Examining the Quality of Life of Retired Personnel from Public and Private Sector in Islamabad/ Rawalpindi, Pakistan

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ABSTRACT

This study is conducted to analyze and examine the impact on the quality of life of people after retirement in the context of social integration and their self-reported health in Islamabad/ Rawalpindi, Pakistan. The study uses a mediating factor of satisfaction analyzing its effect on the quality of life of retired individuals. In order to assess the results of the gathered data using self-administered questionnaires, SPSS software is used. Hypothesis are planned and evaluated for each element in the analysis.

The idea of conducting a research on the selected topic was due to the lack of importance given to the old aged people especially retired individuals in our country. There are no such mechanisms for them to indulge them in activities and keep them active even after their retirement. Also, there is no academia present in Pakistan which completely focuses on the life after retirement.

The findings of this study shows positively significant relationships between all the variables selected to evaluate the effects on the quality of life after retirement; suggesting to make policies and find out ways to keep retired individuals happy and active by keeping their psychological health in focus.

Keywords: Retired individuals, retirement, quality of life, satisfaction, social integration, self-reported health

Table of Contents

List of Tables

List of Figures

CHAPTER I

1. INTRODUCTION

1.1 Background

Withdrawal from the paid working life is basically Retirement (Denton & Spencer, 2009). It is the most critical stage in a person's life. Threshold age of retiring for working people is considered to be when they approach their 60's. Sometimes, this number of age may vary accordingly but it is undeniably the most sudden and unexpected change from being employed to unemployed which even changes a proper role of an individual in the society by making them unimportant and useless (Hussain, 2019). (Akinade, 2006) states that retirement is factual and without any doubt an unavoidable end for an employee's career and can surely be considered a death.

In Pakistan, life after retirement is not easy at all. Some consider it to be painful. When at the age of 60 years, people retire from their job, they do not only retire from their job but also from the joy of enjoying their daily busy routine. It is not easy for old people to get a new source of living all of a sudden and most of them even become dependent on others for even the basic necessities (Arif & Ahmed, 2010).

An individual earning in a proper job is nothing as compare to what he starts getting every month after retirement. Drastic change in the earnings cause serious problems for some. Less retirement and pension money sometimes force them to look for other jobs in order to higher up their self-esteem a little and for them to have a feeling of being independent again. Not everyone likes to depend on their families when they turn old and all these troubles can leave them with no other choice than going into depression. A Scheme of Pension-cum-Gratuity started in 1954 in Pakistan and is still existing as system which is being followed by most local organizations regardless of it needing to be modified appropriately (Arif & Ahmed, 2010).

Retirement is something every employee, whether it be in public or private sector, has to experience. While the concept of retirement and how people take it may vary accordingly to different people. There are some people who take retirement very positive and wait for it

impatiently so that they can enjoy the rest of their remaining live, whereas there are some who takes it negatively as to how they will not be able to work again, have a busy day-to-day routine, will be strike with boredom, economic and social problems, and death. People with negative perspectives then even feel retirement as loss of prestige and a sense of isolation (Obimba, 2005). It is considered a time period in one's life when an individual withdraws from a properly well-ordered style and an active life and shifts towards the worries of old age, social and economic pressures, and health (Ogungbemi, 2003).

(Okorodudu & Irikefe, 2002) denote retirement as a sense of carrier achievement (Akinboye, 2004). In the life of an employee, retirement can be considered as a golden time period. It is when an individual who has been working for almost half the life can finally discontinue working in order to do all those thing which they have been looking forward to, their entire life. After retirement, all a person has is time, which was never possible to have while working as work always takes up most of the day of an individual. Retirement is basically a transformation from active work life to the life of freedom and vacation (Denga, 2010). It further explains that retirement can be viewed as understanding the main goal of life and bringing it to life as it is a happy era in an individual's life.

1.2 Contextual Analysis

Like every other country, Pakistan has two proper sectors as well, public sector and private sector. Private sector companies are purely profit-driven companies which are run by individuals of the country rather than the state of that respective country like the public sector companies.

The public sector is controlled by the government of Pakistan which has the authority of involving in the matters of the companies as well. This sector seems to be very attractive for the people living in the country due to the issue of high unemployment rate. In public sector, people have job securities and know much well that if they get in, it will not be easy to get out. Because of the interference of government in the company matters, it hinders many work related tasks which further effect on an employee performance and the efficiency is decreased. Due to the governmental policies, the overstaffing and the noncommercial pricing policy in the companies has somehow led to the low profitability and high cost structures thus making the respective companies come to an end and collapsing as well (Faruqee, Ali, & Choudhry, 1995).

The private sector is a lot more different than the public sector, clearly. It is distributed into two sub-sectors, the formal and informal sectors. The difference between the two is that formal sector protects its workers through legislation whereas the informal sector provides no such protection to the workers working for them (Ketkaew, Sukitprapanon, & Naruetharadhol, 2020). Getting into the formal sector is not an easy task for anyone until they have strong links along with a high content of human capital. The characteristics of jobs of formal sector are closely related to the public sector jobs. On the other hand, the informal sector is considered to be the biggest employer in Pakistan. Jobs in this sector are secondary in nature. Skill requirement is comparatively low in order to enter in this sector (Tara & Mahapatra, 2019) (Kemal & Mahmood, 1993).

Retirement schemes and the structures of the after retirement benefits or packages may vary through public and private sectors of Pakistan. Employees of public sector gets to enjoy a range of various benefits which includes gratuity, PFs on a pay-as-you-go (PAYG) and pension funds (Naqvi, Rizvi, & Shahzad, 2020).

1.3 Gap Analysis

Over the period of time, many researches have been conducted on quality of life of retired individuals. A research study was conducted to examine the effect of retirement in psycho-social perspectives and in the context of socio-economic conditions in Peshawar, Pakistan (Hussain, 2019). Another study was conducted in Spain to investigate the link between people's retirement preparation actions and their quality of life and health after retirement, taking into account the mediating effect of perceived retirement advantages and losses (Hurtado & Topa, 2019).

These research studies have been conducted in Spain and Peshawar, Pakistan. Focus of their research was only one gender, males were targeted and questioned due to socio-culture limitations in Pakistan. Along with this, only people part of this research were the ones who retired early and only from the district of Peshawar.

The present study aims to explore these variables among the retired individuals of public and private sectors in Islamabad and Rawalpindi, Pakistan, as quality of life changes after retirement for an individual and there comes many ups and downs in the health and social integration. Both female and male are included in this study, either retiring early or on time from any sector from

the twin cities to find out the results more efficiently keeping in view the Equal Employment Opportunity.

1.4 Problem Statement

To analyze the issue of retirement and how it is affecting retired individuals in various ways is emerging across the globe. According to (Ali & Kiani, 2003), Pakistan's dependency ratio for the senior citizens increased from 6.7 in 2000 to 7.1 in 2013 and would reach 12.1 by 2050. The lives of the old aged people in general and retirees in particular are becoming increasingly vulnerable due to Pakistan's ongoing poverty cycle. Deprivation, reliance, and incompetence add to psychological and emotional issues in the old aged people as a whole (Alam, Ibrar, & Khan, 2016) (Melin, Fugl-Meyer, & Fugl-Meyer, 2003) (osborne, 2012). Policies, plans, studies and health care delivery systems already in place frequently demonstrate a lack of resources and an inability to handle the escalating requirements of the ageing population. The extent and nature of the various ageing elements must be studied in light of Pakistan's shifting economic conditions in order to design strategies and policies for their welfare and to provide them with the tools they need to adapt to changing conditions (Afzal, 1997) (Talat, 2005).

This necessity, in terms of the available literature and empirical research, gave the idea to start the current effort to look into the issue. This research aims to investigate the association between numerous independent variables that are possibly predictors of the psychological well-being of retired individuals and measures of social integration and health (quality of life). Basically, the main purpose is to find out which aspect from the lives of retired individuals is more concerned with their quality of life.

1.5 Research Questions

1. What is quality of life and what factors contribute towards it?

2. What are the factors in social integration and self-reported health that enhance satisfaction of retired individuals?

3. Does satisfaction improve quality of life?

1.6 Research Objectives

1. To examine the impact of social integration on satisfaction.

2. To illustrate the impact of self-reported health on satisfaction

3. To observe the relationship of satisfaction and quality of life.

4. To analyze the mediating role of satisfaction between self-reported health and quality of life.

5. To evaluate the mediating role of satisfaction between social integration and quality of life.

1.7 Significance of Study

Retirement is primarily concerned with the old aged people's quality of life and mental health (Gill, Anstey, & David, 2006). It is to be noted that poor economic status has a significant impact on the quality of life of retired individuals, which in turn impacts their self-worth.

The ability of retired individuals to adjust to life in the face of changes and new circumstances while maintaining their self-esteem, self-image, and sense of purpose in life stood out as the heart of quality of life. The experience of quality of life for older people is more complex than what some of today's most regularly used quality of life instruments record, so quality of life instruments that go beyond health and ability to do everyday tasks are needed (Borglina, Edberga, & Hallberg, 2005).

By concentrating on the effects of retirement, this research will give practitioners, policy makers, academicians, health care workers, and social workers the chance to take the initiative for intervention, such as meaningful activities, strengthening social ties, promoting social values, rehabilitation, bridging generational gaps, and elevating the status of retired senior citizens in society, which reduces their worry and loneliness feelings.

Opportunities to work, engage socially and utilize energy; all play an important part in the internal satisfaction of the older people (Hussain, 2019). All segments of society, including the public sector, private sector, researchers, practitioners, educationists, and civil society to have a social obligation to work together to create retirement-friendly policies to help the retired individuals further in life (Dave, Rashad, & Spasojevic, 2006).

To address the issue of ageing in time, the phenomenon associated with older people and the retired individuals in Pakistan necessitates extensive psycho-socio, economic, and demographic inquiries and projects. The goal of this study is to learn more about overall wellbeing in this situation, particularly in light of retirement. This work is a groundbreaking investigation into the circumstances of the old and retired people in the federal city of Pakistan. This work significantly expands the body of research on quality of life from a theoretical standpoint. On the policy intervention side, this study calls for more thought to be given to focusing on the significance of psycho-social requirements, which play a crucial role in the lives of retired older people. The results of this research will help senior citizen organizations, policy and decision-makers, medical professionals, and the academics in their efforts to make retirement in Pakistan a respectable stage of life.

CHAPTER II

2. LITERATURE REVIEW

2.1 Quality of Life

Quality of life is indefinable notion that can be assessed at several degrees of generality, from societal or communal well-being to the particular examination of individual or group situations. Such diversity has been mirrored in conceptualization (Felce & Perry, 1995).

Quality of life (QoL) is trying to evaluate and consolidate into scientific studies since it very well may be characterized in an assortment of ways. As sickness and its treatment affect individuals' social, mental, and financial prosperity, just as their natural uprightness, any definition should be wide while taking into account the separation of explicit parts. This empowers researchers to survey the impact of different ailment states or treatments on generally speaking or explicit components of Quality of Life (Fallowfield, 2009).

The satisfaction of a person's qualities, necessities, goals, and prerequisites through the completion of their capacities or way of life has additionally been characterized as "quality of life" (Dorfman, 1995) (Emerson, 1985). This concept is in line with the idea that happiness and well-being are determined by how well an individual's assessment of their objective reality matches their needs or ambitions (French, Rogers, & Cobb, 1974).

Living for a long time is vital, but living well is much more so. In this context, quality of life refers to an individual's self-perception of their social, physical, mental, and spiritual well-being, with negative health perception being one of the most significant determinants of quality of life in old people (Andrews & Withey, 2012). As a result, quality of life is seen as a crucial criterion for establishing programs and measures aimed at improving the health of the aged (Tourani, et al., 2018).

(Felce & Perry, 1995) states that a quality-of-life model is suggested that fuses subjective and objective markers, a wide scope of life areas, and individual qualities. It addresses concerns that the rules obtained from outside sources should not be implemented without regard for individual characteristics. (Paiva, Pegorari, & Santos, 2016) It also enables objective comparisons between

the situations of different groups and what is considered normative. There is widespread consensus that life quality is multifaceted. Social well-being, physical well-being, emotional well-being, material well-being, and development and activity are the five aspects in which coverage can be classified. A study agenda is outlined, as well as the specific issues that arise as a result of difficulty comprehending and communicating (Kim & Feldman, 2000).

2.2 Social Integration

Social integration is characterized as a cycle through which people with mental problems create and continuously practice limit with respect to relational connectedness and citizenship (Hopper, Dicky, Ware, Fisher, & Tugenberg, 2008). The degree of interest in an assortment of exercises outside the house, like visiting companions, relaxation exercises, and shopping, is alluded to as friendly reconciliation. It might likewise see how individuals use language and the amount they draw in with others in their ethnic community just as in the bigger community (Foroughi, Misajon, & Cummins, 2001).

A count of informal and formal social links is also defined as social integration. It is a constructional measure that includes indicators of family, friend, societal, and religious affiliation and connection. Social integration estimation can be utilized to assess whether an individual is socially disconnected or has social connections, just as to sum up the quantity of social contacts accessible. Just the amount of social connections, not the nature of the potential communications addressed by those bonds, is estimated in social integration. In the Alameda County study, social integration was viewed as a defensive factor against all-cause mortality (Breslow & Berkman, 1983).

Retirement is a common social evolutionary process with both positive and negative effects, according to (Basakha, Yavari, Sadeghi, & Naseri, 2015)’s observation. Since the feeling of responsibility set up by connections to approach and far off people, social joining and gatherings, is believed to be connected to better wellbeing practices and practices (Berkman, Glass, Brissette, & Seeman, 2000). It is thought that older people who are more connected into their social environments have better health and a higher quality of life. Offering practical and social amenities to senior citizens slows down their ageing process (Blackburn & Dulmus, 2007).

Social integration being the sum to which they have social connections or associations are connected to wellbeing and life span. As far as epidemiologic examination on the wellbeing effects of social ties or informal organizations, social incorporation has been comprehensively conceptualized in sociologic terms as the backwards of social disconnection (i.e., separation from social ties, local area interest, or institutional associations) (Foroughi, Misajon, & Cummins, 2001). The trap of social interactions that everybody keeps up with is addressed by social networks, which incorporate both close connections with family and dear companions and more proper associations with different people and gatherings. Individuals can be supposed to be socially "integrated" into the greater society where they live due to this trap of social ties (Seeman, 1996).

2.3 Self-Reported Health

In epidemiological and gerontological research; self-ratings of health, defined as replies to a single question such as "how do you rank your health compared to others your own age?" are among the most often weighed health perceptions (Markides, 1979). Despite their widespread usage and significant research into the factors that influence them, there is no clear agreement on the meaning and, more crucially, the potential value of such ratings. Indeed, self-ratings of health are generally disregarded in practice, or they are viewed as a convenient but dubious substitute for objective health status or a measure of general well-being (Nunes, Barreto, & Giatti, 2012).

One of the most critical and least comprehended parts of studies on social ties and individual prosperity is the cycles by which social connections impact physical health and mortality. The factors relating social relationships to mortality have been classified into four groups in recent research: (1) personal characteristics, such as coping strategies, personality traits, and psychological impairment— all of which might impact stress responses, how one arrangements with wellbeing concerns, the examination of unpleasant occasions, and the accessibility of social ties (Lieberman, 1982) (Wortman, 1984); (2) Social bonds further develop consistence with clinical regimens or inspiration to take part in sound practices through behavioral mechanisms (Berkman L. F., 1984) (Broadhead, et al., 1983); (3) physiological or biochemical mechanisms, such as neuroendocrine reactions to others' presence (Syme & Berkman, 1979) (Broadhead, et al., 1983); and (4) buffering or anticipation of situational factors, like life occasions, persistent strain, or natural stressors (Lieberman, 1982) (Thoits, 1982) (Wortman, 1984). To build a precise

model of the impacts of social ties on wellbeing, every one of these classes should be assessed independently and in blend. There is a possibility that each of the foregoing mechanisms is likely to play a role in some way, and the primary mechanism varies depending on the population and outcome variable (Umberson, 1987).

The self-reported state of health has been found to be a substantial predictor of morbidity and mortality. Collected data in the study by (Nawi, Hakimi, Byass, Wilopo, & Wall, 2010) suggests that those who have a negative perception of their health are more likely to die, even after controlling for physical function, physical illness, depression, weight, height, and high blood pressure indicators (Cohen, 2004). Understanding the health and well-being of older people will provide crucial information on any particular health-care needs and service demand, and this knowledge can be used to influence the development of health interventions and programs (Cacioppo & Cacioppo, 2014).

2.4 Satisfaction

A couple of studies have investigated satisfaction in every areas of life (Andrews & S.B, 1976) (Campbell, 1981) (Campbell, Converse, & Rogers, 1976) (Haavio-Mannila, 1971) (Zapf & Glatzer, 1987). Many researchers, then again, have concentrated on the investigation of satisfaction in a couple or single domains of life, such as job satisfaction studies (Rentsch & Steel, 1992). Many investigations center around the connection between abstract prosperity and an individual's circumstance in a couple of areas; for instance, work and delight (Clark & Oswald, 1994) (Tella, MacCulloch, & Oswald, 2001) (Praag, Frijtersvan, & Ferrer-i-Carbonell, 2003) research the relationship between satisfaction in different life regions (wellbeing, monetary condition, work, lodging, recreation, and climate) and in general satisfaction. It is stated that "Satisfaction with life as a whole can be seen as an aggregate concept, which can be unfolded into its domain components". (Ferrer-i-Carbonell, Frijters, & Praag, 2003)

The reliability coefficients of life satisfaction scales are fundamental since they exhibit that individuals report comparative degrees of rating throughout brief timeframes, when their lives are probably not going to have adjusted altogether. In spite of the fact that individuals' states of mind are probably going to change enormously throughout brief timeframes (Diener, Emmons, Larsen, & Griffin, 1985), life assessment decisions in most overview circumstances are by and

large steady throughout brief time frame spans. The soundness, then again, diminishes over the long haul and is extremely low over extended periods, proposing the effect of varying life conditions. Significantly, the scores are found to adjust as life conditions change, and this information is talked about further under the heading "sensitivity" (Pavot & Diener, 2008).

Existing measures are relied upon to be supplemented by life satisfaction studies, which address the impacts of different components of personal satisfaction and permit respondents to freely weight various elements. Accordingly, the scales can pay attention to individuals' qualities and inclinations just as the impacts of their choices. The measurements are a helpful enhancement in surveying the personal satisfaction in societies since they are actually reasonable and easy to execute. At the point when various scales directed by various associations are utilized to gauge life bliss, it stays steady across time (Corrigan, Kolakowsky-Hayner, Wright, Bellon, & Carufel, 2013).

The empirical evidence about the connection between life satisfaction and retirement is blended. A few investigations discovered that retired people have more significant stages of life satisfaction than their functioning partners (Isaksson & Johansson, 2010), while others tracked down no distinctions or a inferior level of life satisfaction in resigned members (Warr, Butcher, Robertson, & Callinan, 2004). (Mayring, 2000) showed no huge alterations in worldwide life satisfaction amid a half year prior and year and a half after retirement in a longitudinal report. Similarly, in the first 1.5 years following retirement, (Isaksson & Johansson, 2010) found no significant difference in retirement satisfaction. However, (Richardson & Kilty, 1991) discovered that the first six months after retirement were marked by a drop in life satisfaction.

(Palmore, Fillenbaum, & George, 1984) (Williamson, Rinehart, & Blank, 1992) observed that withdrawal from the workforce is related with lower satisfaction than late, an observing that could be because of an overrepresentation of compulsory retirement and medical conditions among early retired folks. Nonetheless, a few cross-sectional research has observed a connection between higher retirement age and more unfortunate degrees of life satisfaction (McGoldrick & Cooper, 1994). Rather than the hour of retirement, this could be owing to an age-related drop in life fulfillment (e.g., because of bombing wellbeing).

The time spent in the earlier work job after retirement should be changed with new exercises. Therefore, the people who have fostered some relaxation interests preceding retirement might encounter great changes in life satisfaction during the progress to retirement. In two separate research, having leisure activities and investing more energy in them were connected to better degrees of retirement life satisfaction (Austrom, Perkins, Damush, & Hendrie, 2003).

2.5 Link of Social Integration and Self-Reported Health with Quality of Life

2.5.1 Social Integration and Quality of life

Subjective integration was additionally shown to be a huge indicator of subjective quality of life among Italian-Australians by (Petito, 1995). In such manner, it's important that solid ID and association with the prevailing society's way of life, just as one's ethnic community, has been connected to significant degrees of confidence (Phinney, 1995), which could prompt a positive emotional personal satisfaction. It should be noted, however, that some research has shown no evidence of a positive relationship between integration and life quality (Misajon & Cummins, 1999) (Verkuyten, 1986).

All-cause mortality (Breslow & Berkman, 1983) (Blazer D, 1982), coronary illness (Davis & Swan, 1999) (Woloshin, et al., 1997), recuperation from breast cancer (Blanchard, Albrecht, Ruckdeschel, Grant, & Hemmick, 1995) burdensome indications (Russell & Cutrona, 1991), and life fulfillment have all been demonstrated to be decidedly affected by social (Walen & Lachman, 2000). Social connections have been found to have a positive effect in both longitudinal examinations and cross-sectional examinations. The effect of supposed social help on transformation to rheumatoid arthritis (RA) has been viewed as sure, both cross-sectionally and longitudinally, in arthritis conditions (Affleck, Tennen, Urrows, & Higgens, 1994) (Doeglas, et al., 1994) (Evers, Kraaimaat, Greenen, & Bijlsma, 1998) (Ward & Leigh, 1993).

2.5.2 Self-Reported Health and Quality of Life

The impression of an individual's or a gathering's personal satisfaction reaches out past actual wellbeing, requiring a wide and complex examination that considers factors like financial status, emotional state, social association, scholarly action, social qualities, way of life, work or

potentially day by day action satisfaction, and living climate (Alvarenga, Kiyan, Bitencourt, & Wanderley, 2009).

Although physical control fundamentally affects individuals' general personal satisfaction as they age, the mental and social changes that go with this time of life can't be neglected. Retirement, which addresses societal depreciation and the deficiency of expert personality, is respected to be the impetus for these changes (Alvarenga, Kiyan, Bitencourt, & Wanderley, 2009). According to Mosca, forced or involuntary job loss worsens mental disorders while retirement improves both physical and mental health (Mosca & Barrett, 2016).

Life satisfaction and happiness are two aspects of general subjective quality of life. Health Related Quality of Life (HRQOL), on the other hand, is limited to components of general subjective quality of life that have an impact on an individual's health or health beliefs. Health Related Quality of Life measures have been proved to be reliable and valuable results in both general and clinical populations. Although patient-reported HRQOL results are frequently utilized in pharmaceutical and clinical research to measure the symptom burden of control and treatment groups, they are rarely used in health tracking of people. Continuous surveillance of self-rated health (SRH) and Health Related Quality of Life (HRQOL) would offer the public's viewpoint to assist guide health policy and assess development toward national health goals (Zack, Moriarty, Stroup, Ford, & Mokdad, 2004).

Furthermore, retirement can have an indirect impact on an aged person's cognitive performance, as retiring people often lose touch with their social networks and everyday activities. These qualities are vital in delaying cognitive decline since the more social commitment, intellectual stimulation, and physical activity a retired person has, the lower his or her risk of dementia. Susceptibility to depression in the elderly also poses a threat to their cognitive health. Many studies reveal that elderly adults with depression perform poorly on memory tests and have even worse executive functions, which are linked to attention deficits and slower processing speeds. At times for some people, eating patterns can also be disrupted by the emotional and subjective effects of retirement. The senior populace's dejection might make them lose interest in eating. Preceding retirement, meals were imparted to associates, and the general setting of dinners were predictable and booked (Alvarenga, Kiyan, Bitencourt, & Wanderley, 2009).

2.6 Link of Quality of Life with Social Integration, Self-Related Health and Satisfaction

Retirement is a huge life occasion that is connected with changes in day by day schedules, social contacts, social jobs, and pay in later advanced age. As a result of their more extended life expectancies, older individuals are investing more energy in retirement (Lee, 2001). Pension and investment funds plans have reduced the monetary requests of retirement in numerous countries.

Much discussion has seethed with regards to how and regardless of whether the transition to retirement influences an individual's emotional prosperity (SWB) (Reitzes, Mutran, & Fernandez, 1996). Retirement has been seen as either a mentally troubling change or a progress that adds to improved or stable SWB. Rather than endeavoring to pick between such perspectives, the essential objective of this examination was to inspect the assortment in deviations in life fulfillment during the progress to retirement. It is accepted that the ramifications of retirement changed relying upon an individual's formative foundation, and that, accordingly, different subpopulations of retired folks might have disconnected hypothetical perspectives.

2.6.1 Social Integration and Satisfaction

According to (Hillerås, Jorm, Herlitz, & Winblad, 2001), social support is more likely to smother the unfavorable effect on satisfaction in life. Additionally, they claimed that those who enjoy fulfilling relationships with their families, close friendships, meaningful work, healthy engagements, strong identities, fantastic self-esteem, and a solid adjustment portfolio are living happy lives after retirement. According to (Carstensen, Gross, & Fung, 1997), having friends, family, and a companion in retirement keeps people content and happy.

(Diener & Diener, 2002)’s observations showed that even very poor people report high levels of satisfaction owing to participation in those activities respected in their cultures, were consistent with the findings. The Human Nature Approach, which contends that having one's biological requirements satisfied, such as having a social network and having the best support, is adequate to lead a quality existence, supported the study's findings. A large income can buy happiness, the

study continued, but it may not be as beneficial if it causes instability, loneliness, long hours at work, or inadequate social connections.

2.6.2 Self-Reported Health and Satisfaction

Health is a valuable asset in the transition to retirement. Health restrictions can restrict the exercises that can be sought after in retirement, and laborers who are in chronic weakness are bound to resign automatically. A few investigations have discovered beneficial relationships between retirees' life satisfaction and objective and subjective health indices (Dorfman L. T., 1995). A couple of exploration has found no connection between retired person wellbeing and mental prosperity (Seccombe & Lee, 1986).

According to earlier research (Dear, Henderson, & Korten, 2002) (King & Napa, 1998) (Leung & Lee, 2005) (Lloyd & Auld, 2002), people who have better physical and mental health are (typically) more likely to have a greater level of life satisfaction.

Negative health evaluations (caused by low levels of contentment and self-esteem) might cause the body's immune system to be suppressed by the neurological system. They become more susceptible to subsequent illnesses, and their chances of making a full recovery are diminished. Low self-esteem, increased stress, and sadness may be signs of or mediators in such a process (Idler & Benyamini, 1997).

2.6.3 Quality of Life and Satisfaction

Satisfaction with Life Quality endeavors to evaluate if personal satisfaction have gone through a few phases before (Dillman & Kenneth R. Tremblay, 1977). During the 1960s, researchers used objective estimations to evaluate by and large happiness with personal satisfaction (Bradburn & Chicago, 1965); (Cantril, 1965); (G., Veroff.J, & S, 1969). The principal ordinarily utilized objective pointer was financial prosperity, which was trailed by a wide scope of true markers like training, wellbeing, and political movement, which were utilized separately or in different blends. The presence or nonattendance of these genuine elements in an individual's life was utilized to evaluate quality of life.

2.7 Theory

Psychological theories have an important part in the understanding and development of the concepts about the life of retired individuals. For this, three theories have been discussed relating the life of people after retirement; (1) Cognitive-Behavioral Theory, (2) Sociological Role Theory, and (3) Continuity Theory.

2.7.1 Cognitive-Behavioral Theory

Cognitive-Behavioral Theory has become well-known and well accepted as a framework for analyzing life changes. Albert Ellis (1962) and Donald Meichenbaum (1977) proposed this approach. Changing an older person's "inner dialogue" can help them develop more adaptive social functioning, according to this concept. The supporters of this theory have faith that how a person feels has a significant impact on how he thinks. It can be characterized as when one's thinking are largely obscured by emotional responses. Older persons are more likely to see oneself in a dim light and to form "false perceptions" (Hussain, 2019). Depression, rage, and guilt may result from these bad images (Hayslip Jr & Caraway, 1989). The majority of the older people considered the cognitive behavior approach to be relevant, intelligible, and useful in their daily lives (Hayslip, 1989) (Laidlaw, Thompson, Dick-Siskin, & Gallagher-Thompson, 2008). This method is used to address a variety of emotional and cognitive difficulties in the aged, including anxiety, depression, slowness of response, and memory loss (Zeiss, & Steffen, 1996).

2.7.2 Sociological Role Theory and Continuity Theory

As per sociological role theory, employment is a center role that is imperative to a person’s personality (Kim & Moen, 2001). Therefore, retired individuals are probably going to feel like they have lost a significant position in a society, which can add to mental inconvenience. Correspondingly, continuity theory proposes that retirement may be psychologically unpleasant due to the loss of a primary position or because people feel role less if they are unable to replace their lost job role with other hobbies (Richardson & Kilty, 1991). As a result, continuity theory predicts a general fall in person’s subject well-being (SWB) following retirement. Nonetheless, the impacts of retirement on SWB may be mitigated by continuity in other social roles (Reitzes & Mutran, 2002).

Spending time with family, having new interests or hobbies, volunteering in extracurricular activities, or learning new things can help people maintain or increase their SWB (Wu, Tang, & Yan, 2005). Moreover, retirement suggests culturally sent freedoms, for example, the right to monetary help and command throughout one's using time effectively, which can be a wellspring of positive prosperity (Atchley, 1976). At long last, mental characteristics, for example, passionate soundness might assume a part in keeping up with SWB levels throughout the retirement change (Reis & Pushkar-Gold, 1993).

The retirement progress is a stage that starts before retirement and lasts till after retirement. (Atchley, 1976) proposed a retirement adjustment process model. In the preretirement stage, attitudes toward retirement are developed. SWB may drop in the months leading up to retirement, as people worry about losing their jobs. Following the retirement occasion, retired individuals might go through a honeymoon period featured by get-away and new interests, or a rest-and-relaxation stage set apart by a concise relief from work responsibilities. As individuals experience the real factors of day to day existence in retirement, these great sensations might transform into disappointment and lessened SWB. This ought to be trailed by a reorientation stage in which you build up a reasonable comprehension of the social and financial advantages and disadvantages of retirement.

Finally, whenever retired people have obliged and acclimated to retirement, solidness arises. After the retirement occasion, a minor expansion in SWB was anticipated, trailed by a sharp abatement and afterward a more modest increment. Notwithstanding, (Atchley R. , 1974) advised that these means do not happen in an anticipated and ordered manner for all people.

Other theories suggest that retired people's SWB might have different ways. (Antonovsky & Sagy, 1990), for instance, proposed a bunch of retirement-related formative objectives, including searching for dynamic inclusion, rethinking one's perspective, and embracing a solid way of life. Regardless of whether positive or negative mental impacts of retirement prevail relies upon how retired folks execute these undertakings. Essentially, stress and adapting hypothesis contends that what you adapt to the shift means for your capacity to conform to retirement (Smith, Patterson, & Grant, 1992). Accordingly, subgroups of retired people may encounter a lessening, adjustment, or expansion in SWB.

2.8 Hypothesis

H_1: There is a positive and significant relationship between Social integration and Quality of Life.

H_2: There is a positive and significant relationship between Self-Reported Health and Quality of Life.

H_3: There is a significant effect of Self-Reported Health and Social integration on Satisfaction.

H_4: Satisfaction mediates the relation between Self-Reported Health and Quality of life.

H_5: Satisfaction mediates the relation between Social integration and Quality of life.

2.9 Theoretical Framework

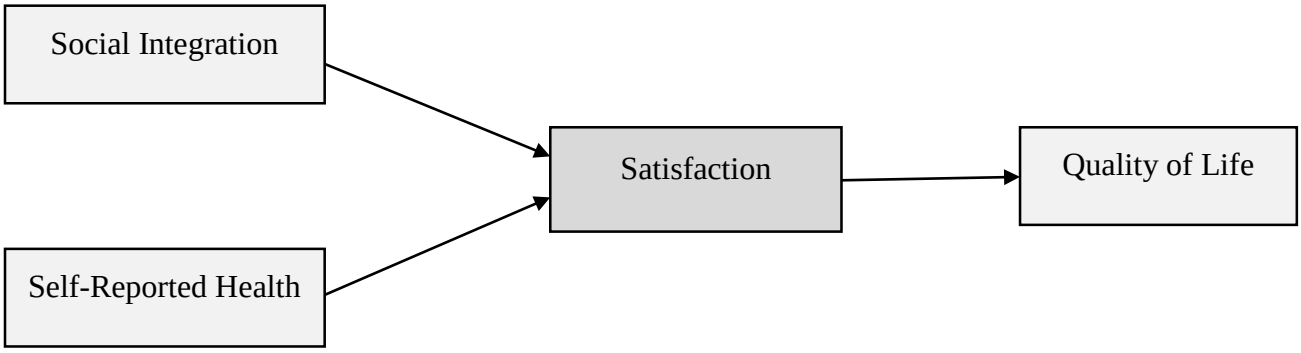


Figure 1: Theoretical Framework

CHAPTER III

3. METHODOLOGY

3.1 Research Design

The Descriptive Research Methodology is selected for this study and the questionnaire is adapted from the previous studies. The conceptual framework of this study is designed to examine the link between independent variables and the dependent variable that are consisted of different type of traditional psychosocial and health measures with a mediating variable determining the satisfaction level. While keeping the confidentiality of respondents, they are to be thoroughly briefed about the nature and purpose of this study.

3.2 Population and Sample

In order to collect data for analysis of the selected topic of research and to examine the quality of life of retired individuals after retirement, the target population is all the retired individuals from both, public and private sectors of the twin cities, Islamabad/ Rawalpindi, Pakistan. After the identification of the elements of the population, by using non-probability sampling and convenience sampling technique, the sample size from among the whole population is selected in order to keep the focus of the study on finding the perfect results for the data collected.

3.3 Sampling Technique

It is essential to notice closely that non-probability sampling is not random. To be a part of a pool of people who may be contacted when a group needs respondents, people must be willing to sign up or opt-in (Lamm & Lamm, 2019).

Randomization is not salient in nonprobability sampling when selecting a sample from the population of interest. To decide which items should be involved in the sample, subjective methods are applied. As an end result, nonprobability sampling is a sampling technique in which samples are composed in a way that does not ensure that all units or participants in a population have an equal chance of being involved (Etikan, Musa, & Alkassim, 2016).

Convenience sampling (known as Accidental Sampling or Haphazard Sampling as well) is a kind of nonprobability sampling in which members of the target population who meet assured practical criteria like easy accessibility, availability at a precise time, geographic proximity, or readiness to contribute, are included in the study. It can also apply to population study subjects that are conveniently available to the researcher. Convenience samples are frequently referred to as 'accidental samples,' because items may be selected in the sample simply because they are found near the place where the researcher is collecting data, either administratively or physically (Etikan, Musa, & Alkassim, 2016).

3.4 Sample Size

The estimated sample size for this study is deduced by using the rule of thumb, Green 1991. Multiplying the number of variables by 8 and adding 50 to it i.e. 4*8+50 = 82. This size of 82 responses was to be the minimal number of responses collected but in order to increase the efficiency and generalization of the results for the study, a total of 158 responses are gathered from the retired individuals from Islamabad/ Rawalpindi, Pakistan, either from the public or private sector and regardless of the gender as the research is not any gender specific. Responses are gathered using self-administered questionnaires via online google form as well as hard copies distributed around.

3.4 Measurement Instrument

The data for this study is collected using Self-Administered questionnaires adapted from previously conducted studies using the same variables. The items chosen from the questionnaires are 5-10 varying according to each variable; for instance, 10 for social integration, 7 for self-reported health, 5 for satisfaction and 9 for quality of life. The questionnaire has the Likert scale starting from strongly agree to strongly disagree labelling 5-1.

Social Integration's scale is adapted from (Callaway, et al., 2014). Self-reported health's scale is adapted from (Meng, Xie, & Zhang, 2014). Satisfaction's scale is adapted from (Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. 1985). Quality of life's scale is adapted from (Burakhardt, 2003).

3.5 Data Analysis

The study is based on descriptive research. After collecting responses from the selected sample, SPSS (Statistical Package for Social Sciences) software was used to examine all the results and find the significances. To prove the hypothesis about the relationship between the variables is done using regression analysis and to analyze the relationship between all the variables in order to examine the quality of life of retired individuals, correlation analysis is done. Analysis of Variance (ANOVA) is used to test the independent variables with regard to dependent variable. In addition, the reliability analysis was performed to calculate the Cronbach's Alpha for all the variables. Collected data is presented in tabular form in the in the next section of results and findings, after being analyzed quantitatively and the discussion about the results of the study, limitations, recommendations and conclusion are written accordingly.

CHAPTER IV

4. RESULTS AND FINDINGS

4.1 Reliability Analysis of All Variables

Table 1: Reliability Table

Sr. #	Variable	No. of items	Cronbach's Alpha
1.	Social Integration	10	.694
2.	Self-Reported Health	7	.509
3.	Satisfaction	5	.810
4.	Quality of Life	9	.676

The reliability or consistency of test results throughout numerous testing periods, various test versions, or various raters evaluating the test takers' responses is referred to as test reliability (Livingston, 2018). The more consistent measure is, more reliable is the scale used for measurement. One of the many different types of reliability testing measures utilized is Cronbach's alpha, which is one of the most often used metrics to assess the internal consistency of the data. It gives us a simple and a quick way to determine whether the score is reliable or not.

The suggested value of 0.5 was used as the reliability cutoff. With all of the alpha levels above 0.5, all of the scales were deemed appropriate. Although the closer the value of alpha is to 1, much better the results are being more reliable. A value of 0.9 or higher indicates exceptional reliability. The reliability is strong if the value is between 0.7 and 0.9. If the value is in the range of 0.5 to 0.7, then the reliability is moderate. And low reliability is represented by values below 0.5.

In the table above, the satisfaction variable has the highest alpha's value of $\alpha = 0.810$ representing strong reliability. The other three variables have the moderate reliability having the values of $\alpha = 0.694$, $\alpha = 0.676$ and $\alpha = 0.509$.

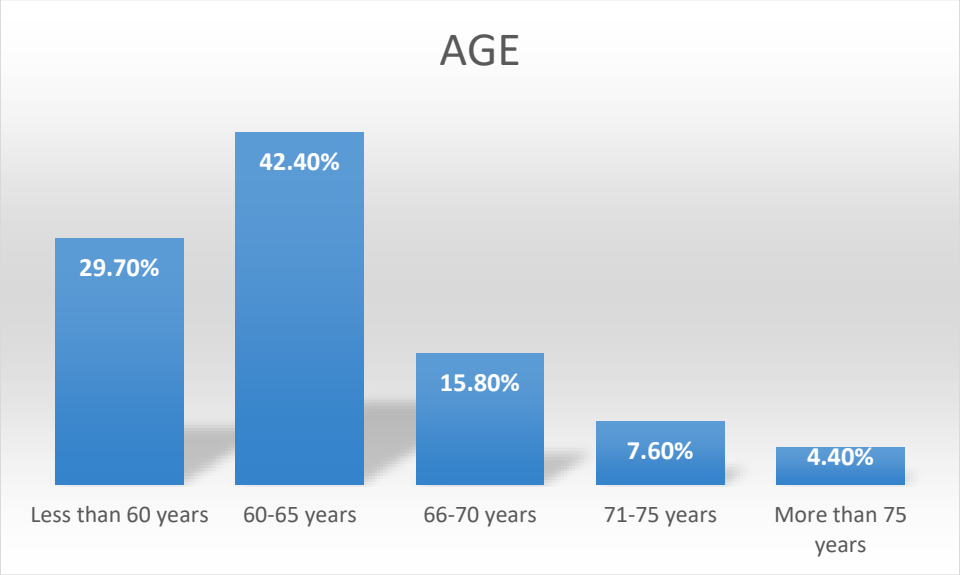
4.2 Frequency Tables and Demographics

Table 2: Age Frequency Table

Age			
	Frequency	Percent	Cumulative Percent
60-65 years	67	42.4	42.4
66-70 years	25	15.8	58.2
71-75 years	12	7.6	65.8
Less than 60 years	47	29.7	95.6
More than 75 years	7	4.4	100.0
Total	158	100.0	

The age-table above shows number of senior citizen and age wise percentage. There are total 158 respondents out of which 47/158 or 29.7% are those who have taken early retirement, 67/158 or 42.4% are from the age group of 60-65 years, 25/158 or 15.8% are the respondents from 66-70 years of age group, 12/158 or 7.6% are the senior citizens from the age group of 71-75 years, and only 7/158 or 4.4% are those who are above the age of 75 years in the population sampling.

Figure 2: Graphical Representation of Age Frequency

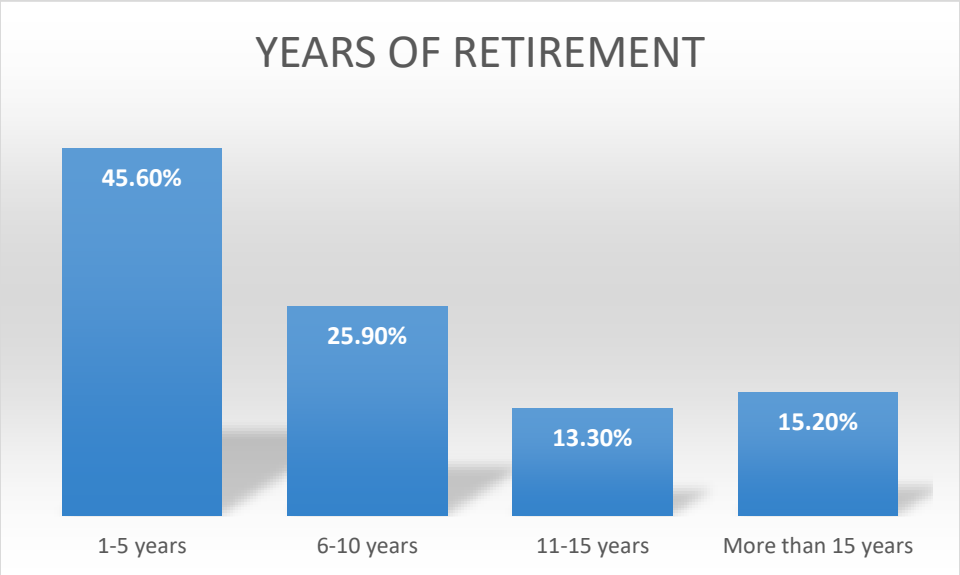


The majority of responses are between the ages of 60-65 years. The same group (60-65 years) higher among all can be seen in the above Figure 2.

Table 3: No. of years of Retirement Frequency Table

Years of Retirement			
	Frequency	Percent	Cumulative Percent
1-5 years	72	45.6	45.6
6-10 years	41	25.9	71.5
11-15 years	21	13.3	84.8
More than 15 years	24	15.2	100.0
Total	158	100.0	

Figure 3: Graphical Representation of No. of years of Retirement Frequency

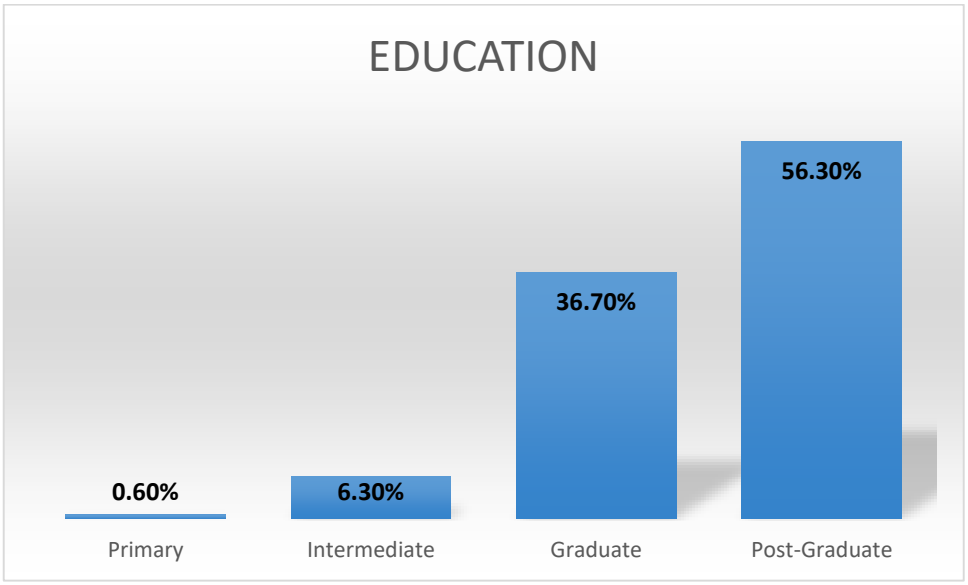


The table and graphical representation above represents the number of years of retirement of the respondents. There are total 72/158 or 45.6% respondents who are retired in recent years and have been in the retirees' category from 1-5 years, 41/158 or 25.9% respondents are retired from 11-15 years, 21/158 or 13.3% respondents are retired from 11-15 years and 24/158 or 15.2% respondents have been retired for more than 15 years.

Table 4: Educational level Frequency Table

Education			
	Frequency	Percent	Cumulative Percent
Primary	1	0.6	0.6
Intermediate	10	6.3	6.9
Graduate	58	36.7	43.6
Post-Graduate	89	56.3	100.0
Total	158	100.0	

Figure 4: Graphical Representation of Educational level Frequency



The above table and the graphical representation shows the level of education of the respondents. A significant component of the population sample is made up of postgraduates, who are highly educated falling into the percentage of 56.3% or 89/158 respondents. 58/158 or 36.7% are graduates, 10/158 or 6.3% are from the intermediate level, and only 1 respondent in all the population sampling was from the primary level.

4.3 Descriptive Statistics

General statistical data (the specifics of frequency and percentile values, central tendency, distribution, and dispersion of data) are referred to as descriptive statistics. The data description is obtainable in a way that data is assessed through SPSS (Statistical Package for Social Sciences) software in which there is item-wise detail of constructs including social integration, self-reported health, satisfaction and quality of life.

Table 5: Statistics Table

	N	Range	Minimum	Maximum	Mean	Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic
Self-Reported Health	158	2.29	2.00	4.29	3.2731	.48676
Social Integration	158	2.80	1.90	4.70	3.6025	.50550
Satisfaction	158	3.40	1.60	5.00	3.7785	.66719
Quality of Life	158	2.11	2.78	4.89	4.0113	.39740

The table above shows item-wise statistics that are consisted of variable name, valid (N) sample size, range, minimum, maximum, value of mean and standard deviation. The results demonstrate a mean of 3.2731 for self-reported health, 3.6025 for social integration, 3.7785 for satisfaction and 4.0113 for quality of life. Likewise, the standard deviation value of 0.48676 for self-reported health, 0.50550 for social integration, 0.66719 for satisfaction and 0.39740 for quality of life indicates that respondents show a lower level of variation in their responses.

4.4 Skewness and Kurtosis

Table 6: Table of Skewness and Kurtosis

	Skewness		Kurtosis	
	Statistic	Std. Error	Statistic	Std. Error
Self-Reported Health	-.145	.193	-.092	.384
Social Integration	-.637	.193	.901	.384
Satisfaction	-.992	.193	1.464	.384
Quality of Life	-.253	.193	.548	.384

The table above shows item-wise statistics that are consisting of skewness and kurtosis. The values of skewness statistic are reported to be -0.145 for self-reported health, -0.637 for social integration, -0.992 for satisfaction and -0.253 for quality of life; telling about the measure of deviation from the symmetrical curve. The value of kurtosis for the gathered responses is -0.092 for self-reported health, 0.901 for social integration, 1.464 for satisfaction and 0.548 for quality of life.

4.5 Correlation

In order to examine and understand the relationships between all the variables in the study, correlation is used. In other words, it is a measurement of the degree of a relationship. Correlation analysis is the investigation of the relationships between different variables.

Table 7: Correlational Table

Correlations

		Social Integration	Self-Reported Health	Satisfaction	Quality of Life
Social Integration	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	158			
Self-Reported Health	Pearson Correlation	.330**	1		
	Sig. (2-tailed)	.000			
	N	158	158		
Satisfaction	Pearson Correlation	.364**	.271**	1	
	Sig. (2-tailed)	.000	.001		
	N	158	158	158	
Quality of Life	Pearson Correlation	.432**	.235**	.532**	1
	Sig. (2-tailed)	.000	.003	.000	
	N	158	158	158	158

**. Correlation is significant at the 0.01 level (2-tailed).

The table above shows that Social integration positively correlates with Quality of Life with the significance of 0.000 indicating to be completely significant as the P < 0.005; and the Pearson correlation value is 0.432** which signifies the strong relationship between social integration and quality of life. The positive and significant relationship between the two variables proves hypothesis 1 (H1=There is a positive and significant relationship between Social integration and Quality of Life).

Self-Reported Health positively correlates with Quality of Life with the significance of 0.003 (P < 0.005) and the Pearson correlation value of 0.235** which signifies the weak positive and significant relationship between the two variables. This proves hypothesis 2 (H2=There is a positive and significant relationship between Self-Reported Health and Quality of Life).

Satisfaction positively correlates with Social integration with the significance of 0.000 (P < 0.005) and the Pearson correlation value of 0.364**, signifying the strong relationship. Satisfaction also positively correlates with Self-Reported Health with the significance of 0.001 (P < 0.005) and the Pearson correlation value of 0.271** which signifies the weak positive and significant relationship between the two variables.

Quality of life and Satisfaction positively correlates with each other having P < 0.005 equally to be 0.000 indicating complete significance; also having the Pearson correlation value of 0.532**, signifying the strong relationship between the two variables. Hence there is a positive and significant relationship between the quality of life and satisfaction in the lives of retired individuals.

4.6 Regression Analysis

A strong statistical technique that enables you to investigate the relationship between two or more relevant variables is actually regression analysis. Identifying the variables that have an effect on an interest issue can be done with accuracy using regression analysis. Researchers can confidently establish which elements are most important, which ones can be ignored, and how these factors interact when you do a regression.

Therefore, this research presents findings from the regression analysis, which measures the effects of an independent variables – social integration and self-reported health, on mediating variable – satisfaction, and their effect on the dependent variable – quality of life.

H_1: Regression Analysis – relationship between Social integration and Quality of Life.

Table 8: H_1 Regression Analysis

	R Square	F	β	t.	Sig.
Social Integration	.187	35.817	.340	5.985	0.000

a. Dependent Variable: Quality of life

b. Predictors: (constant) Social Integration

The table above favors the H_1 revealing that Social Integration is positively significant with Quality of Life as the value of R square is 0.187 representing that social integration explains 18.7% of variation of quality of life. The value of F=35.817. For a unit increase in social integration, quality of life will increase by β=0.340. Significance value being 0.000, less than 0.05 (P=0.00<0.05) shows that there is a highly positive significant relationship between social integration and quality of life, and the model is fit for the data.

H_2: Regression Analysis – relationship between Self-Reported Health and Quality of Life.

Table 9: H_2 Regression Analysis

	R Square	F	β	t.	Sig.
Self-Reported Health	.055	9.110	.235	3.018	0.003

a. Dependent Variable: Quality of life

b. Predictors: (constant) Self Related Health

The table above combines the critical values of H2 hypothesis revealing that Self-reported health is positively significant with Quality of Life as the value of R square is 0.055 representing that self-reported health explains only 5.5% of variation of quality of life. The value of F=9.110. For a unit increase in social integration, quality of life will increase by β=0.235. Significance value being 0.003, less than 0.05 shows that there is a highly positive significant relationship between self-reported health and quality of life, and the model is fit for the data.

H_3: Regression Analysis – effect of Self-Reported Health and Social integration on Satisfaction.

Table 10: H_3 Regression Analysis

	R Square	F	β	t.	Sig.
Self-Reported Health	.158	14.533	.170	2.178	0.031
Social Integration			.307	3.937	0.000

a. Dependent Variable: Satisfaction

b. Predictors: (constant) Self Related Health, Social Integration

The table above favors the H_3 revealing that self-reported health and social integration, together are positively significant with satisfaction as the value of R square is 0.158 representing that self-reported health and social integration explains 15.8% of variation of satisfaction. The value of F=14.533. For a unit increase in self-reported health, satisfaction will increase by β=0.170 and for a unit increase in social integration, satisfaction will increase by β=0.307. Significance value of self-reported health being 0.031 and social integration being 0.000, less than 0.05 shows that there is a positive significant relationship between self-reported health, social integration and satisfaction, and the model is fit for the data.

H_4: Regression Analysis – satisfaction mediates the relation between Self-Reported Health and Quality of life.

Table 11: H_4 Regression Analysis

	R Square	F	β	t.	Sig.
Self-Reported Health	.055	9.110	.235	3.018	0.000
Self-Reported Health	.291	31.872	.098	1.392	.166
Satisfaction			.505	7.188	0.000

a. Dependent Variable: Quality of Life

b. Predictors: (constant) Self Related Health, Satisfaction

The table above favors the H_4 revealing that satisfaction mediates the relationship between self-reported health and quality of life, as evident from the increase in value for Beta. The value of R square is 0.291 representing that self-reported health and satisfaction explains 29.1% of variation

of quality of life. The value of F=31.872. Significance value being 0.000, less than 0.05 (p=0.00<0.05) shows that there is a highly positive significant relationship.

H_5: Regression Analysis – satisfaction mediates the relation between Social integration and Quality of life.

Table 12: H_5 Regression Analysis

	R Square	F	β	t.	Sig.
Social Integration	.187	35.817	.432	5.985	0.000
Social Integration	.348	41.421	.275	3.955	0.000
Satisfaction			.431	6.199	0.000

a. Dependent Variable: Quality of Life

b. Predictors: (constant) Social Integration, Satisfaction

The table above favors the H_5 revealing that satisfaction mediates the relationship between social integration and quality of life, as evident from the increase in value for Beta. The value of R square is 0.348 representing that social integration and satisfaction explains 34.8% of variation of quality of life. The value of F=41.421. Significance value being 0.000, less than 0.05 (p=0.00<0.05) shows that there is a highly positive significant relationship.

CHAPTER V

5. DISCUSSION AND CONCLUSION

5.1 Discussion of the Findings

The current work tends to fill the gap which was pointed out in the previous studies. The majority of these studies evaluate satisfaction or quality of life using a single criterion. Those surveys assessed the associations to determine the quality of life using one or two explanatory variables. These variables, for instance, include: education, income, social relationships, social activity, leisure activity, economic status, social status, health, self-esteem, subjective well-being and commonly single criterion variables such as life satisfaction, depression, aging perception, anxiety (Holt-Lunstad, Smith, & Layton, 2010) (Blanchflower & Oswald, 1999) (Adler & Ostrove, 1999) (Crimmins, Hayward, & Seeman, 2004) (Nakosteen & Zimmer, 1997).

Instead of compartmentalizing the phenomenon of getting old should be studied from a life-course viewpoint. As a result, this study was designed to be a thorough examination by analyzing both the direct and indirect correlations between predictors and measurements of the elderly life after retirement utilizing numerous factors.

The purpose of this study was to explore the issues surrounding the influence of retirement on quality of life of retired individuals and the impact on the society due to this as well. This work creates an impression about the essential features of life that are necessary to comprehend successful ageing in older folks. The findings imply that total satisfaction in life is not only related to the leisure activities and financial statuses of an individual, rather how their relationship is with their friends, family and relatives, and how much they are willing to participate in doing things themselves for themselves. The results also show that different work ranks have an impact on people's quality of life and their well-being (BPS/ EG groups). Age, education, occupational level, financial situation, social relationships, family members' attitudes towards the retired individuals of the family, consultation with them, leisure, social activities, and self-reported health were some of the determinants whose effects on the outcome variables, which included satisfaction were examined (quality of life) along with the impact on the society as a whole.

5.2 Conclusion of the Study

This research explores the impact of social integration and self-reported health on the quality of life of retired individuals with satisfaction as a mediator. Each factor had a varied level of impact on the retiree's overall social integrity, health, satisfaction and quality of life. Data from 158 respondents is gathered using self-administered questionnaire and then assessed through SPSS (Statistical Package for Social Sciences) software for proper analysis of the findings. Regression and correlation analysis depicted the positive and significant relationships between all the variables indicating that the social integrity, health and the level of satisfaction of a retired individual contributes in the quality of life they have after retirement.

In order to check the hypothesis 1 (H_1) stating that there is a positive and significant relationship between Social integration and Quality of Life, suggesting how much a retired individual is affected by having a good or bad social life after retirement and on what level they enjoy spending time with their family, friends and relatives. Basically, a person's social relationships. The Social Integration construct's effect on the lives of retirees demonstrated a substantial correlation with life satisfaction. It can be said that social support is much needed by any person when they are growing into their old age having a huge impact on the level of satisfaction in their life as well. The results show that retired individuals having good ties with their family, close friends, purposeful involvement, strong identity, health engagements are mostly leading a good quality of life with satisfaction. Along with hypothesis 1, hypothesis 5 (H_5: Satisfaction mediates the relation between Social integration and Quality of life) stands true as well.

It was proposed in hypothesis 2 (H_2) that there is a positive and significant relationship between Self-Reported Health and Quality of Life. After findings for this study, it is hypothesized that better self-reported health, also referred to as self-rated health or self-perceived health, keep retired individuals happy and active, which further contributes to a higher quality of life and their psychological well-being. Self-reported health is a reliable indicator of satisfaction in life and the ways an individual spends his/ her life and well-being. Thus, this also proves the hypothesis 4 (H_4: Satisfaction mediates the relation between Self-Reported Health and Quality of life) of this study.

As there is a direct effect of the two independent variables, social integration and self-reported health, on the dependent variable, quality of life. They both have a highly positive and significant effect on the mediator – satisfaction, as well. How much a retired individual is satisfied with everything in life comes mainly from their health and the social integrity or relationships they have with their surrounding people. Thus this proves the hypothesis 3 (H_3: There is a significant effect of Self-Reported Health and Social integration on Satisfaction).

5.3 Limitations of the Study

Although the findings of this study add to our knowledge and understanding of how retirement affects people's quality of life in our society. However, the results of the present work are not wholly generalizable due to the nature of the cross-sectional study and convenience sampling group. Hence, by overcoming the following constraints, future studies can study the more in-depth relationship between retirement and the wellbeing of the individuals:

The first limitation of the study is that it is conducted only in the twin cities of Pakistan, Islamabad and Rawalpindi, gathering the data using convenient sampling. It reduces the generalizability of the findings to all old age people who are members of all the provinces of Pakistan. In other words, not all Pakistani seniors could benefit from the research's findings. Future studies that are conducted across Pakistan in different provinces may produce population estimates that are more accurate.

The second limitation is that the variables used in the study are limited to address all the factors concerning the retired individuals. Future researches can be conducted using multiple variables and larger sample size in order to get authenticity of the results and the effects of the variables on the quality of life of retirees.

The third limitation is that due to the cross-sectional study's design. Retirement Impacts analysis is a lengthy procedure that may take some time to complete. This cross-sectional study merely offers a brief overview of the relationship between retirement and quality of life. This restriction can be eliminated in the future by doing longitudinal studies to confirm the results of the current research.

The fourth limitation of this study is related to the issue of older respondents filling out the questionnaire who had poor cognitive function, reduced vision, and medical conditions that could have impacted the validity and reliability of the score. By completing the questionnaire with the researcher's assistance (when needed), this limitation was, however, attempted to be reduced to a minimum.

5.4 Future Recommendations

Senior citizens are not a liability rather they are an asset. This asset needs to be utilized to the fullest extent possible so that their abilities can benefit society.

- Seniors of Pakistan's belonging to the lower economic classes contribute their knowledge as an essential component of the workforce until the day they pass away, and the nation requires experienced and skilled human resources. The government of Pakistan could raise the age of retirement and grant flexible hours to old age employees. Although, their out-of-date knowledge and skills are one of the worrying issues but to address this issue, it is necessary to provide the older employees with the necessary knowledge and training to help them rejoin the workforce.
- The issues posed by the growing older population must be addressed. All relevant authorities are now necessary to take action in order to create a comprehensive policy that will result in the delivery of suitable housing, transportation, financial support, and other essentials for the satisfaction of the old aged people.
- Not just at the level of academic research but also at the level of the government and the corporate sector, studies about the old age people and retirees' difficulties have been lacking. The culture of research should be promoted in the subject of geriatrics. For a thorough understanding of the problem, appropriate planning and policy should be created to collect appropriate, empirical, and scientific data.
- Additionally, it is proposed that senior citizens should have access to community centers, clubs, and halls for socializing. Theaters and movie theatres should reserve some seats so that people can go and enjoy themselves.
- There were many older people in the sampling group with higher levels of education and technical training, but they were underutilized in terms of knowledge, competence, and

abilities. There was no system in place for retirees to impart knowledge and skills to the younger generation. To create a retired persons resource pool in each department, the government of Pakistan may develop a complete policy. By doing this, the services can be acquired for the community services in addition to their specific department. The retired individuals would gladly accept to serve in an advising position for the company, government, and educational institutions if given the chance, even at a minimal fee. As a result, a more comprehensive plan should be developed to find part-time or full-time work for retirees. Through this effort, retired individuals will develop a sense of ownership, purpose, and belonging.

5.5 Theoretical/ Practical Implications

By performing an empirical study to examine the relationship between the impact of retirement and the quality of life, the current study was created to fill the research gap. On one hand, the current work adds to the body of literature that discusses the social integration and self-reported health. On the other hand, the results of this study's quality of life model support the theoretical viewpoint and its underlying assumptions about the old age individuals. Studies on the effects of retirement on quality of life and wellbeing have been conducted all over the world, but there are few geriatrics-related (medical field that focuses on offering senior citizens high quality, patient-centered treatment) studies in Pakistani society. This might have been because the problem may not have been recognized or may have been covered up by the traditional and conservative family structure up to this point.

The problem is further complicated by the issue of mandatory retirement because it promotes isolation banishment and disregarding. The current study helps to deepen our understanding of how many factors affected the self-reported health and social integration of old aged people's life patterns. By demonstrating a significant and direct relationship between social integration and self-reported health with satisfaction, the current work also adds to the body of literature already in existence. The results of the current study show a substantial correlation between social integration and self-reported health and the quality of life of the retired individuals, in addition to the impact of satisfaction.

6. REFERENCES

Adler, & Ostrove. (1999). Socioeconomic status and health: what we know and what we don't. *Annals of the New York academy of Sciences, 896*(1), 3-15.

Affleck, G., Tennen, H., Urrows, S., & Higgens, P. (1994). Person and contextual features of daily stress reactivity: Individual differences in relations of undesirable daily events with mood disturbance and chronic pain intensity. *Journal of Personality and Social Psychology, 66*, 329-340.

Akinade. (2006). *Towards successful and joyful retirement.* Ibadan, Nigeria: Olu-Akin Publishers.

Akinboye. (2004). Unsweet rest after labour; retired Nigerian are not living a rosy life. *African Concord*.

Alam, Ibrar, & Khan. (2016). Socio-Economic and Psychological Problems of the Senior Citizens of Pakistan. *Peshawar J Psychol Behav Sci, 2*(2), 249-262.

Ali, & Kiani. (2003). Ageing and poverty in Pakistan: Pakistan Institute of Development Economics.

Alvarenga, Kiyan, Bitencourt, & Wanderley. (2009). The impact of retirement on the quality of life of the elderly. *Rev Esc Enferm USP, 43*(4), 794-800.

Andrews, & Withey. (2012). *Social Indicators of Well-Being - Americans' Perceptions of Life Quality*. New York and London: Springer.

Andrews, F., & S.B, W. (1976). *Social Indicators of Well-Being Americans' Perceptions of Life Quality*. New York: Plenum Press.

Antonovsky, A., & Sagy, S. (1990). Confronting developmental tasks in the retirement transition. *The Gerontologist*, 362-368.

Arif, & Ahmed. (2010). *Pension System Reforms for Pakistan: Current Situation and Future Prospects.* Pakistan Institute of Development Economics.

Atchley. (1976). *The sociology of retirement.* New York: Wiley.

Atchley, R. (1974). The meaning of retirement. *Journal of Communications, 24*, 97-101.

Basakha, M., Yavari, K., Sadeghi, H., & Naseri, A. (2015). Population aging and Iran's non-oil economic growth. *Journal of Payavard Salamat., 9*(2), 131-146.

Berkman, Glass, Brissette, & Seeman. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine, 51*, 843–857.

Berkman, L. F. (1984). Assessing the Physical Health Effects of Social Networks and Social Support. *Annual Review of Public Health*, 413-432.

Blackburn, J. A., & Dulmus, C. N. (2007). Handbook of gerontology: evidence-based approaches to theory, practice, and policy: John Wiley & Sons.

Blanchard, C. G., Albrecht, T. L., Ruckdeschel, J. C., Grant, C. H., & Hemmick, R. M. (1995). The role of social support in adaptation to cancer and to survival. *Journal of Psychosocial Oncology, 13*, 75-95.

Blanchflower, & Oswald. (1999). Well-being, insecurity and the decline of American job satisfaction. *NBER working paper*, 7487.

Blazer D. (1982). Social support and mortality in an elderly community population. *Am J Epidemiol, 115*, 684-694.

Borglina, G., Edberga, A.-K., & Hallberg, I. R. (2005). The experience of quality of life among older people. *Journal of Aging Studies, 19*, 201-220. doi:10.1016/j.jaging.2004.04.001

Bradburn, N. M., & Chicago, D. C. (1965). Reports on Happiness: A Pilot Study of Behavior Related to Mental Health. 77-78.

Breslow, & Berkman. (1983). *Health and ways of living; The Alameda County Study*. New York: Oxford University Press.

Broadhead, Kaplan, James, Wagner, Schoenbach, Grimson, . . . Gehlbach. (1983). The Epidemiological Evidence for a Relationship Between Social Support and Health. *American Journal of Epidemiology, 117*(5), 521-37.

Burakhardt, C. S. (2003). The Quality of Life Scale (QOLS): Reliability, Validity and Utilisation. Health and Quality of Life Outcomes.

Cacioppo, J., & Cacioppo, S. (2014). Social Relationships and Health: The Toxic Effects of Perceived Social Isolation. *Social and Personality Psychology Compass, 8*(2), 58-72.

Callaway, L., Winkler, D., Tippett, A., Migliorini, C., Herd, N., & Willer., B. (2014). *THE COMMUNITY INTEGRATION QUESTIONNAIRE -REVISED.* Melbourne, Australia: Summer Foundation Ltd.

Campbell. (1981). *The Sense of Well-Being in America.* New York: McGraw-Hill.

Campbell, A., Converse, P., & Rogers, W. (1976). *The Quality of American Life: Perceptions, Evaluations, and Satisfactions.* New York: Russell Sage Foundation.

Carstensen, L. L., Gross, J. J., & Fung, H. H. (1997). The social context of emotional experience. *Annual review of gerontology and geriatrics, 17*(1), 325-352.

Clark, A., & Oswald, A. J. (1994). Unhappiness and Unemployment. *The Economic Journal, 104*(424), 648-659.

Cohen, S. (2004). Social Relationships and Health. *American Psychologist, 59*(8), 676-684.

Corrigan, Kolakowsky-Hayner, Wright, Bellon, & Carufel. (2013). The Satisfaction With Life Scale. *Head Trauma Rehabilitation, 28*(6), 489-491. doi:10.1097/HTR.0000000000000004

Crimmins, Hayward, & Seeman. (2004). Race/ethnicity, socioeconomic status, and health. *Critical perspectives on racial and ethnic differences in health in late life*, 310-352.

Dave, D., Rashad, I., & Spasojevic, J. (2006). THE EFFECTS OF RETIREMENT ON PHYSICAL AND MENTAL HEALTH OUTCOMES. *NATIONAL BUREAU OF ECONOMIC RESEARCH*.

Davis, & Swan. (1999). Association of negative and positive social ties with fibrinogenlevels in young women. *Health Psychology, 18*, 131-139.

Dear, K., Henderson, S., & Korten, A. (2002). Well-being in Australia. *Social psychiatry and psychiatric epidemiology., 37*(11), 503-509.

Denga. (2010). Human engineering for high production in Industrial and other work organizations. *Calabar: Rapid Educational Publishing Limited.*

Denton, & Spencer. (2009, March). What Is Retirement? A Review and Assessment of Alternative Concepts and. *Canadian Journal on Aging / La Revue canadienne du vieillissement, 28*(01), 63 - 76. doi:10.1017/S0714980809090047

Diener, E., & Diener, R. (2002). Will money increase subjective well-being? *Social indicators research, 57*(2), 119-169.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*, 71-75.

Dillman, D. A., & Kenneth R. Tremblay, J. (1977). The Quality of Life in Rural America. *429*(1).

Doeglas, D., Suurmeijer, T., Krol, B., Sanderman, R., Rijswijk, M., & Leeuwen, M. (1994). support, social disability, and psychological well-being in rheumatoid arthritis. *Arthritis Care & Research, 7*, 10-15.

Dorfman. (1995). Health conditions and perceived quality of life in retirement. *Health and Social Work, 20*(3), 192-199. doi:10.1093/hsw/20.3.192

Dorfman, L. T. (1995). Health conditions and perceived quality of life in retirement. *Health & Social Work, 20*(3), 192-199.

Emerson. (1985). Evaluating the impact of deinstitutionalisation on the lives of mentally retarded people. *American Journal of Mental Deficiency, 90*, 277-288.

Etikan, Musa, & Alkassim. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. doi:10.11648/j.ajtas.20160501.11

Evers, A. W., Kraaimaat, F. W., Greenen, R., & Bijlsma, J. W. (1998). Psychosocial predictors of functional change in diagnosed rheumatoid arthritis patients. *Behavior Research & Therapy*, 179-193.

Fallowfield. (2009, May). What is Quality of Life? *Health Economics*.

Faruqee, Ali, & Choudhry. (1995). Pakistan's Public Agriculture Enterprises: Inefficiencies, Market Distortions, and Proposals for Reform. *Washington, D.C. : The World Bank*.

Felce, & Perry. (1995). Quality of Life: Its Definition and Measurement. *Elsevier Science Ltd., 16*(1), 51 - 74.

Ferrer-i-Carbonell, A., Frijters, P., & Praag, B. V. (2003). The Anatomy of Subjective Well-Being. *Journal of Economic Behavior & Organization, 51*(1), 29-49.

Foroughi, E., Misajon, R., & Cummins, R. (2001). The Relationships Between Migration, Social Support, and Social Integration on Quality of Life. *Behavior Change, 18*(3), 156-167. doi:https://doi.org/10.1375/bech.18.3.156

Foroughi, Misajon, & Cummins. (2001, September 1). The Relationships Between Migration, Social Support, and Social Integration on Quality of Life. *18*(3), 156-167. doi:https://doi.org/10.1375/bech.18.3.156

French, Rogers, & Cobb. (1974). *Adjustment as person-environment fit.* New York.

Gill, B., Anstey, R., & David, V. M. (2006). Retirement and mental health: Analysis of the Australian national survey of mental health and well-being. *62*(5), 1179 - 1191. doi: https://doi.org/10.1016/j.socscimed.2005.07.013

Haavio-Mannila. (1971). Satisfaction with family, work, leisure and life among men and women. *Human Relations, 24*, 585-601.

Hayslip Jr, B., & Caraway, M. L. (1989). Cognitive Therapy with Aged Persons: Implications of Research Design for Its Implementation and Evaluation. *Journal of Cognitive Psychotherapy, 3*(4), 255.

Hayslip, B. (1989). Alternative mechanisms for improvements in fluid ability performance among older adults. *Psychology and Aging, 4*(1), 122.

Hillerås, P. K., Jorm, A. F., Herlitz, A., & Winblad, B. (2001). Life satisfaction among the very old: A survey on a cognitively intact sample aged 90 years or above. *The International Journal of Aging and Human Development, 52*(1), 71-90.

Holt-Lunstad, Smith, & Layton. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS medicine, 7*(7).

Hopper, Dicky, Ware, Fisher, & Tugenberg. (2008, January). A Theory of Social Integration as Quality of Life. *PSYCHIATRIC SERVICES, 59*(1).

House, J. S., Landisand, K. R., & Umberson, D. (1988). Social Relationships and Health. *SCIENCE, 241*, 540-545.

Hurtado, & Topa. (2019). Quality of Life and Health: Influence of Preparation for Retirement Behaviors through the Serial Mediation of Losses and Gains. *16*, 1539. doi:10.3390/ijerph16091539

Hussain. (2019). Impact of Retirement on the Life of the Elderly People in Peshawar, Pakistan.

Idler, E. L., & Benyamini, Y. (1997). Self-rated health and mortality: a review of twenty-seven community studies. *Journal of health and social behavior*, 21-37.

Isaksson, K., & Johansson, G. (2010). Adaptation to continued work and early retirement following downsizing: Long-term effects and gender differences. *Occupational and Organizational Psychology, 73*(2), 241-256.

Karen, S., & R, L. G. (1986). Gender differences in retirement satisfaction and its antecedents. *8*(3), 426-440.

Kemal, & Mahmood. (1993). *Labour Absorption in the Informal Sector and Economic Growth in Pakistan.* Islamabad: Friedrich-Ebert-Stiftung.

Ketkaew, C., Sukitprapanon, C., & Naruetharadhol, P. (2020). Association between retirement behavior and financial goals: A comparison between urban and rural citizens in China. *Cogent Business & Management, 7*.

Kim, & Feldman. (2000). Working in Retirement: The Antecedents of Bridge Employment and Its Consequences for Quality of Life in Retirement. *Academy of Management Journal, 43*(6). doi:https://doi.org/10.5465/1556345

Kim, J. E., & Moen, P. (2001). Is retirement good or bad for subjective well-being? . *Current Directions in Psychological Science*, 83-86.

Kim, S., & Feldman, D. C. (2000). Working in Retirement: The Antecedents of Bridge Employment and Its Consequences for Quality of Life in Retirement. *43*(6), 1195-1210.

King, L. A., & Napa, C. K. (1998). What makes a life good? *Journal of personality and social psychology*, *75*(1), 156.

Laidlaw, K., Thompson, L. W., Dick-Siskin, L., & Gallagher-Thompson, D. (2008). Cognitive behaviour therapy with older people. *Handbook of the clinical psychology ofa geing*.

Lamm, A., & Lamm, K. (2019). Using Non-Probability Sampling Methods in Agricultural and Extension Education Research. *Journal of International Agricultural and Extension Education, 26*(1). doi:10.5191/jiaee.2019.26105

Lee. (2001). The expected length of male retirement in the United States (1850–1990). *Journal of Population Economics, 14*, 641-650.

Leung, L., & Lee, P. S. (2005). Multiple determinants of life quality: The roles of Internet activities, use of new media, social support, and leisure activities. *Telematics and Informatics, 22*(3), 161-180.

Lieberman. (1982). The Effects of Social Supports on Responses to Stress. In L. Goldberger, & S. Breznitz, *Handbook of Stress: Theoretical and Clinical Aspects* (pp. 763-783). New York: The Free Press.

Livingston. (2018). *Test Reliability - Basic Concept.* Princeton, NJ: Educational Testing Services.

Lloyd, K. M., & Auld, C. J. (2002). The role of leisure in determining quality of life: Issues of content and measurement. *Social Indicators Research, 57*(1), 43-71.

Markides, K. S. (1979). Predicting Self-Related Health among the Aged. *Research on Aging, 1*(1), 97-112.

Mayring, P. (2000). Retirement as crisis or beginning of a happier life? Results of a qualitative–quantitative longitudinal study. *Zeitschrift fu¨r Gerontologie und Geriatrie*, 124-133.

McGoldrick, A. E., & Cooper, C. L. (1994). Health and Ageing as Factors in the Retirement Experience. *European Work and Organizational Psychologist, 4*(1).

Melin, Fugl-Meyer, K., & Fugl-Meyer, A. (2003). Life satisfaction in 18-to 64-year-old Swedes: in relation to education, employment situation, health and physical activity. *Journal of rehabilitation medicine, 35*(2), 84-90.

Meng, Q., Xie, Z., & Zhang, T. (2014). A single-item self-rated health measure correlates with objective health status in the elderly: a survey in suburban Beijing. *Frointers in Public Health*. doi:https://doi.org/10.3389/fpubh.2014.00027

Misajon, & Cummins. (1999). Subjective quality of life among Filipino-Australians. *Social Research and Social Change, 6*, 31-52.

Mosca, I., & Barrett, A. (2016). The impact of voluntary and involuntary retirement on mental health: evidence from older Irish adults.

Nakosteen, & Zimmer. (1997). Men, money, and marriage: Are high earners more prone than low earners to marry? . *Social Science Quarterly*, 66-82.

Naqvi, B., Rizvi, S. K., & Shahzad, A. (2020). Selection of Retirement Saving Plan for a Private-sector Employee in Pakistan. *Asian Journal of Management Cases*.

Nawi, Hakimi, Byass, Wilopo, & Wall. (2010). Health and quality of life among older rural people in Purworejo District, Indonesia. *Global Health Action, 3*(1), 2125. doi:https://doi.org/10.3402/gha.v3i0.2125

Nunes, A. P., Barreto, S. M., & Giatti, L. (2012). Social relations and self- rated health: The ageing and health project. *Revista Brasileira de Epidemiologia, 15*(2), 415-428.

Obimba. (2005). Anxiety over the uncertainties of life in retirement: Implication for counseling. *The Counselor, 16*, 184-193.

Okorodudu, & Irikefe. (2002). Counseling for retirement in an unstable Nigeria economy. *The Counsler, 16*, 88-96.

Osborne. (2012). Psychological Effects of the Transition to Retirement. *Canadian Journal of Counselling and Psychotherapy, 46*(1), 45-58.

Paiva, Pegorari, & Santos. (2016). Fatores associados à qualidade de vida de idosos comunitários da macrorregião do Triângulo do Sul, Minas Gerais, Brasil. *Ciência & Saúde Coletiva, 21*(11), 3347 - 3356. doi:https://doi.org/10.1590/1413- 812320152111.14822015

Palmore, E., Fillenbaum, G., & George, L. (1984). Consequences of retirement. *Journal of Gerontology, 39*, 109-116.

Pavot, W., & Diener, E. (2008). The Satisfaction With Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*(2).

Petito. (1995). *A comparative study of the effects of stress and social integration on the life quality of Italian immigrants and Australians.* Thesis, Deakin University, Melbourne, School of Psychology.

Phinney. (1995). Ethnic identity and self-esteem: A review of integration. *Hispanic Journal of Behavioural Sciences, 13*, 193-208.

Praag, Frijtersvan, & Ferrer-i-Carbonell. (2003). The anatomy of subjective well-being. *Journal of Economic Behavior & Organization*, 29-49.

Reis, M., & Pushkar-Gold, D. P. (1993). Retirement, personality, and life satisfaction: A review and two models. *Journal of Applied Gerontology*, 124-131.

Reitzes, D. C., & Mutran, E. J. (2002). Self-concept as the organization of roles: Importance, centrality, and balance. *Sociological Quarterly*, 647-667.

Reitzes, D. C., & Mutran, E. J. (2004). The Transition to Retirement: Stages and Factors That Influence Retirement Adjustment. *59*(1), 63-84.

Reitzes, D. C., Mutran, E. J., & Fernandez, M. E. (1996). Does retirement hurt well-being? Factors influencing self-esteem and depression among retirees and workers. *36*(5), 649-656.

Reitzes, Mutran, & Fernandez. (1996). Does retirement hurt well-being? Factors influencing self-esteem and depression among retirees and workers. *The Gerontologist, 36*(5), 649-656.

Rentsch, J. R., & Steel, R. P. (1992, June). Construct and Concurrent Validation of the Andrews and Withey Job Satisfaction Questionnaire. *Psychological Measurement, 52*(2), 357-367.

Richardson, V., & Kilty, K. (1991). Adjustment to Retirement: Continuity vs. Discontinuity. *The International Journal of Aging and Human Development, 33*(2), 151-169.

Russell, D. W., & Cutrona, C. E. (1991). Social support, stress, and depressive symptoms among the elderly: Test of a process model. *Psychology and Aging*, 190-201.

Seccombe, & Lee. (1986). Gender differences in retirement satisfaction and its antecedents. *Research on Aging, 8*(3), 426-440.

Seeman. (1996, September). Social Ties and Health: The Benefits of Social Integration. *Elsevier Science Inc.*, *6*(5), 442 - 451.

Smith, L. W., Patterson, T. L., & Grant, I. (1992). *Work, retirement, and activity: Coping challenges for the elderly* (In V. B. Van Hasselt & M. B. Hersen ed.). New York: Plenum Press.

Syme, & Berkman. (1979). Social Networks, Host Resistance and Mortality: A Nine-year Follow-up Study of Alameda County Residents. *American Journal of Epidemiology, 109*(2), 186-204.

Talat. (2005). Old and Old Old Population Distribution in Punjab Province. *Pakistan Geographical Review, 60*(1), 12-18.

Tara, D., & Mahapatra, M. (2019). Quality of Life of Retired and Employed Post-Retirement Professionals. *Indian Journal of Public Health Research and Development, 10*(9).

Tella, D., MacCulloch, & Oswald. (2001). Preferences over inflation and unemployment: Evidence from surveys of happiness. *American Economic Review, 91*, 335-341.

Thoits, P. A. (1982). Conceptual, Methodological and Theoretical Problems in Studying Social Support as a Buffer Against Life Stress. *Journal of Health and Social Behavior, 23*, 145-159.

Tourani, Behzadifar, M., Martini, Aryankhesal, Mirghaed, Salemi, . . . Bragazzi. (2018). Health-related quality of life among healthy elderly Iranians: a systematic review and meta-

analysis of the literature. *Health and Quality of Life Outcomes, 16*(1). doi:https://doi.org/10.1186/s12955-018-0845-7

Umberson. (1987, September). Family Status and Health Behaviors: Social Control as a Dimension of Social Integration. *Journal of Health and Social Behavior, 28*(3), 306 - 319.

Verkuyten. (1986). The impact of ethnic and sex differences on happiness among adolescents in Netherlands. *International Journal of Adolescence and Youth, 5*, 19-34.

Virginia, R., & Keith, M. K. (1991). Adjustment to Retirement: Continuity vs. Discontinuity. *33*(2), 151-169.

Walen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships, 17*, 5-30.

Ward, M. M., & Leigh, J. P. (1993). Marital status and the progression of functional disability in patients with rheumatoid arthritis. *Arthritis & Rheumatism, 36*, 581-588.

Ware, Hopper, Tugenberg, Dicky, & Fisher. (2008, January). A Theory of Social Integration as Quality of Life. *PSYCHIATRIC SERVICES, 59*(1).

Warr, P., Butcher, V., Robertson, I. T., & Callinan, M. (2004). Older people's well-being as a function of employment, retirement, environmental characteristics and role preference. *British Journal of Psychology, 95*(3), 297-324.

Williamson, R. C., Rinehart, A. D., & Blank, T. O. (1992). *Early Retirement: Promises and pitfalls.* New York: Plenum Press.

Woloshin, S., Schwartz, L. M., Tosteson, A. N., Chang, C. H., Wright, B., & Plohman, J. (1997). Perceived adequacy of tangible social support and health outcomes in patients with coronary artery disease. *Journal of General Internal Medicine*, 613-618.

Wortman. (1984). "Social Support and the Cancer Patient. *Cancer, 53*(10), 2239-2260.

Wu, A. S., Tang, C. S., & Yan, E. C. (2005). Post-retirement voluntary work and psychological functioning among older Chinese in Hong Kong. *Journal of Cross-Cultural Gerontology*, 27-45.

Zack, Moriarty, Stroup, Ford, & Mokdad. (2004). Worsening Trends in Adult Health-Related Quality of Life and Self-Rated Health - United States, 1993–2001. *Public Health Reports, 119*.

Zapf, W., & Glatzer, W. (1987). German social report: living conditions and subjective well-being. *Social Indicators Research*.

7. ANNEXURE

RESEARCH STUDY – QUESTIONNAIRE

We are conducting this research exploring some basic behavioral and physical changes among the retired individuals. We ensure the confidentiality of the information provided by you for this research. Your decision to participate in this study is completely voluntary and you may withdraw from participation at any time without penalty. Your cooperation will be highly appreciated. Thank you.

Section 1 of 5: Demographic Information

1. Age

- Less than 60 years
- 60-65 years
- 66-70 years
- 71-75 years
- More than 75 years

2. Years of Retirement

- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

3. Education

- Primary
- Secondary
- Intermediate
- Graduate
- Post-Graduate

4. You are retired from BPS/ Grade or equivalent _____

5. Designation (BPS 1 – 22) _____

Section 2 of 5: Social Integration

Please rate how strongly you agree or disagree with each of the following statements by checking appropriate responses.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I plan social arrangements such as get-togethers with family and friends.					
Only I look after personal finances, such as banking or paying bills of the house on behalf of my whole family.					
I visit my friends or relatives on monthly basis.					
I usually participate in leisure activities such as movies, sports, restaurants, etc.					
I prefer participating in leisure activities alone.					
Travelling outside home is a part of my daily routine.					
I encourage myself to participate in shopping with my family (groceries included).					
I like to engage in volunteer activities for society benefits.					
I often write to people for social contact using the Internet (e.g., email, social networking sites such as Facebook).					
I initiate making social contact with people by talking or text messaging using phone.					

Section 3 of 5: Self-Related Health

Please rate how strongly you agree or disagree with each of the following statements by checking appropriate responses.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I take part in physical exercise regularly.					
I smoke once or twice a week.					
I have health insurance.					
I do get physically examined properly from a doctor (with the interval of 24 months).					
There is a slight degree of self-perceived anxiety or depression I might be facing.					
I like taking interest in self-care – washing & dressing up.					
I have the ability of taking usual activities (working/ reading or doing housework).					

Section 4 of 5: Satisfaction

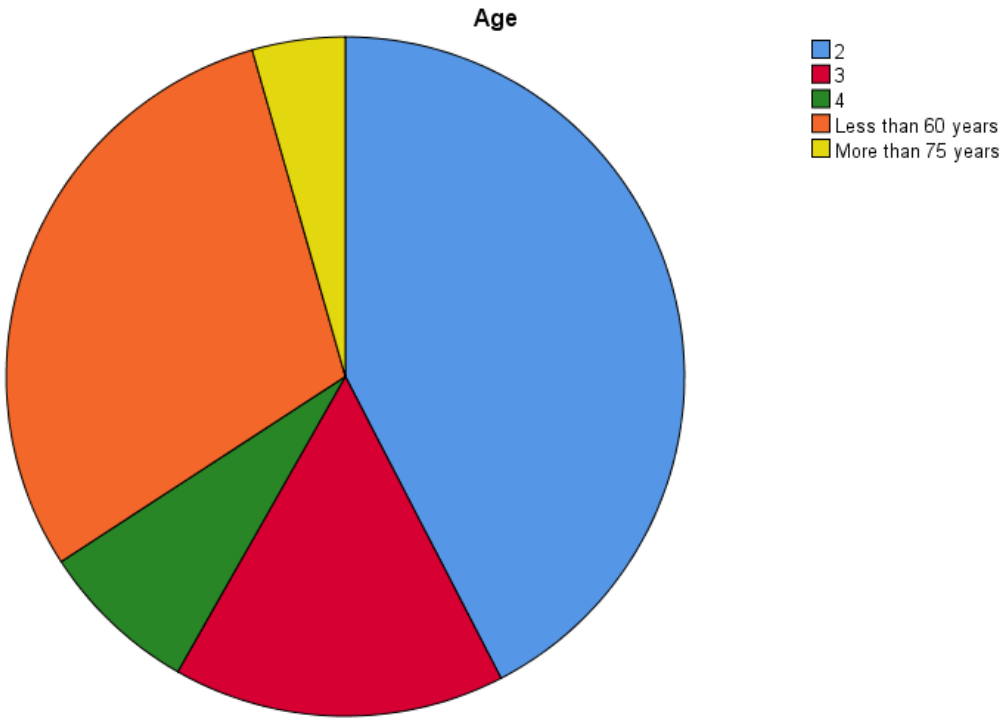
Please rate how strongly you agree or disagree with each of the following statements by checking appropriate responses.

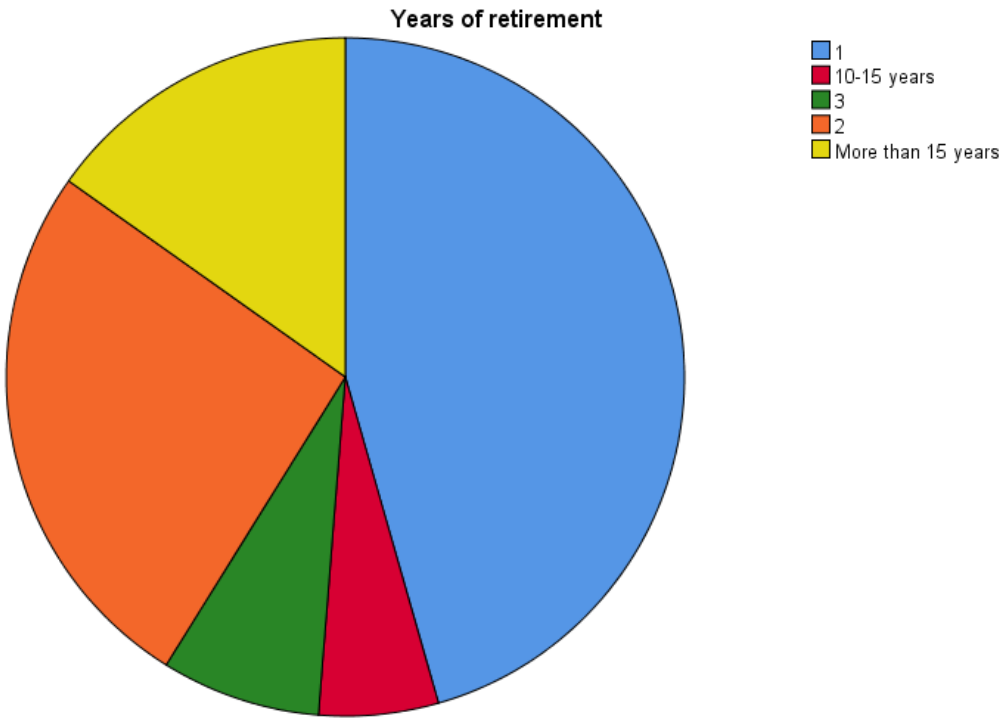
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In most ways my life is close to my ideal life.					
The conditions of my life are excellent.					
I am satisfied with my life.					
So far I have gotten the important things I want in life.					
If I could live my life over, I would change almost nothing.					

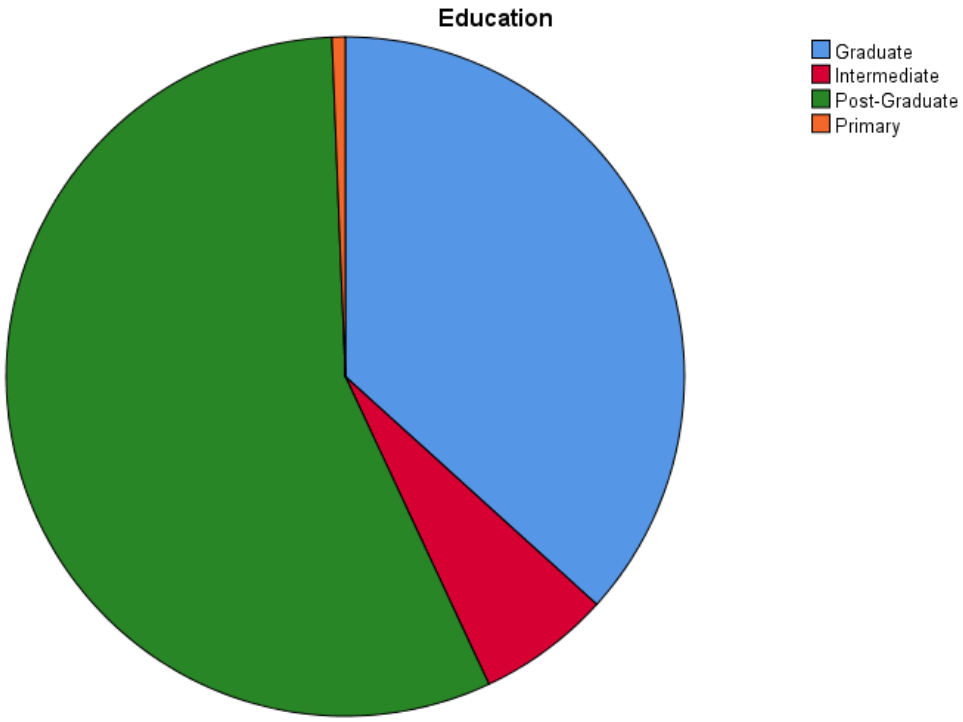
Section 5 of 5: Quality of Life

Please rate how strongly you agree or disagree with each of the following statements by checking appropriate responses.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with material comforts – home, food, conveniences, financial security.					
I am pleased with my health – being physically fit and vigorous.					
I enjoy spending time with my close relationships – spouse, children, friends.					
I have good relationship with my parents, siblings & other relatives – communicating, visiting, helping.					
I usually help and encourage others in doing things by giving advice.					
I feel delighted expressing myself creatively (an extrovert personality).					
I enjoy socializing – meeting other people, doing things, parties, etc.					
I am fond of independence – doing things myself or for myself.					
I feel satisfied understanding myself more, knowing my assets and limitations – knowing what life is about basically.					


Age
2
3
4
Less than 60 years
More than 75 years


Years of retirement
1
10-15 years
3
2
More than 15 years


Education
Graduate
Intermediate
Post-Graduate
Primary