

Keeping going, why osteopaths of retiring age still practice – a qualitative study

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ABSTRACT

Introduction: Osteopathy is a manual healthcare practice which has its roots in alternative and complementary medicine. The last thirty years have seen significant political, educational and professional developments in osteopathy in the UK. Against this changing landscape, perhaps it is not surprising that only 8% of the profession are over 60. However to take Antonovsky's salutogenic approach, the question is not so much why most osteopaths retire, but why some do not.

Purpose: To explore the perceptions and experiences of a group of osteopaths who remain in practice past state retirement age.

Materials and methods: Semi-structured interviews were conducted with seven mature osteopaths. An interpretive phenomenological approach was used to analyse the data. A brief validated personality questionnaire was also completed to derive trait characteristics of the group.

Results: Four themes emerged, with *Finance* and *Health* represented thus supporting existing literature. *Career* as a theme was strongly evident, with sub-themes of autonomy, generativity, helping others, success, relationships and regulation also apparent. The last theme *Self*, incorporated identity, interests, personal relationships and perceptions of work and retirement. Personality profiles were in line with those expected of contented employees and longevity, but at odds with the osteopathic profession as a whole.

Conclusion: Making sense of 'not retiring' is completely coherent for mature osteopaths who enjoy career satisfaction, good health, and high self-esteem. Whilst, for the most part, they have financial and social 'buffers' to cope with retirement, it is their choice to remain in work, beyond the retirement age.

Key words: Osteopathy; professional practice; work; career; longevity; retirement.

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INTRODUCTION

This paper sets out to explore the experiences of practicing osteopaths who have chosen to remain in work after pensionable age [1]. In the UK, since October 2011, the Government removed the default retirement age [2], and continues to increase the age at which people are entitled to receive their state pension [3]. As more and more people will need to work into their senior years, it is pertinent to find out what has already been keeping some people active in work at a time when those around them are stepping back. Within the National Health Service (NHS) there has not been a group who can be modelled, as the default retirement age was in place until recently.

Osteopathy in the UK

In the UK, osteopathy is a primary healthcare practice, and practitioners autonomously undertake evaluation, diagnosis, treatment and management of the patient. This is different to physiotherapy as practiced in the NHS, where patients are referred to physiotherapists with a diagnosis already in place, with an expectation of a particular protocol to be administered.

Osteopaths use a range of models to rationalise their diagnosis and management, including bio-psycho-social approaches which recognise the importance of psychological and sociological factors in creating health and disease [4]. Osteopaths also recognise the influence of other contextual, environmental and genetic factors on health and well-being. Postural, exercise and lifestyle advice are integrated into osteopathic management, as is patient education. Osteopaths work outside of the NHS, in private practice, often as sole practitioners or in small group practices. The profession as a whole is small, consisting of approximately 4770 practitioners who are statutorily regulated by the General Osteopathic Council (GOsC). Only 26% are over 51, against the general UK figure of 57.4% aged between 55 and 64 [5]. In terms of known factors influencing retirement, osteopaths are unusual as they are both 'entrepreneurs' (self-employed), which is a key factor in not retiring [6], and manual workers, who tend to retire early [7].

The aim of this study was to explore the perceptions and experiences of both continuing in work and retiring in a group of osteopaths who have been in practice for many years, and who remain in practice past state pension age.

The objectives of the study were:

- To identify osteopaths still in practice past state pension age.
- To investigate driving forces for staying in practice.
- To examine barriers to retirement.

- To explore how mature osteopaths make sense of not retiring.

MATERIALS AND METHODS

Whilst retirement has been extensively studied, and its impact on individuals and society has been considered from personal, social, political and economic perspectives, this does not necessarily inform us about *not* retiring. In order to explore this phenomenon, a qualitative approach was deemed suitable, to ensure that the research did not limit itself to aspects identified relating to retirement.

A purposive sample of 7 osteopaths was generated via snowballing, to ensure that appropriately mature practitioners were selected. Participants had to be registered, practicing osteopaths, aged 60+ for women and 65+ for men. An information sheet was then sent, and if the practitioner agreed to participate, they proposed the time and place for the interview.

Semi-structured interviews, lasting up to an hour, and a personality trait questionnaire [8] were used to gather data. The interview schedule was laid out using a mind-mapping approach [9] and participants were encouraged to follow their own train of thought, rather than being guided by a linear sequence of starter questions. To maintain validity, the questions were designed to draw out information relating to the research aims and objectives [10]. The researcher was required to 'bracket' their previous knowledge and experience [11] of the field, and facilitate information gathering with an open mind. The verbatim transcripts were analysed using an interpretive phenomenological approach. This qualitative approach enables subjects to relate current, past and future events to the research question [12]. Threads were woven into sub-themes, which coalesced into themes, and the analysis was independently verified for consistency [13] by the second researcher.

The personality trait questionnaire [8] was a validated online version, and was used to ensure the confounding variables of trait were not hidden to the researcher. Whilst empirically speaking the use of a questionnaire suggests a quantitative approach, it was used to support the qualitative data and ensure that a potentially relevant theme was not overlooked, so the overall study implementation was still of a qualitative interpretive nature.

Interviews continued after analysis had begun, and stopped when data saturation and redundancy [10] could be demonstrated. This was identified by recording the occurrence of each thread: when two successive interviews revealed no new threads, data collection was considered complete.

The study was designed according to the principles of research ethics [14], and approval from University Ethics Panel was granted after scrutiny of the proposal and accompanying participant information and consent paperwork. Whilst it was highly unlikely that the interview could cause any distress to participants, the precaution was taken to include the telephone number of a confidential help line for osteopaths in the information pack. The researcher was also experienced in counselling, and was alert to any signs of distress or anxiety during the interview.

RESULTS

A rich data set was generated from the seven interviews which included four male and three female practitioners, two of whom were born outside the UK. The average age of the participants, was 68.3 years with the range of 63-72. The participants spent many years in practice, the average being 44.4 years and the range was 27-50 years in practice. A broad representation of osteopathic approaches was apparent, from across the structural to cranial spectrum, and included two who use additional complementary approaches.

The following themes and supporting sub-themes which emerged from data are illustrated in a schematic Figure 1, below.

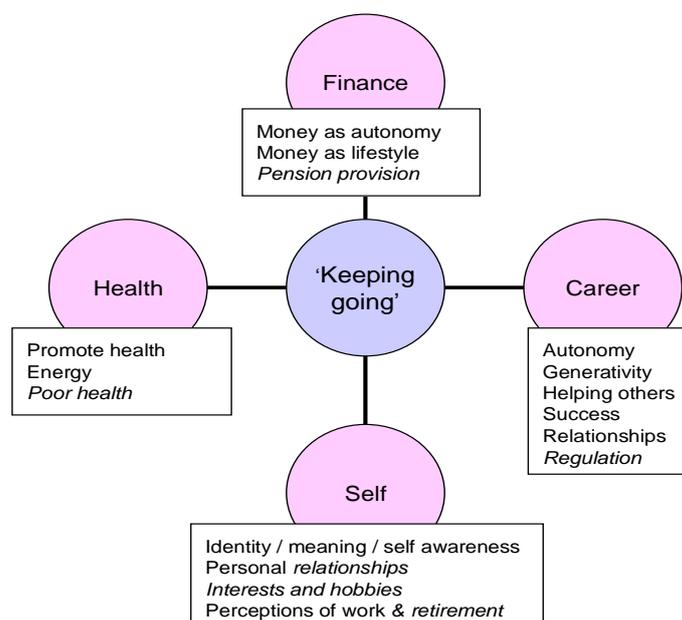


Figure 1. Emergent themes and subthemes related to 'keeping going'.
(Subthemes in *italics* relate to findings which draw respondents towards work cessation).

Health

The theme of health clearly showed that osteopaths valued being engaged in a physical activity, as well as the professional knowledge and access to support that being in the profession offered.

'...osteopathy has helped my health, I think just having access to treatment whenever I needed it and having colleagues who would help me with whatever came up, that's just been great.' (P5, L139)

There was recognition of how poor health could impact on practice, but it was also recognised in terms of limiting activities outside of work:

What worries me is that, you know (if) you become less fit and the opportunities for going trekking and things become less' (P1, L101)

Career

Osteopaths spoke frequently about the truly positive career environment they had enjoyed, with transcends the simpler notion of 'job satisfaction'. As might be expected in health care, helping people was still evident:

'because making people better is - or helping people is - what we are down here for.' (P6, L36)

Autonomy was particularly valued, in terms of clinical decision making, career development, and flexible working opportunities. Individuals also recognised the value of challenge and creativity afforded them by their occupation.

'And sometimes it's mixed with some excitement about learning something new which a patient does force me to do or a new skill.' (P5, L138)

Wrapped up in career is identity and success, and there was recognition that retirement could change a practitioner's status:

'I felt, I feel that if I stopped I have no wish to say to people, oh I'm just a housewife, or I just do voluntary work.' (P4, L70)

Generativity is a concept found in Erikson's life stages, and typically occurs in middle adulthood. As far as osteopaths were concerned, staying in practice allowed them to continue upholding tradition, and 'spreading the word' both to students and patients.

'but I wouldn't want to stop and leave the patients high and dry. I would want to be absolutely sure they're in good hands and that they would get attention along the lines that I've been able to give them.' (P3, L69)

This was seen as particularly important in the face of increasing bureaucracy and political interference, which some considered to be limiting the scope of practice.

'I go to lectures and I speak to the young guys, they can see that they are being stifled and stifled and stifled and they have no confidence in the register. What a sad way to start. Despairing.' (P6, L98)

Relationships too are a part of career – both with colleagues and with patients:

'I love meeting people.' *'I'd lose that if I stopped doing it and that's what worries me'* (P7, L34, 92)

'I can fill my time easily, but I love my work' (P6, L123)

Self

Osteopathy has helped practitioners create a strong sense of self, separate from simple job satisfaction. Identity and meaning, and to some extent personal relationships, influenced the sense of self.

'I think it erm, represents who I am, its', its' part of who I am and how I perceive the world and I how I look at people.' (P4, L30)

There was also recognition for the role patients play in 'keeping going':

'Yeah I think I need them more than they need me if I'm honest.' (P7, L126)

Interestingly the majority of respondents had a plethora of activities and interests outside of osteopathy, which the literature would suggest would encourage work cessation.

'I could retire tomorrow and still have not enough hours in the week to do what I wanna do to be honest.' (P2, L179)

The retirement status of partners did influence osteopath's preference to stay in work, but at times was acknowledged rather than acted on. Perceptions of retirement varied greatly, although the majority thought they could make it work for themselves.

Finance

Osteopathy is a vocation, but also a means to earn money. Whilst some respondents had good pension arrangements, others were more dependant on continuing to work to maintain a certain lifestyle. For the most although money was seen as beneficial it was secondary to the vocational aspects of practice.

'and I, you know, I hear about people winning millions of pounds on, on the lottery and you think, "Well would you just give up?" And I'm not, I'm not sure that even if I had a lot of money that I'd just want to give up, you know.' (P1, L205)

Personality Traits

Literature suggests that much research into job satisfaction and retirement is flawed because personality traits have been ignored. The trait profiles of respondents did not emerge as a separate theme but were embedded in other themes such as health and career. The outcomes from the questionnaire are reported below.

Table 1. Respondent character trait profiles.

	Ave	Median	Range	Level	Interpretation
Openness to experience	52.9	47	24 - 93	Middle	You typically don't seek out new experiences.
Conscientious-ness	74.0	89	30 - 97	High	You are well-organized, and are reliable.
Extraversion	56.6	53	18 - 86	Middle	You are neither particularly social nor reserved.
Agreeableness	70.0	74	38 - 90	High	You tend to consider the feelings of others.
Neuroticism	26.3	9	2 - 93	Low	You probably remain calm, even in tense situations.

Table 1 above demonstrates that a range of personality profiles were generated. The most notable features are the low neuroticism, and high agreeableness and conscientiousness. This is in contrast to previous surveys of health workers and of osteopaths [15], but in line with positive aging [16] and remaining in /enjoying work [16,18].

It has yet to be determined whether trait characteristics drive work enthusiasm, positive self image and career satisfaction; or if positive circumstances can influence trait characteristics. Further research is needed in this area of life-span development.

DISCUSSION

According to recent survey in USA [19] up to 7 million retired employees chose to return to work. Furthermore, Santrock [19] claims that some people who return to work after retirement do so because they wish to 'give back' to society. Some however return because they need the money or just want to be busy. It could be argued that Osteopathy can fulfil all these needs. In terms of well-being, Herzog, House and Morgan [20] claim that opportunity to have the choice in type of work undertaken rather than number of days employed are more important to general welfare. The data from this study imply that the respondents have mixed perceptions of retirement. Ecological theory [21] proposes that environmental factors as well as family situation influence personal expectations during life span development. This is supported by findings from the current study as the respondents were influenced by their partners and significant others and would be prepared to reduce or cease work if sufficiently persuaded.

The ecological theory also implies that other external factors, such as the administrative or political changes may influence decision to retire. The respondents in this study expressed negative views regarding bureaucracy and proposed increasing regulation of the profession. The forthcoming revalidation of the osteopathy could for them be the final incentive to de-register. Sener et al. [22] believe that planning for successful transition to retirement is very important and although it is evident that not all respondents have considered retirement planning, they were evidently aware of all aspects around retirement preparation and not just those of financial considerations.

Van Solinge and Henkens [23] believe that long service and attachment to the career can be considered as negative factors during this life transition leading to anxiety about retirement. The potential loss of identity, which long service provides, may trigger an identity crisis, similar to that which adolescents can experience [24]. Although this did not become apparent during the

interviews, but could indeed be an unspoken reason for keeping going. Interestingly of most concern was their sense of self and self-esteem and how they would survive without the ability to be identified as an osteopath; and without the positive affirmations from patients.

Positive retirement experiences are influenced by many factors, such as activity levels, formal education, job and life satisfaction prior to retirement [25,26] and the respondents in this sample were fortunate to have such experience. Erikson's theory claims that when people reach Stage 8 of life-span development they reassess their life contribution and depending on the personal experience achieve either a sense of 'integrity' or 'despair' [19]. The respondents in this study appeared to have the capacity to look back and make sense of their lives, which is in line with 'integrity' rather than 'despair'. There was an awareness of feeling good about professional contribution and the impact of that contribution on self. This is illustrated well in the following statement:

'it's good for your ego if nothing else. And makes you think oh yes, maybe, maybe I am doing some good, (P4, L64)

The respondents in this study had a deep conviction that their practice of osteopathy was sound, and many are or have been involved in teaching osteopathy. There was also a clear sense of 'loss', that the profession is heading along the wrong pathway, to the detriment of younger practitioners. The perceived change in profession was variously attributed to medicalisation, regulation, excessive focus on academic qualifications, risk aversion, political interference, and perhaps society at large.

Implications and recommendations

The implications for the profession of osteopathy, based on findings from this study, are that closer integration with the NHS should proceed with caution. Individual osteopaths need to carefully and consciously consider the full impact of making such choices, particularly in regards of the loss of autonomy and potential barriers to job satisfaction. Further research should be undertaken to explore these dynamics. In addition, osteopaths should be encouraged to form relationships with 'critical friends' who can evaluate their fitness to practice outside of any regulatory framework.

Further research needs to be undertaken to quantify the impact of the factors influencing osteopaths' retirement decisions (identified as themes and sub-themes in this research), both in the working and retired sections of the osteopathic profession.

Limitations of this study

There was no representation of minority groups within the sample group. However this is fairly consistent with the profile of all registered practitioners, as there are very few across the profession as a whole. The geographical spread was limited to within an hour's drive of London, to facilitate access. Within this limitation however there were a range of practice locations, from urban to rural, and from wealthy to fairly deprived.

Qualitative approaches can limit the generalisability of the findings. However the consistency of thematic finds within group, and in reference to the published literature, suggests that there may be congruence with the wider population of practitioners. A follow up study including retired osteopaths would enhance this data.

Whilst the transcriptions of interviews are objective, the interpretation and analysis is subjective [10]. Triangulation and confirmation were undertaken with the aid of the second author to enhance validity [13].

CONCLUSION

Using a qualitative approach to explore osteopaths' perceptions and experiences of working and retiring has afforded a unique insight into osteopathic practice. Interpretive analysis has revealed patterns and themes which are congruent with findings in relevant literature. This has led to the devising of a new model of factors influencing retirement decisions of osteopaths, as well as advice to new practitioners. The practice of osteopathy affords individuals choices in respect of professional practice and career development and provides meaning, health benefits and financial reward. Making sense of 'not retiring' is completely coherent amongst osteopaths who enjoy work, feel valued, and have choices regarding their present and future lives.

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AUTHORS' CONTRIBUTIONS

Fiona Hamilton - literature search, literature review, data collection and analysis, data interpretation, figures, writing the paper.

Maria Ponto – proof reading of literature review, advice on study design; advice on data analysis and data interpretation, restructure of the paper and discussion.

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Conflicts of interest

None.

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