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Strengthening Staff through "Adhi Suwamithuru Sansadaya": Project on Pre- and Post Retirement Plan at Colombo South Teaching Hospital

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Abstract

Background: Retirement marks a significant psychosocial transition in the life of healthcare professionals. Despite long service in high-demand environments, many retire without adequate mental, physical, social and financial preparation, leading to distress and dissatisfaction. At the Colombo South Teaching Hospital (CSTH), many employees reported dissatisfaction with the retirement process and lack of emotional and social support. The CSTH, recognizing this gap, implemented a structured Pre-and Post Retirement Plan with establishment of Adhi Suwamithuru Sansadaya – Kalubowila (a Retiree Society) to support staff in the transition to retirement and for a productive and happy retired life.

Objective: To develop and evaluate a sustainable, structured pre-retirement and post-retirement support model that promotes holistic well-being, smooth transition, and continued engagement of CSTH staff during and after retirement.

Methods: The program was implemented as a Quality Improvement (QI) initiative targeting both hospital employees scheduled to retire within the next one year and those who had already retired. A before-and-after study design was used to assess the impact of the intervention. The initiative consisted of two main components: the establishment of a Retiree Society and the implementation of a Structured Pre-Retirement Program. The program included comprehensive health screening—focusing on non-communicable diseases (NCDs) and geriatric assessments—along with psychosocial counseling, financial literacy education, wellness promotion activities, and systematic registration of participants. Effective implementation and monitoring were ensured through multidisciplinary collaboration among the hospital's Quality Management Unit (QMU), Geriatric Unit, and NCD Unit.

Results: A total of 56 retiring and retired staff members were enrolled in the program. Early outcomes demonstrated improved awareness and proactive health management. Quantitatively, the program showed significant improvements. Satisfaction improved from 34.6% (baseline mean score 2.9/5) to 83.9% (post-intervention mean 4.3/5); Emotional Preparedness increased from 28% to 80%; NCD screening identified previously undiagnosed conditions in 21% of participants, consistent with newly diagnosed hypertension (21%), diabetes (14%), and hyperlipidaemia (18%); 50 staff (89%) joined the retiree society.

Conclusion: The CSTH pre-retirement plan provides an evidence-based framework for institutional welfare programming that promotes healthy aging, dignity, and continuity of care for healthcare professionals transitioning from service. A structured welfare and pre-retirement program can significantly enhance retiree satisfaction and health preparedness in healthcare settings, demonstrating a replicable model across other public hospitals in Sri Lanka.

Introduction

Retirement is a critical life event that fundamentally alters an individual's identity, social engagement, income patterns, and daily structure. Its psychological and physical impacts are extensively documented in global literature [1, 2]. For healthcare professionals, who dedicate decades to high-stress, service-oriented environments, this transition can be particularly complex. While it may enhance well-being for some, for others, it can precipitate physical decline, depression, anxiety, and a profound sense of purposelessness. Interventions promoting physical activity and psychosocial engagement during this period are shown to positively affect health and quality of life [3].

Globally, the health workforce is ageing, placing increasing emphasis on ensuring that retirement processes are supportive of employee well-being, not just administratively efficient. Sri Lanka, experiencing rapid population aging [4], faces similar challenges, with studies revealing high rates of poor health-related quality of life among older adults, often due to non-communicable diseases (NCDs) [5] and social isolation. Financial insecurity among retirees is also a growing public health concern in the country [6].

Recognizing these systemic issues and addressing a local context where staff reported dissatisfaction and a lack of emotional support, the Colombo South Teaching Hospital (CSTH) launched a comprehensive Pre-Retirement Plan. This initiative was integrated with the formation of the "Adhi Suwamithuru Sansadaya"—an association dedicated to the well-being and continued connection of retired hospital staff. The program was designed to provide holistic support, covering medical, psychosocial, and financial readiness, while maintaining the staff's connection with the hospital community.

Background and Rationale

Historically, retirement planning within the Sri Lankan public health sector has focused primarily on administrative and financial formalities, largely neglecting the holistic preparedness of the individual. Consequently, many healthcare employees enter retirement with unmanaged chronic conditions, cognitive decline, anxiety, and uncertainty about their future. International studies confirm that retirement outcomes—positive or negative—depend heavily on the individual's level of preparation, health, and social support networks [7]. Physical activity and psychological readiness are identified as strong predictors of post-retirement well-being [8].

The local context at CSTH indicated that staff felt a sense of neglect and a lack of institutional support during their transition. Post-retirement difficulties, including emotional distress, health neglect, and a loss of community connection, were common [9]. Evidence suggests that individuals who engage in structured pre-retirement programs have significantly higher post-retirement satisfaction and lower rates of psychological distress.

Therefore, the CSTH initiative was conceived as a structured, hospital-based response to fill this critical gap. The aim was to empower pre-retirees to manage their physical health, mental resilience, social identity, and financial literacy, ensuring a dignified and satisfying transition to retirement. This proactive approach aligns with international models that integrate comprehensive health checks, financial counselling, psychological support, and social activities [10] to improve overall well-being and aid in the complex transition phase.

Problem Statement

The hospital identified several interrelated issues among staff approaching retirement, which contributed to poor satisfaction and adverse post-retirement outcomes are Insufficient Physical Health Monitoring, Psychological Vulnerability, Social Isolation, Loss of Identity Financial Instability and Absence of Structured Institutional Support. Many employees had unrecognized or poorly controlled chronic conditions, such as hypertension and diabetes, often due to decades of focusing on service delivery over their own health. Similarly, lack of mental preparedness often led to anxiety, grief, depression, and difficulties with emotional adjustment and loss of work identity [2]. Also, after leaving work, retirees often felt disconnected from their long-standing institutional community, leading to a loss of social identity and support networks [11]. Poor pension literacy and limited financial planning exacerbated post-retirement stress and income insecurity, which is particularly relevant in the context of an ageing population in Sri Lanka [6]. On top of them, no formal, holistic mechanism existed within CSTH to prepare or support staff transitioning to retirement, leading to feelings of neglect and low satisfaction. These challenges highlight the urgent need for a comprehensive pre-retirement framework at the institutional level, moving beyond mere administrative processing to genuine human resource management.

Objectives

General Objective:

To develop and evaluate a sustainable, structured pre-retirement and post-retirement strengthening model that promotes holistic well-being, smooth transition, and continued engagement of CSTH staff during and after retirement.

Specific Objectives:

- To develop and implement a sustainable and structured model for pre-retirement preparation for CSTH staff approaching retirement.

- To promote holistic well-being—physical, psychological, social, spiritual, and financial—among staff members nearing retirement.
- To enhance satisfaction with the retirement transition process through comprehensive preparation and support.
- To foster continuous engagement between retired staff and the hospital community by maintaining a lasting sense of belonging and ensuring continued access to healthcare and hospital services when needed.
- To create opportunities for social interaction, networking, and mutual support among retirees.
- To encourage healthy, meaningful, and socially connected living during the post-retirement period.

Methodology

Target Population and Context

All CSTH staff members scheduled for retirement within one year and retired staff were eligible to participate. The project was conducted at CSTH, a tertiary care teaching hospital where approximately 25–30 staff retire annually. The study enrolled 56 members, representing a substantial portion of the annual retiree cohort and retired staff. The participants consisted primarily of nursing officers (45.1%), followed by allied health staff (26.8%), administrative/clerical staff (19.5%), and support services (8.6%). The average years of service was 27.6 years (+/- 1.2). Participation in the program was entirely voluntary, ensuring the results reflect genuine uptake and engagement.

Program Components and Interventions

The program was developed as a comprehensive, multi-component quality improvement intervention consisting of two integrated parts: the creation of a Retiree Society and the implementation of a structured Pre-Retirement Program. The program was designed to incorporate five interconnected domains of support, ensuring a holistic approach:

Mental and Emotional Support: This domain was crucial for addressing the psychosocial aspects of transition. It included screening for common mental health issues such as depression and anxiety, along with group counselling sessions, cognitive stimulation exercises, and facilitated peer support discussions. Emotional preparedness was a key secondary outcome used to measure success in this area.

Physical Support: This was a proactive health intervention involving comprehensive Non-Communicable Disease (NCD) and geriatric clinic screening including FBS, Lipid Profile, RFT, LFT, and Eye, and ENT assessment by dedicated hospital units. This was supplemented by education on lifestyle modification, wellness activities (such as Yoga, Tai Chi, and Zumba), and guidance on home safety and injury prevention. Early linkage to specialized clinics was prioritized for those with newly diagnosed or poorly controlled conditions. A pathway was created in the hospital premises for physical activities.

Social Support: The most unique feature was the formal introduction and registration into the "Adhi Suwamithuru Sansadaya" (Retiree Society), which ensures long-term community connection. This domain also involved peer group formation and facilitated group activities. Family members were specifically invited to attend certain sessions to enhance emotional support and shared understanding of the transition process.

Spiritual Support: Recognizing the importance of faith and reflection in coping with major life changes, this included meditation and interfaith reflection events designed to promote inner peace and acceptance.

Financial Support: This addressed the practical concerns of post-work life through dedicated seminars and education on pension management, savings strategies, insurance options, and medical coverage options, providing literacy essential for financial stability.

Process

The implementation utilized a phased, quality improvement approach, ensuring systematic outreach and follow-up:

Identification and Eligibility: Quality Management Unit (QMU) systematically identified all staff due for retirement within the next one-year window and the retired staff.

Registration: Eligible participants were enrolled and completed the standardized Pre-Retirement Registration Form, which served as a baseline data collection tool.

Screening: Comprehensive health and cognitive assessments were conducted collaboratively by the Geriatric and NCD clinics within the hospital premises.

Transitional Program: A structured, mandatory one-day workshop/event, repeated quarterly, focused on integrated education, wellness, and counselling sessions derived from the five domains. A formal recognition ceremony was incorporated, which was reported to have a strong positive emotional impact on participants. A pathway was created for physical activities of members.

Follow-up: Repeat screenings and support were scheduled every six months until the official retirement date, ensuring continuity of care and support during the pre-retirement phase.



Figure 1: Inauguration of Retiree Society





Figure 2: Retiring Matron is Receiving Membership Identity Card from the DGHS

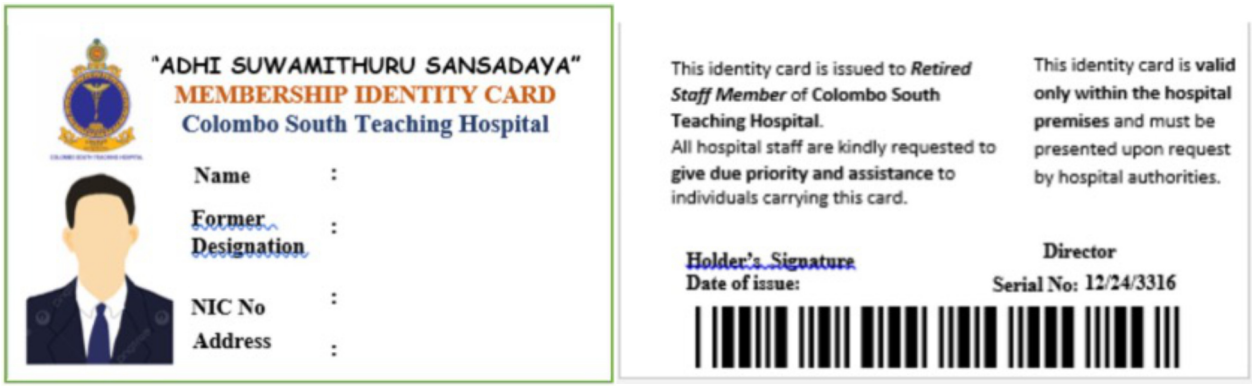


Figure 3: Membership Identity Card of Retiree Society

Stakeholders

The project's success depended on the multidisciplinary collaboration of key stakeholders: The CSTH Director (providing institutional guidance), the Quality Management Unit (QMU) (for participant identification, administrative coordination, design, monitoring, and continuous improvement), the Geriatric and NCD Clinics (for clinical expertise and service delivery), and the Adhi Suwamithuru Sansadaya Committee (for long-term peer support and sustainability). This collaborative planning ensured the intervention addressed practical, emotional, and social needs comprehensively.

Results and Early Outcomes

The initial program outcomes were highly promising, demonstrating significant positive changes across health, psychological, and social domains based on the data collected from the 56 participants.

Quantitative Results (Based on 56 Participants)

The before-and-after analysis revealed a significant shift in participant self-reported metrics. Table 1 shows Improvement of Metrics Following the Interventions.

The high uptake in NCD screening and the near-universal adoption of the welfare society demonstrate the program's strong relevance and appeal to the target population.

Health and Clinical Outcomes

The integrated health screening proved to be a critical component for early health intervention; 21% of participants (approximately 12 staff) had previously undiagnosed conditions identified through the screening process, highlighting a severe service gap addressed by the program. The clinical screening outcomes, identifying a high burden of chronic disease in the cohort, included: 21% (12 staff) newly diagnosed with Hypertension, 14% (8 staff) newly diagnosed with Diabetes.18% (10 staff) newly diagnosed with Hyperlipidaemia. Overall, 61% of participants (34 staff) had at least one modifiable risk factor identified. Early linkage to specialized clinics was facilitated for all individuals requiring follow-up (34 staff), with a high adherence rate of 70% following up at the designated clinics. This linkage demonstrates the program's success in moving from identification to action.

Qualitative and Institutional Outcomes

The project resulted in several key positive shifts in participant perception and institutional culture; Enhanced Emotional Resilience and reduced anxiety were consistently reported in feedback sessions, with participants valuing the structured workshop and the opportunity for social connections; Increased Awareness of personal health risks and overall retirement readiness was observed among participants. Also, Positive Institutional Culture Shift was noticed; post-intervention surveys indicated that 88% of respondents felt the hospital recognized and valued their contributions, signalling that the institution viewed retirement as a valued transition, not just an administrative departure. Qualitative narratives gathered from participants strongly converged on key themes: dignity and recognition (stemming from the formal events), belonging and connection (from the Sansadaya), health empowerment (from the screenings and education), and preparedness for the future (from the financial and emotional support).

Discussion

The CSTH pre-retirement plan successfully addresses key determinants of healthy aging and aligns with international evidence-based practices for workforce transition. The evidence base strongly supports that early, multidisciplinary interventions around retirement improve physical activity, mental health, and social participation [3].

Alignment with International Best Practices and Evidence

The program's five-domain approach provides a robust model for holistic transition support. The inclusion of counselling and emotional preparation directly responds to global findings that psychosocial stressors and the loss of work identity are major predictors of poor post-retirement adjustment [2, 10]. The dramatic increase in emotional preparedness (from 28% to 80%) confirms the effectiveness of this targeted intervention. The high rate of newly diagnosed

Table 1: Improvement of Metrics Following the Interventions

Measure	Baseline / pre-intervention	Post-Intervention
Overall Satisfaction	34.6% (Mean 2.9/5)	83.9% (Mean 4.3/5)
Emotional Preparedness	28%	80%
Welfare Society Membership	Nil	89% (50 participants)
NCD Screening Uptake	Nil	96.3% (54 participants)

NCDs (21% of the cohort) highlights a significant opportunity for early intervention and preventive healthcare that was previously missed. Integrating this screening into the retirement process serves as a crucial gateway to active ageing strategies, directly supporting Sri Lanka's national health priorities in NCD control and healthy ageing. The focus on integration with the "Adhi Suwamithuru Sansadaya" ensures long-term post-retirement engagement and proactively addresses social isolation, which is a major, often overlooked, risk factor for post-retirement decline and morbidity [12]. This community-based approach strongly aligns with the WHO principles of "active aging" [8] and sustainable community inclusion. By addressing financial literacy and spiritual needs, the program acknowledges that retirement success requires more than just good health; it requires a strong foundation in practical knowledge and existential well-being [7].

Institutional Sustainability and Policy Implications

A key strength of this initiative is its sustainability and efficiency. The program's hospital-based model strategically leverages existing clinical and administrative structures (Geriatric, NCD, and QMU), thereby reducing the reliance on costly, external resources and enhancing long-term operational viability. By creating the "Adhi Suwamithuru Sansadaya", the program has empowered the retirees to form a self-sustaining, peer-driven support structure, which is a hallmark of successful organizational change and welfare management.

The policy implications for the public sector are profound. Institutionalizing structured pre-retirement programs could contribute to workforce stability, enable smoother generational transitions, and potentially lead to significant long-term public health savings by intervening early on NCDs and mental health issues [9]. This initiative demonstrates that structured support is not merely a philanthropic or welfare gesture but a strategic component of human resource management, reflecting a shift toward more compassionate, proactive, and sustainable workforce planning [11]. Implementing this model across other tertiary care institutions in Sri Lanka could standardize the retirement experience and enhance the dignity of public servants.

Challenges and Limitations

Challenges encountered during the implementation phase—such as resource constraints, varying degrees of staff motivation, and inconsistent attendance in certain optional workshop sections—are common to interventions of this nature. The limitations of this specific study included its single-centre design, which may limit direct generalizability without further testing. Additionally, the relatively short follow-up period and the reliance on self-reported outcomes for metrics like satisfaction and emotional preparedness necessitate caution when interpreting long-term impacts [7]. Future research should include a longer longitudinal follow-up, a matched control group (where feasible), and objective measures of health outcomes and quality of life. Continued institutional commitment, along with policy integration and the exploration of digital tools for enhanced continuity of care, will be essential for maximizing the long-term benefits of this program.

Conclusion

The Pre and Post Retirement Plan at CSTH, operating with the "Adhi Suwamithuru Sansadaya" – Kalubowila, establishes an evidence-based and effective model for workforce support in the Sri Lankan health sector. By comprehensively integrating medical, psychological, social, spiritual, and financial dimensions, the program ensures that long-serving employees transition into retirement with dignity, significantly enhanced preparedness, and a vital, continued connection to their professional community. The CSTH experience offers a robust and readily replicable framework for similar initiatives across the public healthcare system, demonstrating how healthcare institutions can proactively promote healthy aging, honour the service of employees, and sustain institutional human capital values through structured support.

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