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STUDY OF MEDIATION BETWEEN PREPARATION AND HEALTH BEHAVIOR PRIOR TO RETIREMENT IN A SAMPLE OF HEALTH AND SERVICE PERSONNEL

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Aging in populations and life expectancy have led to focusing attention on factors that affect the quality of life of older adults. The idea that health education is aimed only at young people is obsolete. Thus, this research argues that one of the main educational needs in the life course is given by the transition to retirement

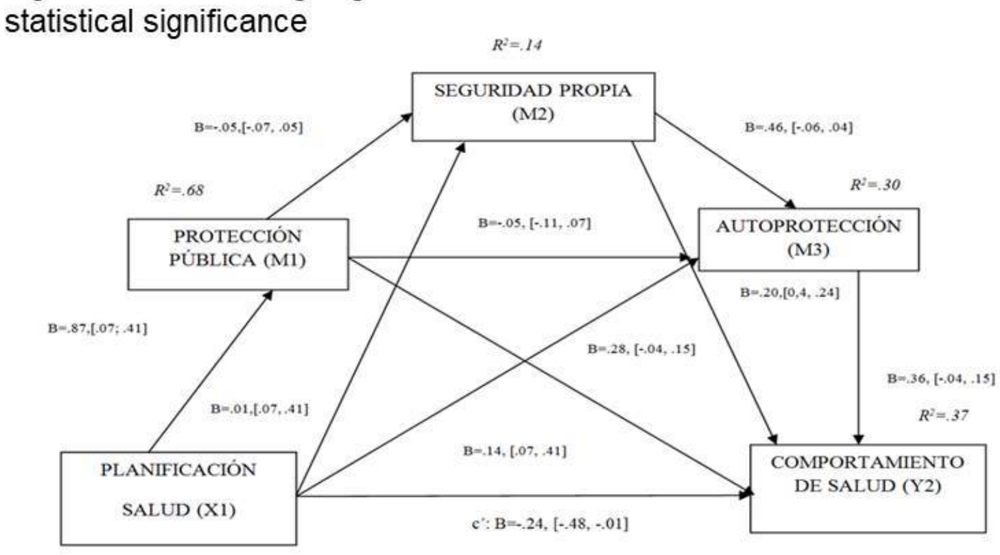
The objective of the study was first to analyze the relationship between health planning on health behavior mediated by three variables M1 (Public protection), M2 (Home safety), M3 (Self-protection), and secondly change our antecedent variable and use psychosocial planning

For this we use the Model 6 of the macro process of Professor Andrew Hayes (2013).

The results showed that in public health planning, public protection is the only mediator that exerts a negative and significant effect on health behavior. While in the variable psychosocial planning are activated as mediating variables own security (in isolation) and self-security and self-protection (multiple ways) on health behavior, affecting the relationship in a positive and meaningful way.

For this we focus on a previous stage to this, to see how the health professionals of the Hospital Torrecárdenas (Almería), plan their health before retirement. The sample of our study is composed of 177 people (126 women and 48 men), with a mean age of 52.61 years and a standard deviation of 5.27.

Fig 1. Health Planning together with unstandardized B coefficient and statistical significance



Nota: [95% CI]; *p < .05; **p < .01

Table 1:. Comparison of indirect effects between health planning and health behavior

	B	SE	t	B	Boot SE	95%CI
Planificación de Salud Efecto Directo	-.24**	.12	-2.0			
Planificación de la Salud Efecto Total	.22**	.08	2.82			
EI 1: Planif.salud→protección→comportamiento salud				.24	.09	[.07, .41]
EI 2: Planif.salud→protección→seguridad→c.salud				-.01	.03	[-.07, .05]
EI 3: Planif.salud→protección→autoprote→ c.salud				-.02	.05	[-.11, .07]
EI 4: Planif→protección→seguridad→autoprot →c.salud				-.01	.02	[-.06, .04]
EI 5:Planif.salud→seguridad→ c.salud				.11	.05	[.04, .24]
EI 6:Planif.salud→seguridad→autoprote→c.salud				.09	.04	[.04, .18]
EI 7:Planif.salud→autoprotección→ c.salud				.05	.05	[-.04, .15]

Nota: N=169; SE=Error Estándar, CI=Intervalo de confianza. Tamaño de la muestra Bootstrap para Efectos Indirectos=10000; **p<0.01 EI: efecto indirecto.

Table 2 Test of contrasts between indirect effects with antecedent variable: planning

	Coeficiente B	EE	95% CI
C1: Planificación Salud→protección→c.salud	.25	.09	[.07, .43]
C5: Planificación Salud→seguridad→c.salud	.15	.10	[-.05, .33]
C6: Planificación Salud→seguridad→ autoprotección→c.salud	.20	.10	[-.01, .38]

Nota: N=169 C1: contraste indirecto; CI=Intervalo de confianza; EE=Error Estándar

To conclude, we consider it is important to demonstrate the value of paying greater attention to the area of physical, mental and relational health, for greater effectiveness and adherence to retirement preparation programs and to reach this stage in a satisfactory manner, to achieve a successful adjustment

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