The Effect of Counseling Sessions on Managing Psychological Problems among Pre-Retirement Employees

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Abstract:

Background: Retirement is an inevitable activity in the lives of workers. Unfortunately, the thought of retirement to some workers breeds anxiety and depression, an adequate preparation for retirement through pre-retirement counseling sessions to ease transition into retirement without any traumatic and adjustment in retirement.

Aim of the study: Was to identify the effect of counseling session on managing psychological problems among pre-retirement employees.

Design: A quasi-experimental pretest-and-posttest design was utilized to conduct this study.

Setting: The study was conducted at the primary schools at Abu Kaber city.

Sample: A purposive sample of 104 employees subjects who fulfilled the study inclusion criteria.

Tools: Four tools were used in the present study; the first tool was Socio-demographic Questionnaire, the second tool was Beck Depression Inventory-II Scale, the third tool was Beck Anxiety Inventory Scale, and the four tools Attitude toward Retirement Scale.

Results: The results revealed post-intervention statistically significant improvement, in score of depression, anxiety symptoms, Attitude and Perceptions towards gains and losses from retirement among participants.

Conclusion: Counseling interventions sessions were effective in modulating these attitudes, with improvement of their anxiety and depression symptoms.

Recommendations: Workplaces should organize pre-retirement planning programs to prepare their employees.

Keywords: Retirement, psychological problems, pre-retirement counseling sessions.

I. Introduction

Retirement age varies from country to country but it is generally between 55 and 70 (**Bader El-din, et al., 2012**). In Egypt, usually the retirement age begins at 60 years expect in some employments (**Office of Police, U.S. 2007**) Retirement planning needs to be started early, perhaps around age 50 or less (**Johnson, 2007**).

The psychological problems related to retirement are described as anxiety, stress, worry, depression, and attitude toward retirement. These psychological problems are described as having relationships with many life circumstances during retirement, such as finances, bridgework, family issues, housing issues, and physical health (**Foster, 2008**).

Retirement anxiety by its nature, involves fears and worries about the future of the individual as a result of the cessation of active working life. It involves fear that usually results from change, is inevitable but most people tend to resist change because it is not always convenient (**Bryant, et al., 2008; Rodda, et al., 2008**).

Individual's attitudes toward retirement give an idea of how this event may affect their overall life satisfaction after the event. The decision to retire can affect attitudes and distress associated with the transition. This decision was influenced by marital status, planning for the event, work satisfaction, having a working spouse and marital satisfaction (**Jennifer, 2009**).

For many retirees, the most important psychological challenge resulting from retirement is the loss of a work/life structure and the task of building a retirement/ life structure to replace it. The major sources/causes of pre-retirement anxiety are poor time management, total dependence on present salary, problem of securing alternative residential and office accommodation, ignorance of what to do with pension, attitude of friends and

family which may be lukewarm or negative and the challenges of sudden retirement **(Van Solinge and Henkens, 2008).**

Pre-retirement counseling helps an employee prepare for an alternative vocation as well as a leisure activity. Pre-retirement counseling helps an employee to choose an alternative vocation to enable him/her be healthy through physical or mental exercise to remove boredom. In fact, changes from routine work require adequate leisure time for good health and the new emotional environment **(Abu bakar, 2010).**

Significance of the study:

Retirement is not a sudden event; it is rather a process by which people prepare for their later years. There is no one way to retire. Unfortunately, the thought of retirement to some workers breeds anxiety, apprehension, disillusionment and attitude towards retirement needs not be this negative, so that each individual needs to create a plan for him or herself based on his or her perceived needs and wants in later life. Preparation can be an important factor to a well-adjusted retirement. Therefore, it was deemed necessary to conduct this study to assess the effect of counseling sessions on managing psychological problem among pre-retirement employees.

Aim of the study:

The aim of this study was to investigate the effect of counseling session on managing pre-retirement Employees' psychological problems (Depression, Anxiety, Attitudes toward retirement).
It was be achieved through the following:

- Assess of pre-retirement employees' psychological problems (depression, anxiety, attitudes toward retirement).
- Develop of counseling sessions for pre-retirement employees.
- Implement of counseling sessions.
- Evaluate the effect of counseling sessions on pre-retirement employees.

Research Hypothesis:

Pre- retirement employees depression and anxiety will be reduced and their attitude will be positive toward retirement after attending the counseling Sessions than before attending the counseling Sessions.

II. Subjects and Methods

2.1. Research Design:- A quasi-experimental pretest-and-posttest design was used to evaluate the effect of counseling sessions on improving pre-retirement Employees' psychological problems (Depression, Anxiety, Attitudes toward retirement).

2.2. Study Setting:- The study was conducted at at the primary schools in Abu Kaber city. These schools are affiliated to 23 educational departments. One school was randomly selected from every educational department to reach the required sample size.

2.3. Subjects:- The study sample comprised 104 employees from the above mentioned setting who fulfilled *the only inclusion criterion* was age between 50 and less than 60 years.

Sampling technique: A Purposive sampling technique was used in the recruitment of this study subjects from the above mentioned setting and who fulfilled the study inclusion criteria.

Sample size calculation: The sample size was calculated to detect a decrease in the prevalence of depression from 66% before the intervention (Assil and Zeidan, 2011) to 33% after the intervention. Using the sample size equation for the difference between two proportions (Epi-Info 6.04 software package) at a confidence level 95% and a study power 80%, the required sample size was 94 subjects. This was increased to 104 to compensate for an expected drop out of approximately 10%. The sample was recruited using a convenience sampling method from the 23 randomly selected schools.

2.4. Tools for data collection:-

Tool I: Socio-demographic section: This part was developed by the researcher to document the personal characteristics of the participant employee. It included questions about age, gender, educational level, marital status, residence, income level, and job position categorized as director, assistant, teacher, administrative, and worker.

Tool II: Beck Depression Inventory-II (BDI-II) Scale:

This scale was originally constructed by **Groth-Marnat** [13] to assess depressive symptomatology. It consists of 21 groups of statements. The responses are on 4-point Likert scale according to the level of severity of symptoms of depression from "no symptoms" to "severe symptoms."

Tool III: Beck Anxiety Inventory (BAI) Scale:
This tool was originally constructed by **Morin et al** [14] to measure anxious symptomatology in adults**.** It consists of 23 items with a 4-point Likert scale response: "Not at all," "mildly, did not bother me much," "moderately, it was very unpleasant," and "severe, I could barely stand it."

Tool IV: Attitude toward Retirement Scale (ATRS):
This scale was constructed by **Antonovsky et al** [15] to measure pre-retirement perceptions toward retirement gains and losses. It consists of two main sections each having 19 items with a 4-point Likert scale response ranging from "none" to "high."

2.5. Preparatory phase:-
The researcher undertook a review of past and current available literature relevant to the problem and theoretical knowledge of the various aspects of the problem using textbooks, articles, periodicals and magazines in order to get a clear picture of all its aspects related to the research. This helped in the design of the data collection tools and the counseling session content.

2.6. Content validity:-
The scales were translated using the translate-back-translate technique to ensure their content validity **(Behling and Law, 2000)**. The tool was then revised by three of experts in the fields of psychiatry and psychiatric nursing for further face and content validation.

2.7. Content reliability:-
Internal consistency reliability was done using Cronbach's Alpha to assess the consistency of results across items within a test. It demonstrated a good level of reliability for all scales. In internal consistency reliability estimation; a single measurement instrument (tool) administered to a group of employees on one occasion was used to estimate reliability. Cronbach's Alpha coefficients were 0.946, 0.944, 0.859 and 0.955for anxiety, depression, attitude toward gains from retirement and attitude toward losses from retirement.

2.8. Pilot study:-
A pilot study was conducted on 11 employees representing approximately ten percent of the calculated total sample size. The purpose was to test the feasibility and clarity of the tools and to help know the time needed for filling out the data collection forms. From the pilot study results, the average time to fill-in the tool was 45-55 minutes. The employees involved in the pilot study were included in the main study sample since no modification was needed in the data collection form.

2.9. Fieldwork:-
The field work started at the beginning of June 2015 to the end of November 2015.
- *Assessment phase*: Upon finalization of the tool and securing necessary official permissions, the researcher started to recruit the sample of participants according to the eligibility criteria. She first introduced herself, explained the purpose of the study briefly to the employees, and invited them to participate. The researcher read and explained the tool items to the employee and then handed him/her the form to fill-in the answers.
- *Planning phase*: Based on the results obtained from the assessment phase, and in view of related literature, the researcher designed the counseling sessions. The objectives and content were according to the pre-retirement employees' needs. This, the identified needs, requirements and deficiencies were translated into aim and objectives of the counseling sessions, which were included in a booklet.
- *Implementation phase*: The program was implemented in the form of small group sessions. The length of each session was different according to employees' assimilation of content, which varied according to his/her educational level, response, as well as time availability and content of each session. However, to ensure exposure of all employees to the same learning experience, all employees received the same content using the same teaching methods, media, discussions, and same booklet.
- *Evaluation phase*: The evaluation of the effectiveness of the counseling session protocol was undertaken immediately after the implementation by comparing the change in pre-retirement employees' depression, anxiety level and attitude toward retirement through applying the same tools of the pretest.

2.10. Ethical Considerations:-
The study proposal was approved by the Ethics Committee at the Faculty of Nursing at Zagazig University. Participants were informed about the purpose of the study and voluntary participation and confidentiality were ensured. They were informed about their rights to refuse to participate or withdraw at any time. Measures were taken to ensure privacy.

2.11. Administrative Design:-

Permissions to conduct the study were obtained by submission of an official letter issued from the Dean of the Faculty of Nursing at Zagazig University to the Undersecretary of the Ministry of Education. Accordingly, approvals to conduct the study were obtained from the Director of the Education Department in Abu-Kaber, and from the schools' directors. The researcher contacted to the employee individually and in groups to explain the purpose and procedure of the study and arranged with them as well as with the schools' directors the available time to collect the data and implement the counselling sessions.

2.12. Statistical Design:-

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Quantitative continuous data were compared using the non-parametric Mann-Whitney test. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. In larger than 2x2 cross-tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Spearman rank correlation was used for assessment of the inter-relationships among quantitative variables and ranked ones. In order to identify the independent predictors of depression, anxiety, and perception scores, multiple linear regression analysis was used after testing for normality, and homoscedasticity and analysis of variance for the full regression models were done. Statistical significance was considered at p-value <0.05.

III. Results

Table1 Shows that participants' age ranged between 50 and 59 years with median 53 years, with slightly more males (59.6%). Slightly more than half of the sample (52.9%) had an intermediate level of education. The majority were currently married (87.5%), living in homes with crowding index less than two persons per room (83.7%), and with family (94.2%). Slightly more than three-fourth of them were having sufficient income (76%).

Table 2 Demonstrates that more than one-half (56.7%) of the participants had a severe level of anxiety at the pre-intervention phase, whereas only 12.5% had no anxiety. At the post-intervention phase, only 3.8% had severe anxiety, while 34.6% had no anxiety. Moreover, the median anxiety score dropped from a pre-intervention level of 59.50 to only 9.00 at the post-intervention phase. These improvements were statistically significant (p<0.001).

Table 3 Shows that slightly less than half (45.2%) of the participants had a severe level at the pre-intervention phase, while only 7.7% had no depression. These were reversed at the post-intervention phase, where only one (1.0%) participant had severe depression, whereas 58.7% were free of depression symptoms. Additionally, the median depression score decreased from a pre-intervention level of 28.00 to a post-intervention level of 10.00. These improvements were statistically significant (p<0.001).

Figure 1 Illustrates a statistically significant increase in participants' high perception of gains from 43.3% before the intervention to 87.5% after the intervention (p<0.001).

Figure 2 Displays the percentages of participants' having high perception of retirement losses decreased from 20.2% before the intervention to 3.8% after the intervention. This improvement was statistically significant (p<0.001).

Table 4 Shows that the only statistically significant relation between participants' anxiety symptoms and their socio-demographic characteristics was with their job positions (p=0.02). It is noticed that the highest percentage of participants having severe anxiety symptoms was those having administrative jobs.

Table 5 Describes the relations between patients' perception towards retirement losses and their socio-demographic characteristics, the only statistically significant relation was with participants' gender (p=0.03). It is evident more male participants were having high perception towards losses compared with female ones.

Table 6 Demonstrates a statistically significant relation between participants' anxiety and depression symptoms (p<0.001). It is noticed that the severity of depression tended to increase with the severity of anxiety symptoms. Meanwhile, no statistically significant relations could be demonstrated between participants' anxiety symptoms and their perceptions towards retirement gains or losses.

Table 7 Points to a statistically significant relation between participants' depression symptoms and their perception of retirement gains (p=0.009). It is evident that the percentages of patients having low perceptions towards retirement gains tended to increase with the severity of depression symptoms. Meanwhile, no statistically significant relations could be shows participants' depression symptoms and their perception towards retirement losses.

Table 8 Points to a statistically significant strong positive correlation between participants'scores of anxiety and depression (r=0.721). It also indicates statistically significant moderate negative correlations between their scores of perception towards retirement gains and their anxiety and depression symptoms, and positive ones between perception of losses and these symptoms. Moreover, the scores of perception of gains and losses had statistically significant weak negative correlation.

Table 1: Socio-demographic characteristics of participants in the study sample (n=104)

Personal characteristics	Frequency	Percent
Age:		
<55	68	65.4
55+	36	34.6
Range	50.0-59.0	
Mean±SD	53.3±3.0	
Median	53.0	
Gender:		
Male	62	59.6
Female	42	40.4
Education:		
Basic	15	14.4
Intermediate	55	52.9
High	34	32.7
Current marital status:		
Unmarried	13	12.5
Married	91	87.5
Crowding index:		
<2	87	83.7
2+	17	16.3
Income:		
Insufficient	25	24.0
Sufficient	79	76.0
Living with family:		
Yes	98	94.2
No	6	5.8

Table 2: Anxiety symptoms among participants before and after the intervention

		Time			
Anxiety		**Pre**		**Post**	X^2 test	p-value
		(n=104)		**(n=104)**		
	No.	%	No.	%		
None	13	12.5	36	34.6		
Mild	11	10.6	50	48.1	85.15	<0.001*
Moderate	21	20.2	14	13.5		
Severe	59	56.7	4	3.8		
Range		1.0-54.0		0.0-38.0		
Mean±SD		27.6±13.9		10.6±7.5	U=70.29	<0.001*
Median		59.50		9.00		

 (*) Statistically significant at p<0.05   (U) Mann- Whitney Test

Table 3: Depression symptoms among participants before and after the intervention

		Time			
Depression		**Pre**		**Post**	X^2 test	p-value
		(n=104)		**(n=104)**		
	No.	%	No.	%		
None	8	7.7	61	58.7		
Mild	22	21.2	37	35.6	103.73	<0.001*
Moderate	27	26.0	5	4.8		
Severe	47	45.2	1	1.0		
Range		3.0-62.0		0.0-32.0		
Mean±SD		29.6±13.9		10.4±6.4	U=98.73	<0.001*
Median		28.00		10.00		

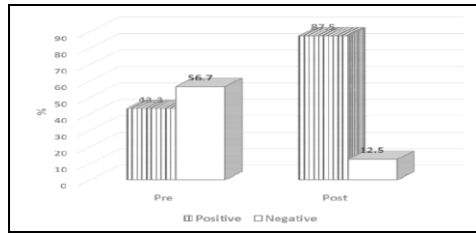 *(*) Statistically significant at p<0.05   (U) Mann- Whitney Test*

Figure 1: Perception towards gains and losses of retirement among participants before and after the intervention.
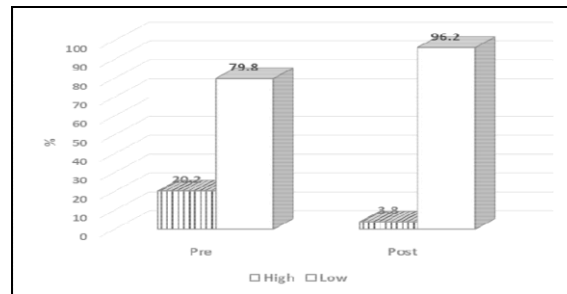

Figure 2: Perceptions towards losses of retirement among participants before and after the intervention.

Table 4: Relation between participants' anxiety before the intervention and their personal characteristics.

personal characteristics				Anxiety					X^2 Test	p-value
	No	%	No.	%	No.	%	No.	%		
Age:										
<55	6	46.2	8	72.7	16	76.2	38	64.4		
55+	7	53.8	3	27.3	5	23.8	21	35.6	3.49	0.32
Gender:										
Male	7	53.8	7	63.6	16	76.2	32	54.2		
Female	6	46.2	4	36.4	5	23.8	27	45.8	3.36	0.34
Residence:										
Rural	12	92.3	10	90.9	19	90.5	48	81.4		
Urban	1	7.7	1	9.1	2	9.5	11	18.6	1.99	0.57
Education:										
Basic	2	15.4	2	18.2	2	9.5	9	15.3		
Intermediate	5	38.5	5	45.5	13	61.9	32	54.2	2.42	0.88
High	6	46.2	4	36.4	6	28.6	18	30.5		
Job position:										
Director	5	38.5	0	0.0	3	14.3	6	10.2		
Assistant	2	15.4	3	27.3	2	9.5	9	15.3		
Teacher	4	30.8	3	27.3	1	4.8	7	11.9	23.63	0.02*
Administrative	0	0.0	3	27.3	13	61.9	28	47.5		
Worker	2	15.4	2	18.2	2	9.5	9	15.3		
Current marital status:										
Unmarried	3	23.1	0	0.0	3	14.3	7	11.9		
Married	10	76.9	11	100.0	18	85.7	52	88.1	2.98	0.39

(*) Statistically significant at p<0.05   (--) Test result not valid

Table 5: Relation between participants' perceptions towards losses from retirement before the intervention and their personal characteristics

personal characteristics		Perception of loss				X^2 test	p-value
		High		Low			
	No.		%	No.		%	
Age:							
<55	22		57.1	56		67.5	
55+	9		42.9	27		32.5	0.79	0.37
Gender:							
Male	17		81.0	45		54.2	
Female	4		19.0	38		45.8	4.98	0.03*
Residence:							
Rural	17		81.0	72		86.7	
Urban	4		19.0	11		13.3	Fisher	0.50
Education:							

Basic	5	23.8	10	12.0	
Intermediate	7	33.3	48	57.8	4.34	0.11
High	9	42.9	25	30.1	

(*) Statistically significant at p<0.05

Table 6: Relation between participants' depression, perceptions towards gains and losses from retirement and their anxiety before the intervention.

	Anxiety								X^2	p-value
Items	**None**		**Low**		**Moderate**		**Severe**		**Test**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**		
Depression:										
None	1	7.7	3	27.3	2	9.5	2	3.4		
Mild	5	38.5	5	45.5	7	33.3	5	8.5		
Moderate	7	53.8	2	18.2	6	28.6	12	20.3	39.79	<0.001*
Severe	0	0.0	1	9.1	6	28.6	40	67.8		
Gain perception:										
High	8	61.5	6	54.5	10	47.6	21	35.6		
Low	5	38.5	5	45.5	11	52.4	38	64.4	3.92	0.27
Loss perception:										
High	4	30.8	3	27.3	4	19.0	10	16.9		
Low	9	69.2	8	72.7	17	81.0	49	83.1	1.65	0.65

(*) Statistically significant at p<0.05

Table 7: Relation between participants' perceptions towards gains and losses from retirement and their depression before the intervention.

	Depression								X^2	p-Value
Items	**None**		**Low**		**Moderate**		**Severe**		**test**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**		
Gain perception:										
High	6	75.0	14	63.6	12	44.4	13	27.7		
Low	2	25.0	8	36.4	15	55.6	34	72.3	11.68	0.009*
Loss perception:										
High	4	50.0	4	18.2	3	11.1	10	21.3		
Low	4	50.0	18	81.8	24	88.9	37	78.7	5.88	0.12

(*) Statistically significant at p<0.05

Table 8: Correlation matrix of participants' overall anxiety, depression, perceptions towards gains and losses from retirement throughout intervention

Scores	**Spearman's rank correlation coefficient**			
	Anxiety	**Depression**	**Gains**	**Losses**
Anxiety				
Depression	.721**			
Gains	-.485**	-.599**		
Losses	.389**	.484**	-.300**	

(**) Statistically significant at p<0.01

IV. Discussion

The study involved a sample of pre-retirement employees in the age range of age 50-60 years. The purpose of the selection of the study sample from this decade of age group is that in Egypt the official retirement age in civil servants is 60 years. Hence, this is the last decade before retirement, and pre- retirement counseling should be started at this age as recommended by *Foster (2008)* in a study in Kent State University. Nonetheless, as the retirement age may vary among different countries, the timing of pre-retirement counseling should be set accordingly as indicated by *Skarborn and nicki(2000)* in a study in Canada. Therefore, some studies focused on the age group from 50 to less than 55 years old as the proper target for retirement education programs *(Ekoja, C., And Tor-Anyiin, S. A. (2006)- Johnson , R.P. (2007).*

The study sample included slightly more men than women. This reflects the gender distribution of employment in Egypt where still a considerable proportion of women are housewives, especially in a rural

community such as the study setting. The percentage of women in the sample may even may greater compared with other settings, as the employment in the educational sector tends to have a high presentation of women. This finding is in congruence with ***Bader Eldin et al., (2012)*** who conducted a pre-retirement education program for faculty of nursing employees in El-Minia University. Similar to our findings, these authors reported that more than half of their participants were having an intermediate level of education. This is a common situation in these job positions.

The majority of the participants in the current study were married and living with their families. This finding is quite expected since at this age only a few people remain single, especially in a rural community such as the study setting. Moreover, a large percentage of the unmarried could be widows or divorced. This status is of considerable importance since the presence of a spouse and children could have a compensatory effect on the retirement disorders. Similarly high percentages of married subjects were reported in studies dealing with the pre-retirement issues such as ***Foster (2008)*** in the United States and ***Wong and Earl (2009)*** in Australia.

According to the current study findings, only a small percentage of the participants in the study were having high perception of retirement gains before the implementation of the counseling sessions. Thus, only a few of them actually perceived the gains of freedom from work, having more time for recreation, in addition to looking at retirement as a "new start" or even thinking about some investment during this period of their lives. Looking at these gains would certainly have a positive impact on retirees' psychological and social life and health as demonstrated in a recent study in Australia ***Staneliffe et al., (2015).*** This indicates the importance of considering the perception of gains and losses of retirement and their effects on the wellbeing of retiring employees as shown in a study in Spain ***Topa et al., (2016)***.

The ultimate goal of the present study was to improve the psychological problems associated with pre-retirement, mainly anxiety and depression. The study findings revealed that the majority of the participants were having some degree of anxiety, with more than half having a severe degree of anxiety. This reflects the misconception among these employees about retirement phase, and inadequate planning for retirement. This high level of anxiety is mainly due to uncertainty about the financial as well as the social status off the employee after leaving the job with all its benefits and assets whether materialistic or psychic. Moreover, anxiety may increase at this age period as reported by ***Tetzner and Schuth (2016)*** in a European longitudinal study where Anxiety was shown to be common in late adulthood and it could complicate adjustment in several areas.

In agreement with the foregoing, ***Moragas et al., (2006)*** in México found that one-third of employees had anxiety during the period prior to retirement. ***Van Solinge and Henkens (2008)*** Clarified that the pre-retirement anxiety is mainly due to the concerns about the social consequences of retirement and from a lack of control over the decision. On the same line, ***Hernandez (2009)*** in a study in México found that without preparation pre-retirement employees experience many psychosocial problems including anxiety, and depression. They attributed this to the lack of satisfactions and identity, social disintegration and a negative attitude towards the new situation. Nonetheless, the level of pre-retirement anxiety may vary among countries and in different job categories. Thus, a much lower level of pre-retirement anxiety, compared with the present study, was reported in a large sample of employees aged 50 years and older in the United States ***Gould et al., (2015)***.

Meanwhile, the implementation of the present study intervention in the form of counselling sessions was successful in significantly decreasing the levels of anxiety among the study participants. Thus, the post-test showed that only a few of them had severe anxiety, and one third had no anxiety at all compared with the majority at the pre-test. The effect of the counseling sessions was further confirmed through multivariate analysis, which identified the intervention as the main predictor of the improvement in the score of anxiety. This success may be attributed to the content of the intervention, which was based on participants' identified needs. Moreover, counseling helped participants to choose alternative activities to keep healthy through physical or mental exercises to remove anxiety. A similar success of a pre-retirement planning program in alleviating participants' pre-retirement anxiety in an intervention study in Hong Kong ***Yeung (2013).***

Likewise, the present study findings demonstrated that the majority of the employees in the sample had some degree of depression, with approximately one-half of them having severe depression. This is an alarming result given the negative effects of the depression symptoms on person's personal and family life as shown in a study in the Netherlands ***Styaen et al., (2015)*** and among physicians in China ***Hao et al., (2016)***.

This high level of depression symptoms revealed in the present study is certainly due to employees' concerns about the foreseen negative impact of retirement on their personal and family lives, and feeling helpless because they have no control over this imposed situation. In congruence with this, a study in Ireland demonstrated higher levels of depression symptoms among employees who were forced to retire involuntarily compared with those who opted to retire by their own will ***Mosca and Barrett (2016)***.

The implementation of the current study intervention led to significant improvements in participants' depression symptoms. Before the intervention, approximately one-half of them were having severe degree of depression. This significantly decreased to only 1.0% after the intervention, thus indicating a great success of

the counseling sessions. However, in multivariate analysis, the intervention itself was not identified as a negative predictor of the depression score, but rather the score of gain perception. Therefore, the counseling sessions led to improvement in participants' depression through improving their perception of the gains of retirement, which confirms the set research hypothesis.

Furthermore, the success of the present study intervention in reducing participants' depressive symptoms could be explained by the fact that the counseling sessions addressed participants' major concerns and fears regarding the losses they might be faced with at retirement. Some of these fears were regarding loss of social network and of work colleagues, which may lead to feeling of loneliness, a precursor for depression. In agreement with this, ***Donovon et al., (2016)*** in a study in the United States demonstrated the inter-correlations between depression and loneliness and their negative effects on the cognitive functions in older age. Moreover, another study in the United States showed that the frequency of in-person social contact with friends and family independently predicts risk of subsequent depression in older adults ***Teo et al., (2015).***

Concerning the socio-demographic characteristics that could influence the perception of retirement gains and losses, as well as the depression and anxiety symptoms, the present study bivariate analyses revealed that male participants were having higher perception of losses compared with females. This is quite expected since men are supposed to be responsible for supporting their families financially as the main bread- earners. Hence, the economic losses may be more felt by them compared with women who do not have this as a prime responsibility to their families. However, this factor did not persist in multivariate analysis, which means that the relation with gender was due to confounding factors. The finding is in agreement with ***Ihuoma and Grace (2012)*** whose study in Nigeria revealed no significant difference between men and women in their perception of retirement.

V. Conclusion

The study results make possible to conclude that the implementation of an intervention consisting of counseling sessions custom-tailored to their identified needs is successful in inducing a positive modulation of their attitudes towards retirement, with more perception of its gains, and improved perception of its losses. These changes are effective in improving their anxiety and depression symptoms.

VI. Recommendations

In view of the study results, the following recommendations are proposed. Different counseling interventions may be needed for employees according to the levels of their qualifications and job positions since their perceptions and associated psychological problems could be different. The counseling interventions should also give emphasis to the residence of the employees, whether urban or rural, since they may be differently affected in terms of the depression symptoms. Nurses, especially the gerontology nurses, need to be trained in counseling skills; in addition, they need to improve their knowledge of the retirement transition phase and associated psychological problems. The government should give more attention to the needs of retired employees and address their concerns about the economic as well as the social losses associated with retirement. Various workplaces should organize pre-retirement planning programs to prepare their employees for a smooth transition to retirement without adverse psychological problems. This could be done in coordination with nursing and medical institutions. The present study should be replicated using a randomized controlled trial design to give stronger evidence of its important findings.

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