain. For these reasons, I will be using a subjective measure of financial satisfaction as the financial predictor of well-being. Given the findings from previous studies, I expect that

H2: subjective satisfaction with finances will be a significant and positive

predictor of subjective well-being in retirement.

Consistent with previous research, I expect marital satisfaction to be a significant

predictor in the model of well-being in retirement. Previous research links the experience

of retirement and marital satisfaction. Higgenbottom, Barling, and Kelloway (1993)

found that a quality of the retirement experience spilled over on marital satisfaction by

way of mediation through depressive symptoms and satisfaction with other life-domains.

Moen (1996) found that marital satisfaction was an important predictor of well-being for

both men and women. Thus, in this study I expect that

H3: Marital satisfaction will be a significant, positive predictor of

subjective well-being in retirement.

Health, finances, and marriage are constant themes in the study of well-being in

older age (Pinquart, 2001). However, there are a number of other areas that may affect

subjective well-being. These include access to transportation, the quality of one's

residence, the efficacy of support agencies, and the sense of personal safety. For this

reason, I will employ a broad measure of context- or domain-specific life satisfactions.

This measure assesses a number of life domains that are appropriate for a retired

population. These specific areas include satisfaction with one's residence, access to

transportation, physical activity, marriage, relationships with non-spousal family

members, services from both community and government agencies, and the sense of

personal safety. These individual evaluations will be summed and used as a general

measure of context-dependent life satisfaction. Additionally, individual, zero-order

correlations between each item in this scale and the dimensions of well-being will be

assessed in order to determine which prove to be important indicators of well-being.

Future work examining a model of well-being in retirement will implement broader

measures of the single-item, context-specific satisfactions found to be particularly

indicative of well-being in the current sample. Given the findings that lower subjective

well-being is often indicative of lowered satisfaction with specific life domains (Diener,

et al., 1999) I expect that,

> H4: domain- or context-specific life satisfaction will be a significant,
>
> positive predictor of subjective well-being.

Person-Work Factors Influencing Subjective Well-Being in Retirement. The link

between work and retirement quality and well-being in retirement is relatively

unexplored. However, there is some support for the notion that previous experiences at

work have long-term effects on the employee's well-being in retirement Herzog, House,

& Morgan, 1991). Findings from Industrial/Organizational Psychology point to the fact

that work experiences translate directly into other areas of life satisfaction (Hart, 1999

and Higgenbottom, et al., 1993). For example, Judge and Watanabe (1993) found that

job satisfaction and life satisfaction share a linear relationship. It is possible that job

satisfaction has long-term implications for life after work. Therefore, I expect that

> H5: retrospective job satisfaction will be a significant, positive predictor
>
> of subjective well-being in retirement.

Often, organizations play an important role in the employee's decision to retire.

Usually, the organization's role in the retirement decision is to provide financial

incentives for employees who are approaching the retirement age. While this

occasionally includes financial counseling, the assumption is that the quality of

retirement is dependent on financial resources. However, in some cases, those offered an

early retirement package could feel unwanted, unimportant, and have the sense of being

forced out of the organization (Grunberg, Moore, Grunberg, & Greenberg, 2004).

Additionally, being pushed into retirement because of organizational downsizing can

have negative consequences for physiological health in retirement (Vahtera, Kivimaki, &

Pentti, 1997).

While early retirement incentives are often attractive, there may be other,

negative, work-related factors contributing to an individual's decision to retire

(Armstrong-Stassen, 2002). Employers can exert pressure on employees to retire when

they do not have the resources or motivation to offer financial incentives to retire. This

kind of pressure can negatively affect how people adjust to retirement (Schultz, Morgan,

& Weckerle, 1998). Poor relations with co-workers can have a negative impact on job

satisfaction (Grunberg et al., 2001) and could conceivably influence someone in their

decision to retire. Job stress can spillover into non-work life domains and may lead to the

decision to retire earlier than desired. These negative factors could not only motivate

someone to retire, but they may also have long-term implications for the individual in

retirement. Therefore, I expect that

> H6: person-centered factors, including financial incentives, pressure from
>
> the employer, difficulties with co-workers, job stress, being laid-off, and
>
> general dislike for one's job, that may contribute to the retirement decision
>
> will be significant, negative predictors of well-being in retirement.

The retirement transition can be a difficult one. Inaccurate or unrealistic

expectation of the retirement experience can lead to a difficult transition period after the

"honeymoon" of retirement is over (Gee & Bailey, 1999; Moen, 1996). If the retirement

transition is difficult, it may be that that period shapes the nature of the rest of retirement.

Thus, I predict that

> H7: the perceived difficulty of the retirement transition will be a negative
>
> indicator of subjective well-being in retirement.

Non-retirement aging research has found that one of the important variables in the

retirement-well-being relationship is goal-related behaviour. Goals reflect what people

are typically trying to do in life. Goal-directed behaviours are the activities that people

engage in while trying to attain a particular goal or avoid a particular goal. Austin and

Vancouver (1996), in an extensive examination of the causes and correlates of goal-

directed behaviour, found that the kinds of goals one has, their structure, the success of

achieving them, and the rate of progress toward one's goals could all affect one's

emotional well-being and life-satisfaction. Generally, people react positively when

advancing towards or attaining goals and react negatively when they fail to progress or

realize goals. The more important the goal to the individual, the greater the outcome

affects their affective state.

Furthermore, goals can provide meaning and structure to daily life. Cantor and

Sanderson (2000) found that moving toward realistic and important goals enhances

Subjective Well-Being. Further, during periods of life transition, goals serve an

important function in maintaining role-identity, meaning, and continuity, further serving

to support healthfulness (Cantor & Sanderson, 2000).

Given the importance, commonality, and potential impact of retirement goals,

goal-related thinking, or hopeful thinking, may be able to improve the quality of

retirement and, concurrently, well-being in retirement. For this reason, hope as articulated by Snyder may be able to account for a significant proportion of the variance in well-being in retirement. Further, since the agentic and pathways factors of hope differentially predict outcomes in other contexts, it is likely that they will predict the dimensions of subjective well-being in a similar manner.

. Therefore, I expect that

> H8A: hope will account for a significant proportion of the variance in
>
> reported subjective well-being in retirement after accounting for finances,
>
> functional health, the quality of primary relationships such as marriage,
>
> retrospective job satisfaction, person-work factors influencing the
>
> retirement decision, the ease of the retirement transition and demographic
>
> variables.

In addition, given the finding that the two factors of hope are related to differential outcomes in other research (see Snyder, 2001), I expect that,

> H8B: the two factors of hope, agency thinking and pathways thinking,
>
> will differentially predict the components of well-being.

> In spite of its general neglect in the literature, retirement is quickly becoming an important factor for society, policy makers, organizations, and the employee. Retirement is also increasing in importance for the individual, as people are living as retirees for a greater portion of their lives than ever before. At the turn of the last century, people spent an average of 1.2 years in retirement. By the turn of this century, people were spending an average of 14 years, or 20% of their lifetime, in retirement (Gee & Bailey, 1999; Seligman, 1994). Developing a model of well-being in retirement that identifies

factors that can improve or threaten that well-being is becoming a necessity. Such a model can precipitate new research, inform and guide practitioners, aid organizations seeking to better prepare members for retirement, and inform retirees themselves. This study is a first step toward model building, wherein specific factors can be identified as important components of a future model.

With such a view, this study seeks to identify internal processes, or cognitions, that can significantly affect the quality of well-being in retirement. Additionally, this study will examine a number of variables that previous well-being and retirement research suggests may be important, including demographic variables, satisfaction with one's own health, one's spouse's health, financial satisfaction, marital satisfaction, and domain specific life satisfaction. Finally, this study seeks to identify some organizational factors that can predict well-being in retirement, including retrospective job satisfaction, person-work factors that can precipitate the decision to retire, the ease or difficulty of the retirement transition, and the length of time an individual is retired. In examining these variables and their effect on well-being in retirement this study makes a number of hypotheses. Specifically, these are:

H1A: Subjective satisfaction with health will be predictive of

subjective well-being.

H1B: Subjective satisfaction with spousal health will be predictive of

subjective well-being.

H2: subjective satisfaction with finances will be a significant and positive

predictor of subjective well-being in retirement.

H3: Marital satisfaction will be a significant, positive predictor of

subjective well-being in retirement.

H4: domain- or context-specific life satisfaction will be a significant,

positive predictor of subjective well-being.

H5: retrospective job satisfaction will be a significant, positive predictor

of subjective well-being in retirement.

H6: person-centered factors, including financial incentives, pressure from

the employer, difficulties with co-workers, job stress, being laid-off,

and general dislike for one's job, that may contribute to the retirement

decision will be significant, negative predictors of well-being in

retirement.

H7: the perceived difficulty of the retirement transition will be a negative

indicator of subjective well-being in retirement.

H8A: hope will account for a significant proportion of the variance in

reported subjective well-being in retirement after accounting for finances,

functional health, the quality of primary relationships such as marriage,

retrospective job satisfaction, person-work factors influencing the

retirement decision, the ease of the retirement transition and demographic

variables.

H8B: the two factors of hope, agency thinking and pathways thinking,

will differentially predict the components of well-being.

METHOD

Participant Characteristics

394 questionnaires were distributed to individuals and organizations. Individuals included family and friends who were retired or knew other retirees. Organizations included a number of churches, including Petitcodiac United Baptist in New Brunswick, Hillside Baptist and Highfield Baptist in Moncton New Brunswick, Victory Center in Saint John New Brunswick, Pleasantville Baptist in Bridgewater Nova Scotia, and Saint Lukes United in Halifax. Other organizations included the volunteers at the IWK Hospital for women and children, Saint Margaret's Bay Elementary School, and Thom's Market in Black Point Nova Scotia. At each organization, either a contact or I distributed questionnaires to members or other interested parties who were retired.

Of the questionnaires distributed, 309 were returned either through the postal service or in person. The response rate is impossible to calculate as some confederates who assisted in data collection made an unknown number of copies of the survey and, subsequently distributed them. However, those surveys returned represent 78.4% of the surveys originally distributed. Of these, 22 were not used because the participants were not retired, because of substantial missing data, or because no informed consent form was included when the questionnaire was returned. The remaining 287 participants comprised the initial data set used in the analysis. However, one of the independent variables measured spousal satisfaction (not all of the participants were married, and listwise deletion was used for missing data, thus the listwise n ranged from 213 to 215 for the omnibus regression analyses, as well as all other statistical procedures.

Given the fact that marital satisfaction was of interest as a predictor of well-being,

all participants included in the final data set were married at the time of data collection.

Subsequently, all participants included in the data set were retired, aged 48 – 82 (M =

64.53, SD = 6.66). One hundred and thirty-nine (64.7%) were men and seventy-six

(35.3%) were female. The mean age of retirement was 58.59 years (SD = 5.76), which is

less than the national average of just under 63 years. This may be due to the fact that this

sample does not have any participants beyond the age of 82. A completely representative

sample would certainly have participants much older than 82. The length of time that

participants had been retired ranged from 0 – 32 years (M = 5.86, SD = 4.89). One

hundred and seventy-five (78.4%) reported that their spouse retired. Spousal age ranged

from 46 – 85 (M = 64.08, SD = 6.92). Spouses had been retired for 0 – 33 years (M =

7.7, SD = 7.2) and retired at a mean age of 56.86 (SD = 8.30). As with participant

retirement age, this is below the national average, but the majority of spouses are female,

who tend to retire earlier than men do (Talaga & Bheer, 1995). Forty-two (19.5%)

reported that their spouse was still working. One-hundred and sixty-six (77.2%) of

participants reported that they currently reside in Nova Scotia.

Procedure

As an incentive to participate in the study participants were informed that a

donation of $2 would be made to the Compassionate Fund at the IWK Children's

Hospital for each completed questionnaire received. Further, each participant signed an

informed consent form (see Appendix A) that described the purpose of the study, the

incentive, and informed them of the fact that they were under no obligation to participate

or answer any items on the questionnaire. Further, a debriefing form (see Appendix B)

was included that provided contact information for those with questions about the survey or the research in general. Both forms emphasized the fact that the information participants provided would remain confidential and that they would remain completely anonymous. To ensure participant anonymity, the consent form that required their signature was enclosed in a second envelope provided for the purpose and these envelopes were separated from the other materials before being opened. Postage was included with each package as well as labels for the appropriate mailing address for return of the completed questionnaire.

To provide as much information as possible, an additional cover letter was included. This letter explained the purpose of the study, the incentive, contact information, and re-emphasized the confidentiality/anonymity of the data. A copy of the cover letter is located in Appendix C. Finally a description of the study was provided (Appendix D), which explained the purpose of the study, reiterated the care taken to ensure confidentiality and anonymity, as well as the incentive. Contact information was also provided here.

Measures

Subjective Well-Being. As discussed earlier, Subjective Well-Being is operationalized in terms of three factors. Two affective factors – the presence of positive affect and the lack of negative affect – tap into the individual's perceptions of their emotional well-being. The third factor, a cognitive appraisal, is based on the individual's evaluation of how satisfactory their life, or particular life-domains, are in relation to others and their own expectations. This study used three separate measures to asses subjective well-being: the Positive Affective Well-Being Scale (Hess, Kelloway, &

Francis, 2005), the Negative Affect Scale (Mroczek & Kolarz, 1998), and the Satisfaction

With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985).

The Positive Affective Well-Being Scale. The Positive Affective Well-Being

Scale (Hess, et al., 2005 –Appendix E) assesses affective well-being from a positivistic

perspective, rather than a diagnostic one. The seven-item measure asks respondents to

report how often they have experienced a particular affective state (e.g. cheerful and

joyful) in the past six months. Each item provides a single word that reflects a positive

affect state and asks the respondents to indicate from "1 = not at all" to "7 = all the time"

the frequency with which they experience that particular state. This measure is currently

in the developmental stage by scholars at Saint Marys University. In spite of the fact that

the psychometric properties of this particular scale are not well established, it is

theoretically sound and meets the criteria emotional well-being scholars propose are

essential for reliable and valid measures of affect (see Diener, 2000; Lucas, Diener, &

Larsen, 2002). In this study, PAWS obtained a Cronbach's alpha of .92.

The Negative Affect Scale. The measure of negative affect used in this study was

previously used in research on age and positive-negative affect conducted by Mroczek

and Kolarz (1998 – Appendix F). They revised and employed a measure of negative

affect first used in Midlife United States Survey (see Brim & Featherman, 1998). This

six-item scale asks respondents to rate how often they felt a particular negative emotion,

such as "nervous," "hopeless," or "so sad nothing could cheer you up?" in the past six

months. The Negative Affect Scale employs Likert-Type item construction with

response options ranging from 1 = "Not at All" to 7 = "All of the Time." The previous

studies obtained Cronbach's alpha estimates of reliability above .87. I found an alpha of .85 in the current sample.

The Satisfaction With Life Scale. The Satisfaction With Life Scale (Pavot & Diener 1992 – Appendix G) was developed with the express purpose of measuring life satisfaction as a component of subjective well-being. The scale consists of five items asking respondents to evaluate their lives in response to statements such as "In most ways, my life is close to ideal" and If I could live my life over I would change almost nothing." The items are seven-point Likert-type items ranging from "Strongly Disagree" to "Strongly Agree." Pavot and Diener reported a two-month test-retest reliability of .82 and a coefficient alpha of .87.

Perceptions of Physical Health. I developed two measures to assess health perceptions. One to assess perceptions of the participant's own health and their perceptions of their spouse or partner's health. Each three-item measure was formatted as a seven-point Likert-type item (see Appendix H). Both measures contained three items. The only difference between the format of the two measures was the object of evaluation – self or spouse. Two items assessed the degree to which the individual worries about health (both present and future health concerns) and a third assessed their global satisfaction with health. Similar measures were reliable and valid indicators of current physiological health and health anxiety in other health-related research (Robbins, Lee, & Wan, 1994). The measure of personal health perceptions produced a Cronbach's alpha of .80 and that of perceptions of spousal health .70.

Financial Satisfaction. Four items were developed to assess financial satisfaction (see Appendix I). The measure asked the respondent to report the degree to which they

believe that they have enough money to pay their bills, engage in leisure activities, and

buy food. A fourth item asked them to rate their level of worry over future financial

resources. Each item employed a seven-point Likert-type construction. The fourth item

in the scale, assessing financial worries for the future, was reversed for all analyses. A

Cronbach's alpha of .87 was obtained for the financial satisfaction measure.

Marital Satisfaction. Beginning with the 32-item Dyadic Adjustment Scale,

Sabourin, Valois, and Lussier (2005) used non-parametric item response theory to

developed a four-item, short version of the same scale (see Appendix J). The revised

scale produced alpha coefficients ranging from .88 to .91 in a series of studies, including

one two-year and one four-year of longitudinal design, with a sample of over 8,000

couples. The items ask the respondent to indicate the frequency with which they

"confide in their partner" or "consider divorce" on a five-point Likert-type scale that

ranges from "Almost Never" to "Most of the Time." In this study, the shortened version

of the Dyadic Adjustment Scale produced a Cronbach's alpha of .93.

Domain-Specific Life Satisfaction. Given the current discourse regarding context-

specific and context-free life-satisfaction between well-being researchers, a number of

items were developed for the current study to assess the degree of satisfaction that a

participant has within the context of specific areas of life (see Appendix K). It may be

that an individual is generally satisfied with their life in retirement, but they may be

dissatisfied with one area, such as their physical activity. Conversely, they may be

satisfied with all but one or two domains, but report low satisfaction with life in general.

Participants were asked to indicate their level of satisfaction to 7 areas of their lives, these

included satisfactions regarding, residence, relationships with non-spousal family

members, level of physical activity, access to transportation, services from community

agencies and programs, services from government aid programs, and sense of personal

safety. These items used Likert-type construction with anchors ranging from one to

seven.

A number of the items in this measure were redundant in that they assessed

variables in a global fashion that were already measured with other scales in this study,

such as financial satisfaction and health satisfaction. I removed the redundant items from

the scale and used them as a validity check for their complimentary scales. The

remaining seven items produced a Cronbach's alpha of .83.

Retrospective Job Satisfaction. Three items were developed to measure

retrospective job-satisfaction (see Appendix L). Unlike measures of current job

satisfaction, this measure used the temporal clause of "Before you retired..." Thus, the

measure asks the respondent to recall a state in the past rather than report a current state.

It is possible that a relying on the efficacy of the respondent's memory may threaten the

validity of the measure. However, since this was a cross-sectional sample, no other

means of assessing the relationship between job-satisfaction and well-being in retirement

was available. Each item employed a seven-point Likert-type format, with anchors

ranging from "Strongly Disagree" to "Strongly Agree." A Cronbach's alpha of .96 was

obtained as an estimate of reliability for the measure.

Person-Work Retirement Decision Factors. Six items were created to assess the

organization's impact on the retirement decision (see Appendix M). One item was

reversed-scored as it indicated a positive reason for retirement ("I was offered retirement

incentives by my employer") as the other items relate to negative influences on the

individual's retirement decision. The other items asked respondents about how such factors as job stress, poor relationships with co-workers, pressure by the employer, and general job dissatisfaction contributed to their decision to retire. Each item was presented in a Likert-type format with response options ranging from one (Very Unimportant) to seven (Very Important). A Cronbach's alpha coefficient of .76 was obtained on these six items.

Retirement Transition. A three-item measure of the ease or difficulty of the retirement transition was developed in order to assess the participant's evaluation of that life phase (see Appendix N). The items used Likert-type construction with anchors ranging from one to seven. Higher scores indicate an easier transition. Both this measure and the measure of retrospective job satisfaction ask the participant to evaluate their state at a point in the past. The three-item measure of the ease of the retirement transition produced a poor estimate of reliability of .47. The third item, which asked if participants had waited to retire and instead had kept on working, reduced the reliability significantly. This item was removed for the remaining analyses as one of the assumptions of hierarchical regression is near perfect measurement reliability (Tabachnick & Fidell, 2001). The two remaining items inter-correlated at $r = .46$. The third item did not prove to fit the measure well as it asked the respondent if they wished they had kept working and retired later than they did. This may have been influenced by other factors, such as mandatory retirement, retirement because of poor health, or spousal health. Further, this confound was exacerbated by the fact that it assumed that there was a positive relationship between a poor retirement transition and the desire to return to the work. Thus, in the regression analyses, the two-item measure of retirement transition is used.

Hope. The Trait Hope Scale was developed by Snyder and colleagues (Snyder,

Harris, Anderson, Holleran, Irving, Sigmon, et al., 1991) with the purpose of measuring

goal-related thinking or hopeful cognitions (see Appendix O) . This scale consists of

twelve Likert-Type items, four filler-items, four items measuring agentic thinking and

four items measuring pathways thinking. In previous research the Trait Hope Scale,

demonstrated (a) both test-retest and internal reliability for the pathways and agency

factors, as well as an overarching hope factor (Babyak, et al., 1993); and (b) strong

support for discriminant and convergent validity (Cheavens & Gum, 1991; Steed, 2002).

Test-retest coefficients were .85 for a three-week period and .81 for a ten-week period.

The two-factor structure has support from confirmatory factor analysis on multiple

samples (Babyak, et al., 1993). Correlations between the two factors range from .39 to

.47 (Steed, 2002). In this study, the two factors correlated at $r = .20$ (two-tailed), $p < .01$.

Snyder, Harris, et al. (1991) reported Cronbach's alpha coefficients ranging from .74 -

.84, whereas .76 for the entire scale was obtained for this study. Coefficients of .78 and

.82 were obtained for the pathways and agency factors, respectively.

RESULTS

Inter-correlations for all IVs and DVs are found in Table 1. To test hypotheses, I

conducted a series of three-step hierarchical regressions. Demographic variables were

controlled for and entered in the first step of the regression. As is evidenced Table 2, no

single demographic variable was predictive of the dimensions of well-being. Further, the

first step in each regression, which contained the demographic variables, was non-

significant.

In the second step of each regression, I entered each of the non-hope predictors.

These included personal and spousal health satisfactions, financial satisfaction, marital

satisfaction, retrospective job satisfaction, organization-centered retirement decision

factors, and the ease of retirement measure. In the third step, the two factors of hope -

pathways and agency - were entered together. All regressions used the same predictor

variables, entered in the same order,. Table 2 displays the summary of the three

regressions performed – one for each of the measures of well-being, positive affect,

negative affect, and satisfaction with life.

Person-Centered Factors

Demographics. Two demographic variables were significant predictors of two of

the dimensions of well being. Age was a negative predictor of the cognitive component

of well-being, satisfaction with life ($B = -.22$, t [213] $= -2.93$, $p < .01$). Retirement age

was a positive predictor of positive affective well-being ($B = .22$, t [214] $= 2.37$, $p < .05$).

Gender was not significant in any of the three regressions.

Health. The regression summary table demonstrates the predictive ability of

personal and spousal health perceptions on the indicators of subjective well-being. The

measure of perception of one's own health is a significant positive predictor of life

satisfaction ($B = .13$, t [213] = 2.16, $p < .05$), but not of the affective dimensions of well-

being. Perceptions of spousal health significantly predicted positive affect ($B = .17$, t

[214] = 2.44, $p < .05$). However, it was not predictive of negative affect or satisfaction

with life. Thus H1A and H1B are partially supported.

Financial Satisfaction. The hypothesis that financial satisfaction will

significantly predict well-being (H2) is not supported by the data. Financial satisfaction

is not predictive of any of the three dimensions of subjective well-being.

Marital Satisfaction. Hypothesis H3 predicted that marital satisfaction was a

significant predictor of well-being in retirement. Findings show that marital satisfaction

was a significant predictor of positive affect ($B = .25$, t [214] = 3.78, $p < .001$) and

satisfaction with life ($B = .32$, t [213] = 3.98, $p < .001$), but not of negative affect. Thus,

H3, is supported. Marital satisfaction is a significant predictor of two of the indicators of

well-being.

Table 1. – Correlations Between all Regression Variables.

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	Mean	SD
1. AGE		.69[s]	.02	.75[s]	-.01	.26[s]	-.01	-.16[*]	-.11	-.03	-.02	.05	.05	.04	.11	-.03	.02	.01	.07	.05	64.53	6.66
2. RAGE			-.11	.45[s]	-.01	.19[s]	.10	-.10	.04	.03	.03	-.05	.08	-.01	.08	-.03	.04	.14[*]	.03	.11[*]	58.59	5.76
3. GEN				.27[s]	-.07	.40[s]	-.05	.03	-.07	.01	-.08	.07	-.17[*]	.00	.11	-.04	.05	-.13	.06	-.04	1.36	.48
4. SAGE					-.07	.52[s]	-.04	-.12	-.13	-.01	-.04	.03	.05	.05	.13	-.06	-.02	-.01	.07	.04	64.08	6.92
5. SRETSTAT						-.09	-.07	.09	-.10	-.14[*]	-.05	-.03	-.02	-.08	-.10	.01	-.02	.03	-.08	-.04	1.21	.42
6. SRETRAGE							-.09	.04	-.02	.05	-.06	.06	.04	.15[*]	-.07	-.05	-.11	-.03	.03	.01	56.35	8.82
7. PAWS								-.41[s]	.51[s]	.23[s]	.23[s]	.11	.21[s]	.22[s]	.11	-.27[s]	.03	.22[s]	.40[s]	.42[s]	5.45	.89
8. NAS									-.31[s]	-.10	-.13	-.19[s]	-.05	-.36[s]	-.23[s]	.31[s]	-.22[s]	-.40[s]	-.34[s]	-.49[s]	1.58	.50
9. SWLS										.22[s]	.17[*]	.28[s]	.23[s]	.45[s]	.34[s]	-.29[s]	.21[s]	.41[s]	.21[s]	.41[s]	5.19	1.05
10. HEALTH											.32[s]	.05	.12	.21[s]	-.05	-.10	.09	.07	.20[s]	.18[s]	6.23	1.63
11. SHEALTH												.23[s]	.05	.26[s]	-.03	-.26[s]	.23[s]	.05	.05	.06	5.92	1.58
12. FSAT													.18[s]	.51[s]	.22[s]	-.19[s]	.35[s]	.03	.17[s]	.10	5.22	1.04
13. MSAT														.15[*]	.07	-.10	.18[s]	.17[s]	.05	.15[s]	4.44	.52
14. LSAT															.38[s]	-.42[s]	.37[s]	.21[s]	.29[s]	.33[s]	5.05	1.01

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	Mean	SD
15. RJSAT																-.37[s]	.27[s]	.10	.12	.15[s]	4.57	1.58
16. PWRD																	-.30[s]	-.29[s]	-.24[s]	-.36[s]	2.09	1.10
17. RTRANS																		.14[*]	.05	.12	3.42	.84
18. PATHWAY																			.13	.73[s]	3.08	.51
19. AGENCY																				.77[s]	3.17	.54
20. HOPE																					3.12	.39

[*] Indicates significant correlations at the $p < .05$ level (two-tailed).

[s] Indicates significant correlations at the $p < .01$ level (two-tailed).

AGE = Participant's age; RAGE = Participant's retirement age; GEN = Gender; SAGE = Spouse's age; SRETSTAT = Spouse's retirement status; SRETAGE = Spouse's retirement age; PAWS = Positive Affective Well-Being Scale; NAS = Negative Affect Scale; SWLS = Satisfaction With Life Scale; HEALTH = Perceptions of personal health; SHEALTH = Perceptions of spousal health; RJSAT = Retrospective Job Satisfaction; RTRANS = Measure of the Retirement Transition; PWRD = Person-work retirement decision factors; FSAT = Measure of Financial Satisfaction; LSAT = Measure of domain-specific life satisfaction (Dyadic Adjustment Scale – 4).

Note – All Means and Standard deviations for non-demographic variables reflect a range of 1-7

Table 2. Summary of Omnibus Hierarchical Regression Analyses

Step	Variable	Betas		
		PAWS	NAS	SWLS
Step 1	Gender	-.01	.02	.03
	Age	-.16	-.16	-.22**
	Retirement Age	.22*	.09	.13
	R^2	.04*	.02	.04
Step 2	HEALTH	.06	.01	.13*
	SHEALTH	.17*	-.02	.04
	FSAT	.05	.04	.11
	MSAT	.25***	-.06	.24***
	LSAT	-.07	-.17*	.15*
	R JSAT	.003	.03	.22***
	PWRD	-.14*	.05	.04
	RTRANS	-.16*	-.06	-.08
	R^2	.32	.20	.38
	ΔR^2	.19***	.18***	.34***
Step 3	PATHWAY	.09	-.27***	.33***
	AGENCY	.33***	-.30	.05
	R^2	.33	.34	.47
	ΔR^2	.10***	.14***	.09***

$*p < .05$, $**p < .01$, $***p < .001$.

PAWS = Positive Affective Well-Being Scale; NAS = Negative Affect Scale; SWLS = Satisfaction With Life Scale; HEALTH = Perceptions of personal health; SHEALTH = Perceptions of spousal health; RJSAT = Retrospective Job Satisfaction; RTRANS = Measure of the Retirement Transition; PWRD = Person-Work factors influencing the retirement decision; FSAT = Measure of Financial Satisfaction; LSAT = Measure of domain-specific life satisfaction; MSAT = Marital Satisfaction as measured by the Dyadic Adjustment Scale – 4.

Domain-Specific Life Satisfaction. As expected, domain- or context-specific life satisfaction is predictive of at least two of the three dimensions of subjective well-being. However, unlike marital satisfaction, domain-specific life satisfaction is not predictive of positive affect. Rather, it is a associated with lowered negative affect ($B = -.28$, t [212] = -3.32, $p = .001$) and greater satisfaction with life ($B = .19$, t [213] = 2.55, $p < .05$). Thus, H4, the proposition that domain-specific life satisfaction will predict subjective well-being, is partially supported. As can be seen in Table 1, domain-specific life satisfaction and the Satisfaction With Life Scale share a positive relationship of $r = .45$, $p < .01$ (two-tailed), so the general cognitive evaluation of life satisfaction and satisfaction about particular domains are related, but appear to be distinct.

Person-Work Factors

Retrospective Job Satisfaction. H5 states that retrospective job satisfaction will predict well-being in retirement. The regression summary, Table 2, demonstrates that retrospective job satisfaction is predictive of only the cognitive indicator of life satisfaction ($B = .17$, t [213] = 2.55, $p < .01$), not the affective dimensions. Thus, H5 is partially supported.

Person-Work Factors Contributing to the Retirement Decision. The six-item measure of the person-work retirement decision factors is predictive of one dimension of subjective well-being, positive affective well-being. Specifically, these organization-centered retirement-decision factors predicted lower levels of positive affect ($B = -.14$, t [214] = -2.02, $p < .05$). Thus, H5 is partially supported.

The Retirement Transition. I hypothesized that the degree of ease or difficulty of the retirement transition would be predictive of well-being in retirement, H7. However,

this measure predicted only positive affect ($B = -.16$, t [213] = -2.28, $p < .01$), not

negative affect nor satisfaction with life. Note that the retirement transition is a negative

predictor of positive affect. That is, as the retirement transition becomes more difficult,

positive affect decreases. The retirement transition is a significant predictor of the

positive affect dimension of subjective well-being in retirement.

Hopeful Cognitions.

Since a two-factor structure is an *a priori* assumption of H8B, an examination of

the factor structure was conducted. Earlier research supports a two-factor structure. In

an examination of the factor structure of the Trait Hope Scale, Steed (2002) reported a

both a one- and- two factor confirmatory factor analysis solution, however the two-factor

solution was superior. This is in keeping with Snyder's findings that point to a similar

reliable two-factor structure (Babyak, et al., 1993; Snyder, 2001). After meeting tests of

assumptions, a principal axis factor analysis was performed with a varimax rotation. The

two-factor solution accounted for 48.13% of the variance, with both factors having an

eigenvalue greater than 1.00. The Agency factor obtained an eigenvalue of 2.67 (32.19%

of the variance) and the Pathways factor a value of 1.49 (16.53% of the variance). The

rotated factor solution is displayed in Table 3. All items loaded onto the corresponding

factor at a minimum of .630 in the rotated solution.

Hypothesis H8A predicted that hope would be a significant predictor of subjective well-

being after accounting for all other factors under study. Thus, the pathways and agentic

factors of hope were entered into the second step of the hierarchical regressions. In each

case hope was a significant predictor of the dimensions of subjective well-being after

accounting for the variance attributed to the other factors. Specifically, the two factors of

hope accounted for 10.3% of the variance in positive affect (F [2,201] = 15.23, p < .001),

14.0% of the variance in negative affect (F [2,200] = 21.10, p < .001], and 9.1% of the

variance in satisfaction with life (F [2,202] = 17.16, p < .01). Hope accounts for a

significant proportion of the variance in the dimensions of subjective well-being after

controlling for the other factors under study.

Table 3. –Factor Matrix for the Trait Hope Scale.

Variable	Factor 1	Factor 2
AGEN1	.77	
AGEN2	.68	
AGEN3	.69	
AGEN4	.71	
PATH1		.601
PATH2		.703
PATH3		.721
PATH4		.602

Hypothesis H8B predicts that the two factors of hope, pathways and agentic

thinking, will differentially predict the different components of well-being. This

hypothesis is supported. The agency factor is a significant, positive predictor of positive

affect (B = .33, t [213] = 5.25, p < .001), while the pathways factor is not (B = .11, t [213]

= 1.38, p = .ns). Using semi-partial correlations, I found that pathways thinking

accounted for 8% of the variance in this step and agency thinking, 30.5%. Both the

agency and pathways factors are significant, negative predictors of negative affect (B = -

.30, t [212] = -4.74, p < .001 and B = -.27, t [212] = -4.14, p < .001, respectively).

Pathways thinking accounted for 23.9% of the variance in this step and agency 27.3%.

Finally, only the pathways factor is predictive of satisfaction with life ($B = .33$, t [213] =

5.71, $p < .001$), while agency thinking is not ($B = .05$, t [213] = .94, $p = ns$). The

pathway factor accounted for 29.4% of the variance in this step and the agency factor

4.8%. The two factors of hope differentially predict the three dimensions of subjective

well-being.

The Dimension of Subjective Well-Being

Not only is it important to examine the different factors and their ability to predict

the dimensions of well-being, but it is also important to evaluate the ways in which the

subjective well-being dimensions are distinct outcomes of the various predictors. The

way in which the dimensions vary as outcomes can provide insight into how they differ

and how they are influenced by the various predictors under investigation. This, in turn

may provide more detailed information for both practitioners and future inquiry.

Positive Affect. The first step of the regression examining positive affect was

comprised of demographic variables, which accounted for 3.7% of the variance in

positive affect (F [3,211] = 2.70, $p < .05$). This is the only dimension of well-being

where the first step was associated with a significant proportion of the variance. All of

the factors in the second step account for 18.7% of the variance (using the semi-partial

correlations as indicators) in positive affect, F (8,203) = 6.04, $p < .001$. The strongest

individual, positive predictor of positive affect is marital satisfaction, accounting for

22.0% of the variance predicted by this step. The strongest, negative predictor of positive

affective well-being is the measure of person-work retirement decision factors,

accounting for 11.7% of the variance in this step. Only two other factors are significant,

the retirement transition is an individual, negative predictor, accounting for 13.2% of the variance in this step. Perceptions of spousal health were also a significant, predictor of positive affect, accounting for 14.2% of the variance in this step. Age was also a significant, individual predictor of positive affective well-being, accounting for 12.2% of the variance in the first step of the regression. Of the hope factors, only pathways thinking was significant.

Negative Affect. Together, the non-hope factors account for 19.6% of the variance in negative affect, $F(8, 201) = 5.59, p < .001$. Only domain-specific life satisfaction was a significant, individual, negative predictor of negative affect, accounting for 19.6% of the variance predicted in that step. No other non-hope predictors were significant in the regression model with negative affect as the outcome variable. This could be due to the fact that negative affect is leptokurtotic. However, negative affect is the only dimension of well-being where both pathways and agency thinking are significant predictors.

Satisfaction With Life. The demographic variables accounted for a non-significant amount of variance in satisfaction with life, 4% ($F[3,210] = 2.56, p = ns$). Age was the only significant predictor in this step, accounting for 16.8% of the variance. The factors included in step two of the satisfaction with life regression accounted for 34.5% of the variance in the dependent variable ($F[8, 202] = 14.07, p < .001$). There were four significant, individual, positive predictors of satisfaction with life in this step and no significant negative predictors. Perceptions of personal health accounted for 11.0% of the variance in this step, marital satisfaction for 20.04%, domain-specific life satisfaction for 10.2%, and retrospective job satisfaction each accounted for 18.5%.

Given the finding that the two factors of hope differentially predicted the dimensions of well-being, it is possible that there is an interaction between the two types of thinking. To test this possibility I used hierarchical multiple regression. In the first step I entered all non-hope predictors, in the second step the centered pathways and agency variables, and in the third the cross-product of the two centered predictors. The results demonstrate that the interaction between agency and pathways thinking accounts for a significant proportion of the variance in positive affect (2.0%, $F[1,199] = 6.35, p <$ .05) and in negative affect (6.0%, $F[1,198] = 19.58, p < .001$), but not in satisfaction with life (0.7%, $F[1,200] = 2.60, p = .11$).

Another possible explanation for the obtained results is the role of the other dimensions of well-being in each regression. That is, it is possible that the affective dimensions, positive or negative, affect reported satisfaction with life, the cognitive dimension of well-being. The same may be true for positive and negative affect with regard to the role that reported satisfaction with life can play in their variation. Thus, three additional regression analyses were performed to assess whether or not the findings reported earlier will hold up when controlling for other dimensions of well-being. The only change made for these regressions was the addition of the new well-being predictor step between steps one and two of the omnibus regressions.

As can be seen in Table 4, the corresponding dimensions of well-being were significant predictors of the outcome dimension. Satisfaction with life accounted for 20.8% of the variance in positive affect ($F[3,210] = 57.61, p < .001$) and 11.5% of the variance in negative affect ($F[3,211] = 27.96, p < .001$). However, according to the coefficients in the final step, satisfaction with life was not a significant individual

predictor in the negative affect regression model ($B = -.09$, $t[199] = -1.10$, $p = ns$), but

was for positive affect ($B = .39$, $t[199] = 5.40 < .001$). Positive and negative affect

together accounted for 22.6% of the variance in satisfaction with life ($F[2,208] = 31.73$, p

$< .01$). However, only positive affect was a significant predictor in that step ($B = .29$,

$t[200] = 5.34$, $p < .001$), whereas the measure of negative affect was not ($B = .05$, $t[199]$

$= .818$, $p = ns$).

In each case, the addition of the well-being predictor did not change significantly

change the regression model as obtained in the omnibus regressions. The support for the

hypothesis that pathways and agency thinking differentially predicted well-being was

retained, as were all other hypotheses.

Table 4. Summary of Hierarchical Regression Analyses controlling for the affective or cognitive dimensions of Subjective Well-Being.

Step	Variable	Betas		
		PAWS	NAS	SWLS
Step 1	Gender	.01	.01	-.02
	Age	-.07	-.18*	-.16*
	Retirement Age	.16	.10	.07
	R^2	.04	.02	.03
Step 2	PAWS			.34***
	NAS			.05
	SWLS	.39***	-.09	
	R^2	.25*	.11	.26
	ΔR^2	.21***	.13***	.23***
Step 3	HEALTH	.01	.02	.12*
	SHEALTH	.15*	-.03	-.02
	FSAT	-.03	-.03	.09
	MSAT	.16*	-.04	.15**
	LSAT	-.12	-.16*	.16*
	RJSAT	-.08	.05	.19**
	PWRD	-.15*	.06	.04
	RTRANS	-.14*	-.06	-.04
	R^2	.33	.22	.45
	ΔR^2	.08**	.09**	.19***
Step 4	PATHWAY	-.09	-.24***	.29***
	AGENCY	.32***	-.29***	-.07
	R^2	.41	.29	.52
	ΔR^2	.09***	.12***	.07***

$*p < .05$, $**p < .01$, $***p < .001$.

PAWS = Positive Affective Well-Being Scale; NAS = Negative Affect Scale; SWLS = Satisfaction With Life Scale; HEALTH = Perceptions of personal health; SHEALTH = Perceptions of spousal health; RJSAT = Retrospective Job Satisfaction; RTRANS = Measure of the Retirement Transition; PWRD = Person-Work factors influencing the retirement decision; FSAT = Measure of Financial Satisfaction; LSAT = Measure of domain-specific life satisfaction; MSAT = Marital Satisfaction as measured by the Dyadic Adjustment Scale – 4.

DISCUSSION

The goals of this study were two-fold. First, this study was to assess the role of hopeful thinking in predicting well-being over and above other all other predictors in the study. Second, this research sought to begin the development of a model of retirement well-being by identifying variables associated with reported well-being. This entailed the examination of a number of factors that previous research demonstrated are important for subjective well-being in the non-retirement context. These factors included individual-centred factors such as financial, marital, and life satisfaction and organizational factors, such as retrospective job satisfaction and person-work retirement decision factors.

Person-Centred Factors

This study measured a three demographic variables shown to be significant, but weak, predictors of well-being in older age, these included gender, age, and age of retirement (Cheng, 2000; Kim & Feldman, 1998), such as gender, age, spousal age, and spousal retirement status. The small effect of age on well-being is in keeping with previous research (Cheng, 2004). Additionally, age did not demonstrate significance in predicting the affective dimensions of well-being, which is also consistent with previous research (Deiner, 2000). The finding that retirement age was predictive of positive well-being was interesting as it suggests that the earlier participants retired, the greater their well-being. It may be that early retirement is linked to successful goal-related cognitions as retirement age and pathways thinking demonstrated a zero-order correlation ($r = .14$, $p < .05$).

Other, non-retirement well-being research found gender differences in well-being (Diener, 1984). Specifically, earlier research suggests that older men are happier than

older women and that women under the age of 45 tend to be happier than men of equivalent age. The failure to find gender differences may be due to fact that this particular data set has a relatively broad age range that may diffuse the age-related gender differences in well-being apparent in other well-being research.

Perceptions of both personal physical health and perceptions of spousal physical health were predictive of well-being. This study found these perceptions predicted the dimensions of well-being differentially. Specifically, as the individual's evaluation of spousal health increased, positive affect increased. As their evaluation of their own health increased, their general satisfaction with life increased. The difference in the direction of the effect of spousal and personal health perceptions may be due to differences in the way individuals evaluate personal injury and injury to family members. For example, a parent may cut his or her finger, wince, and put a band-aid on. However, when their child has the same injury, they may react in a very different manner, feeling more affective discomfort than when they have the same wound. This difference in reaction may explain the difference in the direction of the effect of perceptions of personal and spousal health. The reaction to poor spousal health may be primarily affective and the reaction to one's own health primarily cognitive.

Thus, perceptions of physical health are important factors in retirement well-being. This is in keeping with the fact that marital satisfaction predicted positive affect and domain-specific life-satisfaction predicted satisfaction with life. These findings suggest that the evaluation of spousal factors may be affective, while evaluations of individual health tend to be cognitive.

Although objective measures of health also predict well-being, the way that individuals perceive similar physiological pathologies varies. One person living with chronic pain may find it unbearable, they may report being unhappy and dissatisfied. Another, for whatever reason, may report that they are happy and satisfied with their lives in spite of continuous pain. Similar non-retirement well-being research has found that in very old adults (80 – 100+), good health predicts more positive reports of happiness. However, the findings are mixed as others, such as Adkins, Martin, and Poon (1996) found that objective health predicted well being for those in their sixties and eighties, but not for those over ninety.

In a meta-analysis of the correlates of subjective health in older adults, Pinquart (2001) found that different kinds of objective measures of physical health demonstrated different relationships with subjective reports of health. Further, the relationship varied as a function of the measurement method. Pinquart found that symptom checklists produced the strongest relationship between subjective and objective measures of health, while measures that asked respondents to report any pathology they experience produced the weakest. This study did not find a relationship between age and health perceptions (r = -.04, p = ns). One of the reasons for this finding may be due to sample characteristics. In other research, participants were often recruited through a health centre, hospital, or senior's residence facility, while this sample was purely cross-sectional. This may be important as those with lower health perceptions, increased perceptions of frailty, or poorer functional health were less likely to have volunteered to participate in this study. Further, obtaining access to this population of older, poorer adults in poor health is difficult.

Income level is an important predictor of well-being in retirement (Kim & Moen, 2001). As with health perceptions, people vary in their satisfaction with similar levels of income in retirement (Kim & Feldman, 1998). However, in this study, financial satisfaction was not predictive of any of the three dimensions of subjective well-being. This could be due to a bias in the sample discussed above. Although objective measures of income have an effect on well-being, that effect is most apparent for those with the lowest financial resources. The individuals in this sample are predominantly middle class and reported high levels of satisfaction with income. The mean score on the financial satisfaction measure was 5.22 (SD = 1.04) and the possible scores range from 1 – 7. Thus, it may be that with a sample of retirees living with more modest means may report lower levels of financial satisfaction. Given that poor mental and physical health and low income tend to correlate (Krause, 1987), it may be that a sample that has a strong representation from those retirees with lower income and poorer health would find a relationship between financial satisfaction and well-being.

Other than the proposed dimensions of hope, marital satisfaction was the single most important overall predictor of positive affect and satisfaction with life. A good deal of the research examining either well-being or physiological health in older age typically uses a measure of marital status or a single-item measure of marital satisfaction, to determine the role of marriage on outcomes of interest (Heyman, Sayers, & Bellack, 1994). However, a simple measure marital status is not a consistent predictor of either physical health or well-being (Diener et al., 1999; Dorfman, 1995). On the other hand, more complex evaluations of the marriage relationship are an indirect predictor of marital satisfaction (Higgenbottom, et al., 1993), and physical health (Miller, Townsend, & Isher,

2004), especially in cases of extreme marital dissatisfaction (Whitson & El-Sheikh, 2003).

It may be that non-married persons have fewer social and financial resources, which, in turn, may impact well-being. Although the data collected did include non-married participants, there were too few to compare married and non-married persons using the full regression model. However, an examination of the mean scores for the dimensions of well-being reveals no significant differences between the two groups (see Table 5). It may be that the predictors of well-being differentiate themselves between married and non-married individuals, but testing such an assumption would require further research.

Table 5. – Descriptives for the dimensions of Subjective Well-Being for married and non-married participants.

Variable	Married			Unmarried		
	N	Mean	SD	N	Mean	SD
Positive Affect	226	5.45	.89	52	5.21	.93
Negative Affect	227	1.58	.50	52	1.69	.43
Life Satisfaction	227	5.19	1.05	51	4.90	.76

Note – Listwise Deletion was used for all descriptives.

One problem faced by marital satisfaction research is the disparity between research findings and social statistics. Studies using unstandardized, global measures of marital satisfaction generally find that more than 95% of adults are very satisfied with their relationships (Glenn, 1998). However, divorce rates are very high in the general population, ranging from 50% for first-time unions to 75% for second-time (Statistics Canada, 2002). One reason for this inequity may be the use of global measures.

Research employing better measures tends to find satisfaction rates that are much closer to what one would expect given the dissolution rates measured by Statistics Canada (Sabourin, et al., 2005).

Domain-specific life satisfaction proved to be another important factor in the model of well-being in retirement. However, it was only predictive for negative affect and satisfaction with life, not for positive affective well-being. Although competing theories of well-being (Ryff & Keyes, 1995; Warr, 1997) assert that well-being is eudemonic and operates as a function of satisfaction within various life-domains, the findings in this study point to the possibility that subjective well-being is global and hedonistic. How happy an individual feels may be non-specific and general over time, but may vary over short periods as affective state varies. Specifically, negative emotions may be more dependent on context or circumstance than positive emotions. Cognitive life satisfaction evaluations also appear to be influenced by context-specific factors; however they are more resilient than affective states as those factors that influence cognitive evaluations tend to be extreme experiences (Aquino, Russel, Cutrona, & Altmaier, 1996). How the specific contextual satisfactions affect general well-being will be an important consideration for future model development.

Person-Work Factors

Although retirement marks the end of the relationship with one's employer, this study found that well-being in retirement is dependent on past experiences with the employing organization. Retrospective job satisfaction predicted satisfaction with life. It may be that this finding is a function of personality factors that are associated with reports of satisfaction. Other research finding the link between well-being and job

satisfaction (Agho, Price, & Meuller, 1992), as well as burnout and absenteeism (Iverson, Olekalns, & Erwin, 1998), may suggest that overall career/work satisfaction and well-being are linked throughout life. In keeping with this notion, Staw, Bell, & Clausen (1986) reported that emotional well-being was predictive of job satisfaction in adolescence. They assessed this link with the same sample 50 years later and found a similar relationship.

One line of research that may explain the long-term effect of work on retirement is that of Rousseau's (1995) psychological contract between the employee and the organization. This contract can be understood as the employee's unconscious expectations of the organization to meet his or her psychological needs and protect their psychological well-being in exchange for meeting the organization's unstated needs. Unlike other contracts, the conditions of the psychological contract are not explicitly stated, allowing for little closure at the end of the relationship. When the employee enters retirement, the explicit agreements between them and the organization are reformulated or annulled. However, with the psychological contract, there is no bifurcation of work and retirement. It is possible that the expectations germane to such a contract continue long after the explicit contracts are terminated.

Giving an employee an attractive retirement package, putting him or her in a job that encourages them to retire, essentially pushing them out the door, are often used tactics for personnel problems. However, it may be that such strategies, while pragmatic, may have long-term implications for the employee. In this study, organization-centred factors that can precipitate the retirement decision had a negative effect on emotional well-being later in retirement. Certainly, the downsizing that has been a theme for

organizations in the past two decades can have a negative effect on well-being and mental

health (Parker, Chmiel, & Wall, 1997). Findings that such organizational re-structuring

has a stronger effect on those nearing the end of their career (Armstrong-Stassen, 2005)

indicate that this effect may continue into retirement.

The ease or difficulty of the retirement transition was a predictor of well-being;

specifically the positive affect dimension. It may be that the transition into retirement

can colour the experience of retirement. However, it is more likely that the transition to

retirement is dependent on other factors that, in turn, predict retirement well-being. For

example, being forced into retirement because of poor relations with co-workers may not

only affect the retirement transition, but also well-being after retirement.

Hopeful Cognitions

The first goal of this study was to examine cognitions that may be important to

the model of well-being in retirement. Specifically, I hypothesized that hopeful

cognitions would be a significant predictor of well-being, after accounting for the other

factors. The finding that subjective evaluations of various domains are essential for

modelling well-being in retirement (Jahoda, 1982; Higgenbottom, et al., 1993) points to

the possibility that other processes that influence how people evaluate the present, past

and future may also be essential for modelling subjective well-being. Certainly, this

study supports the contention that how individuals think about the future and their ability

to successfully engage in goal-related behaviour is a significant factor in the model of

well-being in retirement.

In this study, the two hope factors, pathways and agency, correlated at $r = .15$

(two-tailed), $p < .01$. This is a considerably smaller positive relationship than the typical

magnitude of $r = .40$ (Snyder, Sympson, Michaels, & Cheavens, 2001). One explanation for this disparity might be the fact that the studies reporting the stronger relationships have a younger sample. For example, in the two studies cited by Steed (2002) the participants were all undergraduates with a mean age of 21.77 years and 22.22 years, respectively. This is a far lower mean age than those in the present study who had an average age of 64.53 years. Given the extreme differences in life stage, socially and psychologically, between university students and retirees, the structure of the pathways and agentic factors are likely different in the two groups. This is consistent with other research that found that thinking about the future, or engaging in goal-directed thinking, might more familiar to an older population than a younger one (Wrobleski & Snyder, 2005). That is, agency and pathways thinking may be more distinct in an older population than in a younger population, this notion is supported by the smaller relationship between the two factors obtained in this study.

This study found that the two factors of hope differentially predicted the dimensions of well-being. Agency thinking, those cognitions that motivate an individual to take the steps or actions that precipitate desired outcomes, is predictive of the affective dimensions of well-being. This points to a possible link between motivation and affect. The pathways factor of hope, cognitions that identify the routes to desired goals and contingencies for potential obstacles to those goals, was predictive of the cognitive component of well-being. Although Snyder makes the argument that his model of hope is predominantly cognitive and that hope-related affect arises from the success of goal-related behaviour (Snyder, 2001), the findings in this study suggest a relationship between affect-based outcomes and agentic thinking.

One threat to this finding may be a possible overlap between the measures of agency thinking and positive affect. Two agency items and two items in the positive affective well-being measure. Specifically, items 1 and 7 of the positive affect scale ("Motivated" and "Energetic" - see Appendix #) use either identical language or are asking virtually the same question as items 2 and 12 in the trait hope scale. In order to determine the extent of a possible overlap and that the two variables may be sharing measurement variance, I removed the parallel items from both measures and obtained a zero-order correlation of $r = .38$. The correlation between the two measures with the items in question is $r = .40$. Thus, while the items are very similar, it is doubtful that their inclusion is a threat to validity.

Additionally, I found a significant interaction between pathways and agency thinking when predicting both positive and negative affect, but not when predicting satisfaction with life. To interpret this interaction I dichotomized both the pathway and agency predictors using the standard deviations, split the data file on one dichotomized predictor (pathways), and performed a regression with the other (agency); then reversed the two predictors to examine the interaction effects on both predictors (Cohen, et al., 2003).

Although there is no statistical test to determine whether one simple slope is significantly different from another, one can extrapolate the meaning of the interaction from the differences in slopes at various levels of each predictor (Cohen, et al., 2003). For positive affect, when pathways thinking is high agency thinking has a slope of $B = .24$ ($t[34] = 1.12, p = ns$). When pathways is low, the slope of agency thinking is $B = .74$ ($t[37] = 4.70, p < .001$). That is, when pathway thinking is high, agency thinking has a

non-significant, positive slope in the regression predicting positive affect, and a significant, negative slope when pathways is high. When agency thinking is low, pathways thinking has a slope of $B = .55$ ($t[29] = 1.81, p = ns$) and when agency thinking is high, pathways thinking has a slope of $B = .24$ ($t[48] = 1.23, p = ns$). This *post hoc* probing of the interaction suggests that the interaction is dependent on the agency variable. That is, the difference in the pathways slopes at high and low agency on positive affect is relatively small, while the slope of agency thinking at high and low pathways thinking is quite large. As agency thinking increases, positive affect increases at a greater rate than is found when pathways thinking increases.

The interaction between the two hope factors was also significant when predicting negative affect. Using the same approach for interpretation, I found that when pathways thinking is high, agency thinking has a slope of $B = -.69$ ($t[34] = -2.11, p < .05$). When pathways thinking is low, agency has a slope of $B = -.80$ ($t[37] = -5.13, p < .001$). When agency thinking is low, pathways thinking has a slope of $B = -.32$ ($t[29] = -1.19, p = ns$). When agency thinking is high, pathways thinking has a slope of $B = -.38$ ($t[47] = -2.58, p < .05$). The interaction between pathways and agency thinking on negative affect appears to manifest itself in a manner similar to that when predicting positive affect. That is, while pathways thinking has a similar slope at low and high agency thinking, agency thinking produces slopes that are dissimilar. Thus, as the participants in this sample increase in agentic thinking, they report better affective well-being than they do when pathways thinking increases. This reflects the finding that the two hope factors predict the dimensions of well-being in a differential manner. Specifically, agency thinking is a

significant predictor for both negative and positive affect, while pathways thinking is a significant predictor for only negative affect.

The Dimensions of Well-Being.

Table 5 presents the summaries of the three regressions that controlled for the affective or cognitive dimension of well-being. If the outcome variable was affective, the cognitive dimension, satisfaction with life, was included in the model, occupying the second step of the regression. If the dimension was cognitive, both affective dimensions were included in the new second step. It may be that affect can account for reports of satisfaction with life and visa versa. Although the inclusion of these dimensions did not alter the findings obtained in the omnibus regressions, it is important to note that negative affect was not a significant prediction in the satisfaction with life regression.

Another important consideration when examining the dimensions of well-being is the issue of reverse causality. Since the analysis performed was regression, causal inferences cannot be made. It may be that hopeful cognitions vary as a function of an individual's happiness or reported subjective well-being. That is, the greater the level of reported well-being, or the more happy someone is, the more likely they are to engage in hopeful thinking. Modelling of well-being in retirement using sequential equations may be able to determine the directionality of the relationship between hope and well-being. Studies employing experimental and/or longitudinal designs may also help determine the relationship between the dimensions of hope and well-being in greater detail.

It may be that the dimensions of well-being differentially predict the two types of hopeful thinking in a manner similar to that found for agency and pathways thinking in this study. Further, such a finding would imply that other non-demographic predictors of

welll-being could, in turn, be viewed as outcomes of happiness. For example, facets of personality could be partially dependent on well-being. Similarly, life satisfactions, such as job satisfaction or marital satisfaction may be dependent on reports of happiness. The finding of a relationship between the factors of hope and well-being should not be confused with an assumption that the relationship is uni-directional.

Potential Limitations.

There are several potential limitations to this study. The first is the cross-sectional nature of the sample. Because of this, no causal inferences may be made from the analyses. Although this is generally regarded as a limitation, Cohen, Cohen, West, and Aiken (2003) point out that while correlation does not provide causation, "the absence of correlation implies the absence of the existence of a causal relationship (p. 7)." They go on to argue that the use of multiple regressions can "invalidate causal alternatives, assist researchers in choosing between competing theories, and help disentangle multiple influences through its partialing feature (p. 7)." Additionally, the vast majority of applied research depends on a similar kind of sample. Given the fact that this study is primarily exploratory in nature and does not intend to generalize or make causal assertions, the nature of the sample is not an overwhelming drawback.

Another sample characteristic that may limit the findings of this study is the strong possibility that this sample is not representative of the general retired population. The sources of the sample suggest a population who have the resources to engage in leisure activities or participate in activities that require access to transportation and a minimal income level. Thus, those with lower resources and poorer health may have been unlikely to participate in the study.

The third potential limitation to this study is the scope and variety of the predictors used. Although this critique can be made of most studies, it is more of a guide to future research than a critique of past findings. That is, this initial exploration points to the need for a more comprehensive measurement model, but it also provides a guide to expanding that model. For example, the finding that the relationship between health perceptions and physical/functional health changes as a function of the kind of objective measure used, points to the need for the testing of a variety of measures, including a multi-trait multi-method approach. Diener (1999) pointed out the fact that while the dimensions of well-being are differentially and consistently predicted by a wide range of outcomes, there really is not a theory that adequately provides a reason why they are different. "Subjective well-being," he says, "is not a simple unitary entity." Its many facets must be "assessed through global judgements, momentary mood reports, physiology, memory, and emotional expression (p. 278)." Together with the fact that the self-report measures of well-being tend to be skewed, other implicit, physiological, or qualitative measures in conjunction with self-report may provide a more accurate, varied assessment of individual well-being. One of the most severe limitations in terms of the comprehensiveness of the measurement model used in this study is the fact that I did not take into account the effect of participation in volunteer or religious activities by the participants. In fact, a number of respondents indicated the importance of volunteerism to their happiness and well-being in hand-written notes on the questionnaire. However, participation in volunteer activity may well be an outcome of subjective well-being, this is an issues for future study.

Implications for Research and Practice

The very lack of research into retirement by I/O psychologists, together with the coming changes in the population, indicates the need for future research. This study suggests that some organizational factors can affect the perceived quality of retirement. Table 5 shows the correlations between the individual items of the measure of person-work factors that can influence the decision to retire and the dimensions of well-being. Although some of the items may not necessarily be dependent on the organization, they do reflect factors associated with the person-work relationship. That is, some of these factors may not be dependent on actions on the part of the organization, such as poor relations with co-workers, they each have some association with the workplace. The only item that does not have a significant relationship with the dimensions of well-being is the item that refers to retirement incentives. All of the other person-work retirement decision factors have a significant negative relationship with the dimensions of retirement. Being forced into retirement because of work-reduction demonstrates the strongest relationship with well-being. Disliking one's job follows closely behind. Pressure from the employer and disliking co-workers also demonstrate significant relationships with the dimensions of well-being. In each case (see Table 5), the retirement decision factors have a negative relationship with positive affect and satisfaction with life, as well as a negative relationship with negative affect.

Most organizations do little to assist employees with their retirement beyond pension planning (Kim & Feldman, 1998). According to the current study and related research, once basic needs are met finances have little effect on well-being in retirement. When people retire for reasons that are work-related they are less likely to experience

well-being in retirement. What actions can organizations take that can encourage well-being in retirement? Future research needs to identify ways in which organizations can meet business needs, such as downsizing or restructuring, in such a way that either does not affect well-being, or encourages it after employees retire.

Organizations need to become aware of the decision-making process that employees are engaged in. Simply because someone dislikes their job does not mean that that dislike contributes to their decision to retire. But if it does, what can the employer do to alleviate the possible, undesirable consequences of such factors? Future research can identify interventions aimed at enabling people to engage in a retirement decision process that does not focus on negative work-related factors, but instead takes a broader view of the individual and their goals for retirement.

This study found that pathways and agency thinking differentially predict the dimensions of well-being after accounting for a number of other predictors. Further, a number of other variables were found to be important for happiness in retirement. Future research will begin to develop of well-being in retirement, informed by the findings of this study. Longitudinal designs looking at how the various factors in the model differ at different stages in the retirement process, such as pre- and post-retirement, may be able to further inform those who work with individuals planning for and living in retirement. Further, it would be an oversight to characterize all older adults as retirees. Many individuals never retire, or are engaged in non-organizational careers, such as church ministry, working in the home, and some forms of self-employment. Findings from this research into retirement may provide some insight into the well-being of those working in later life.

Other internal mechanisms and individual characteristics that may predict well-being in retirement include coping mechanisms, self-esteem, self-identification, optimism, and self-efficacy. It may be that hope moderates the relationship between some of these and the frequency of goal-directed behaviour, which, in turn, may lead to elevated reports of well-being (Wrobleski & Snyder, 2004). As part of the development of a model of well-being in retirement, such relationships will need to be examined.

Related research points to other factors that may be important for well-being, such as personality traits. Adkins et al. (1996) found that extraversion was a significant predictor of morale and well-being in older adults. They also found that a sense of self-sufficiency is a strong predictor of well-being for older adults. This is not a new finding, as thirty years ago George (1978) obtained similar results. However, hope may mediate or moderate the relationship between well-being and some of these traits, such as self-sufficiency or self-efficacy (Snyder, 2002). Examining pertinent gerontological or non-retirement aging research may aid in the development of a model of well-being in retirement. Such a model, in turn, may inform other non-work researchers by highlighting the need to examine the effect of work, on well-being in older age.

Gerontological research tends to differentiate between the young-old (60-80) and the old-old (80+) (see Herzog & Rogers, 1981 for example). This tendency is based on the numerous factors that vary across these age dimensions. How far-reaching is the link between work and retirement? Are the same factors predictive of well-being for the young-old the same as those for the old-old in retirement? Unfortunately, almost all of the participants in this study were under 80 (98.2%), prohibiting the comparison of these

age groups. Future research should examine whether the relationship between work and well-being in retirement is constant over time, or if it decreases for the old-old.

Work and retirement are linked, more importantly for this study; work and well-being in retirement are linked (Warr, Butcher, Roberston, & Callinan, 2004). Some work characteristics, such as disliking your co-workers, disliking your job, and stress at work can affect happiness long after the link with work is severed. This indicates that an understanding of well-being in retirement might be informed by current research into employee well-being and work. For example, the finding that experiencing downsizing or layoffs significantly lowered mental health, physical health, and subjective well-being (Moore, Grunberg, & Greenberg, 2004) parallels the finding in this study that negative person-work retirement decision factors affect well-being after work. Some individuals experience physiological health problems in retirement due to work environment or job tasks (Herzog, House, & Morgan, 1991). Is there a link between work-related physiological health and well-being in retirement? What other work factors can influence well-being in retirement? Future research should not only broaden the measurement model, but also examine a more comprehensive set of organization-related factors that can predict retirement well-being. Such a course of research may also point to actions the organization can undertake to improve retirement well-being.

One of the questions raised by this study is why should organizations be concerned with preparing employees for retirement? Other than for reasons of altruism or social conscience many organizations may doubt that the returns on an investment in retirement preparation will cover the cost. Previous research found that such interventions can have a positive effect on retirement outcomes (Kamouri & Cavanaugh,

1986). With the coming shift in the proportion of retirees in the workforce, it may be in

the organization's interest to begin intentionally preparing employees for retirement. As

the demographic trend continues, qualified employees will become more difficult to

obtain, it will be a "buyers market" for those looking for work. Thus, programs that are

oriented toward preparing for a healthy retirement may make an organization more

attractive in a market that dictates the need to court potential employees.

This study began as an exploration of happiness or subjective well-being in

retirement with a view to developing a model of the factors that contribute to that

happiness. A number of factors significantly predicted the dimensions of subjective well-

being; of these, the finding that organizational factors (such as job satisfaction and some

person-work retirement decision factors) contribute to well-being in retirement is of

particular interest to I/O psychologists. The decision-making process or the reasons for

retirement seem particularly important for well-being. Pathways and agency thinking

were the strongest predictors of well-being, suggesting that goal-directed thinking is

important for happiness in older age and, presumably, for other life stages. Given the

growing number of retirees, and the fact that the retirement years are becoming longer,

understanding the work-life relationship in retirement is becoming more and more

important for the future. Hopefully, the coming years will see an increase in retirement-

focused research.

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Appendix D – Description of Study

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My name is Matthew Prosser. I am a graduate student in the department of psychology at Saint Marys University. As part of my Masters Thesis, I am conducting research under the supervision of Dr. Kevin Kelloway. I am inviting you to participate in my study. The purpose of this study is to examine factors related to well-being in retirement.

This study involves the completion of the following questionnaire. All of your responses are confidential and anonymous. PLEASE do not put any identifying marks on the questionnaire. You will not be asked to provide any information that might be used to identify you. The information you provide will be made available only to myself and my supervisor. The results of the study will be available to you, if you are interested in the findings. Simply use the information below to contact me with any questions or concerns you might have.

Who can complete this survey? Only those individuals who are retired from their primary career, aged 50 - 70 can complete this survey. You may be working part-time, but retired from your main career and still complete this survey.

What will you get for completing this survey? Nothing at all. However, for every completed survey, I will be donating $2 to the Compassionate Fund at the IWK Children's Hospital.

What is the Compassionate Fund? There are many fund-raising activities for the IWK, including the annual telethon. However, none of these fund-raising activities support the Compassionate Fund. The Compassionate Fund at the IWK Health Centre is used to assist parents, who have no other means of financial assistance, with medical related expenses such as meals, accommodations, transportation, prescriptions and medical equipment. The fund is managed and accessed by IWK Health Centre social workers. The fund relies on donations from individuals and is not funded by other fund-raising activities. This fund is often depleted quickly and is often the sole source of support for families traveling long distances to see their children

What will be done with the surveys once completed? The information gleaned from these surveys will help to provide the data necessary for my Masters Thesis. It will also be used to develop a model of well-being in retirement that will be used in other studies in the future. By the year 2030, almost half of the population of Nova Scotia will be retired. Unfortunately, too little research is available regarding the health benefits and health problems that can arise due to this significant life transition. This survey is the first step in developing a better understanding of retirement and well-being.

Appendix E – The Positive Affective Well-Being Scale

Instructions: Using the scale below, indicate the number which best describes how often you felt or behaved this way *during the past six months.*.

1 = Not at all
2 = Rarely
3 = Once in a while
4 = Some of the time
5 = Fairly often
6 = Often
7 = All of the time

"During the past six months I've felt..."

1. Motivated _____

2. Cheerful _____

3. Enthusiastic _____

4. Lively _____

5. Joyful _____

6. In good spirits _____

7. Energetic _____

Appendix F – The Negative Affect Scale

Instructions.

Please answer the following question by indicating the number that best describes how often you felt this way.

1 = None of the time.
2 = A little of the time.
3 = Some of the time.
4 = Most of the time.
5 = All of the time.

In the **past six months,** how much of the time did you feel...

____1. ...so sad nothing could cheer you up?

____2. ... nervous?

____3. ... restless or fidgety?

____4. ... hopeless?

____5. ...that everything was an effort?

____6. ... worthless?

Appendix G – The Satisfaction With Life Scale

Directions: Below are five statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

1 = strongly disagree
2 = disagree
3 = slightly disagree
4 = neither agree nor disagree
5 = slightly agree
6 = agree
7 = strongly agree

_____ 1. In most ways my life is close to my ideal.

_____ 2. The conditions of my life are excellent.

_____ 3. I am satisfied with my life.

_____ 4. So far I have gotten the important things I want in life.

_____ 5. If I could live my life over, I would change almost nothing.

Appendix H – Measures of Personal and Spousal Health Perceptions

1. I am worried about my health right now.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

2. I am worried about my health in the future.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

3. I am worried about my spouse's health right now.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

4. I am worried about my spouse's health in the future.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

5. My current health is...

1	2	3	4	5	6	7
Worst Possible Health					Best Possible Health	

6. My spouse's current health is...

1	2	3	4	5	6	7
Worst Possible Health					Best Possible Health	

Appendix I – Financial Satisfaction Measure

Instructions. Please read each question carefully and circle the number that best indicates your level of agreement to the statement.

If you are unmarried or do not have a common-law partner, please skip those items that do not apply to you and proceed to the next page.

Please remember that ALL of your responses are strictly confidential and anonymous.

1. I have enough money for food.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

2. I have enough money for my household bills.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

3. I have enough money for my leisure activities.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

4. I am worried about having enough money in the future.

1	2	3	4	5	6	7
Strongly Disagree			Neutral		Strongly Agree	

Appendix J – The Dyadic Adjustment Scale – Revised

Instructions:

IF you are married or in a common-law relationship please answer the following questions. IF you are not, please proceed to the next section.

Please read each item carefully. Circle the number which best describes how you feel about the question.

1. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

1	2	3	4	5
Never		Occasionally		All the Time

2. In general, how often do you think that things between you and your partner are going well?

1	2	3	4	5
Never		Occasionally		All the Time

3. Do you confide in your mate?

1	2	3	4	5
Never		Occasionally		All the Time

4. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

1	2	3	4	5
Very Unhappy		Neither Happy or Unhappy		Very Happy

Appendix K – Context Specific Life Satisfactions

Please indicate your current level of *satisfaction* with the following areas of your life:

1. My marriage.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

2. My financial situation.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

3. My physical health.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

4. The health of my spouse.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

5. The quality of my residence.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

6. Relationships with family members (other than your spouse).

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

7. My level of physical activity.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

8. My access to transportation.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

9. Services from community agencies and programs.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

10. Services from government aid programs (such as social security, Medicare, subsidized housing, and nutrition programs).

1	2	3	4	5	6	7
Very Unsatisfied			Neutral			Very Satisfied

11. My personal safety.

1	2	3	4	5	6	7
Very Unsatisfied			Neutral			Very Satisfied

Appendix L - Retrospective Job Satisfaction Measure

Instructions. The following questions are about retirement. Please read each item carefully and circle the response that best describes you.

1. Before retirement, how gratifying did you find your job compared to other
        areas of your life?

1	2	3	4	5	6	7
Very Ungratifying			Neutral		Very Gratifying	

2. Before retirement, how satisfied were you with your job?

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

3. Before retirement how important was your job to your satisfaction with your life?

1	2	3	4	5	6	7
Very Unsatisfied			Neutral		Very Satisfied	

Appendix M – Retirement Decision Factors

How important were each of the following in your decision to retire?
If a question does not apply to you, mark *"very* unimportant" or "1."

1. I reached mandatory retirement age.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

2. I was in poor health.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

3. My spouse was in poor health.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

4. I could finally afford it.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

*5. I was laid off, fired, or my hours were cut back.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

*6. I was experiencing difficulties with people at work.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

*7. I was pressured to retire by my employer.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

*8. I was offered incentives to retire by my company.

1	2	3	4	5	6	7
Very Unimportant			Neutral		Very Important	

9. I wanted to spend more time with my family.

1	2	3	4	5	6	7

Very Unimportant   Neutral   Very Important

10. I wanted more time to pursue my interests (such as hobbies and travel).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Very Unimportant   Neutral   Very Important

11. I wanted to make room for younger people.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Very Unimportant   Neutral   Very Important

*12. I disliked my job.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Very Unimportant   Neutral   Very Important

*13. I experienced too much stress at work.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Very Unimportant   Neutral   Very Important

14. My spouse wanted me to retire.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Very Unimportant   Neutral   Very Important

* Indicates those items used in the analysis.

Appendix N – Measure of Retirement Transition Ease

1. After retirement, how easy or difficult were the first few months?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Very Difficult   Neutral   Very Easy

2. Overall, how does your life since retirement compare with your life before retirement?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Much Worse   Neutral   Much Better

3. I wish I had kept working longer than I did, my retirement would have been better.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
Strongly Disagree   Neutral   Strongly Agree

Appendix O: The Trait Hope Scale

For all of the following questions please keep in mind the following points:

1) All your responses are completely confidential and anonymous.
2) Please do not put any identifying marks on the paper
3) Please read the directions for each section carefully, and respond as honestly as possible.

Instructions: Read each item carefully. Using the scale shown below, please select the number that best describes **YOU** and put that number in the blank provided.

1 = Definitely False 2 = Mostly False 3 = Mostly True 4 = Definitely True

___1. I can think of many ways to get out of a jam (Pathways).

___2. I energetically pursue my goals (Agency).

___3. I feel tired most of the time (Filler).

___4. There are lots of ways around any problem (Pathways).

___5. I am easily downed in an argument (Filler).

___6. I can think of many ways to get the things in life that are most important to me (Pathways).

___7. I worry about my health (Filler).

___8. Even when others get discouraged, I know I can find a way to solve the problem (Pathways).

___9. My past experiences have prepared me well for my future (Agency).

___10. I've been pretty successful in life (Agency).

___11. I usually find myself worrying about something (Filler).

___12. I meet the goals that I set for myself (Agency).

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