



Retirees' perceptions of quality of life

Özlem Çakır^{a*}, Umut Denizli^b

^aPhD, Dokuz Eylül University, Faculty of Economics and Administrative Sciences, İzmir, 35160, Turkey

^bRes. Assist., Dokuz Eylül University, Faculty of Economics and Administrative Sciences, İzmir, 35160, Turkey

Abstract

Retirement which actually ends working life to lead to a new position in family and society also means a period to meet some other vital needs apart from work. Retirees' perception of quality of life expresses the attitude of all retirees towards an aimed way of life referring to happiness or unhappiness within a certain time period. In this study, it is intended to determine the relationship between retirees' perceptions of quality of life and their retirement and reemployment status in terms of activities, hobbies and recreational choices in Turkey.

The project was supported by TÜBİTAK (The Scientific and Technological Research Council of Turkey) and collected data were analysed. The raw data derived from the TÜBİTAK project titled "The Formation of Strategic Plan By The Determination of The Priority Factors In The Improvement of Quality of Life of Retirees in Turkey". The population consist of retirees in our country. Within the context of the study, 2974 people in 54 provinces were interviewed. Data were acquired with the Turkish Version of the World Health Organization Quality of Life Instrument-Bref Module (WHOQOL-Bref) and the Turkish Version of the World Health Organization Quality of Life Instrument-Older Adults Module (WHOQOL-Old) and a supporting question form.

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1. Introduction

Retirement which actually ends working life to lead to a new position in family and society also means a period to meet some other vital needs apart from work (Atchley 1988; Feldman, 1994).

Retirement is ending of working life and comprises withdrawal behavior from active life (Beehr, 1989). According to Weiss (2005) individual is retiree, if he feels retiree himself.

Rosow (1985) defines retirement as role that has ambiguous social functions.

Retirees' perception of quality of life expresses the attitude of all retirees towards an aimed way of life referring to happiness or unhappiness within a certain time period.

In this study, it is intended to determine the relationship between retirees' perceptions of quality of life and their retirement and reemployment status in terms of activities, hobbies and recreational choices in Turkey. The project was supported by TÜBİTAK (The Scientific and Technological Research Council of Turkey) and collected data were analysed. The raw data derived from the TUBITAK project titled "The Formation of Strategic Plan By The Determination of The Priority Factors In The Improvement of Quality of Life of Retirees in Turkey".

* E-mail address: ozlem.cakir@deu.edu.tr

WHO (World Health Organization) defines Quality of Life as “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.”

2. Methodology

2.1. Sample

According to data from the 2012 Survey of Turkish Statistical Institute, the main mass number of retirees about 10 million people in our country. The population consist of all retirees in our country. Within the context of the study, 2974 people in 54 provinces were interviewed.

2.2. Data collection tools

Data were acquired with the Turkish Version of the World Health Organization Quality of Life Instrument-Bref Module (WHOQOL-Bref) TR (27 Items, $\alpha = .92$) and the Turkish Version of the World Health Organization Quality of Life Instrument-Older Adults Module (WHOQOL-Old) TR (24 Items, $\alpha = .78$) and a supporting question form.

3. Findings

3.1. Descriptive analysis of demographic variables

Table 1. Gender distribution

	Frequency	%
Female	752	25,3
Male	2193	73,7
Unanswered	29	1,0
Total	2974	100,0

Survey participants composed by % 73,7 men, % 25,3 women.

Table 2. Marital status distribution

	Frequency	%
Married	2249	75,6
Single	67	2,3
Widow	410	13,8
Divorced	92	3,1
Unanswered	156	5,2
Total	2974	100,0

Survey participants composed by % 75,6 married, % 2,3 single, % 13,8 widow, % 3,1 divorced and % 5,2 unanswered.

Table 3. Educational level distribution

	Frequency	%
Illiterate	194	6,5
Literate	148	5,0
Elementary School	937	31,5
Secondary School	423	14,2
High School	625	21,0
College	556	18,7
Post Graduate	26	,9

Unanswered	65	2,2
Total	2974	100,0

The question “What is your level of education?” answered by the participants: % 6,5 illiterate, % 5,0’1 literate (without degree), % 31,5 elementary school, % 14,2 secondary school, % 21,0 high school, % 18,7 college, % 0,9 post graduate and % 2,2 unanswered.

3.2. Distribution levels of quality life’s sub dimensions

Table 4. Retiree’s satisfaction degree of quality of life

	Frequency	%
Very bad	238	8,0
Bad	380	12,8
Neither Good Nor Bad	1310	44,0
Good	482	16,2
Very good	81	2,7
Unanswered	483	16,3
Total	2974	100,0

The question “What is your opinion of quality of life?” answered by the participants: % 8 very bad, % 12,8 bad, % 44 neither good nor bad, % 16,2 good, % 2,7 very good and % 16,3 unanswered.

Table 5. Distribution level of retiree’s finding life meaningful

	Frequency	%
Very bad	63	2,1
Bad	226	7,6
Neither Good Nor Bad	1008	33,9
Good	1118	37,6
Very good	249	8,4
Unanswered	310	10,4
Total	2974	100,0

The question “To what extent do you find your life meaningful?” answered by the participants: %2,1 very bad, % 7,6 bad, %33,9 neither good nor bad, % 37,6 good, % 8,4 very good and % 10,4 unanswered.

Table 6. Distribution level of retiree’s satisfaction from relationships with others

	Frequency	%
Very bad	45	1,5
Bad	153	5,1
Neither Good Nor Bad	963	32,4
Good	1236	41,6
Very good	229	7,7
Unanswered	348	11,7
Total	2974	100,0

The question “To what level are you satisfied with your relationships in the society?” answered by the participants: % 1,5 very bad, % 5,1 bad, % 32,4 neither good nor bad, % 41,6 good, % 7, very good and % 11,7 unanswered.

Table 7. Distribution level of retiree’s satisfaction from their sexual life.

	Frequency	%
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Very bad	365	12,3
Bad	347	11,7
Neither Good Nor Bad	878	29,5
Good	472	15,9
Very good	93	3,1
Unanswered	819	27,5
Total	2974	100,0

The question “To what level are you satisfied with your sexual life?” answered by the participants: % 12,3 very bad, % 11,7 bad, % 29,5 neither good nor bad, % % 15,9 good, % 3,1 very good and % 27,5 unanswered.

3.3. Hypothesis testing of the effect to quality life dimensions of have received psychological support in postretirement

The effect, taking psychological support on quality of life dimensions was tested.

Hypothesis is as follows.

H₀ : Getting psychological support after retirement has no effect on quality of life dimensions.

Receiving psychological support after retirement, individuals' sensory functions, death anxiety, general quality of life, mental, physical space, social space, socio- psychological pressure and overall quality of life of the elderly has an effect on these dimensions and is statistically significant.

In addition, receiving psychological support after retirement to individuals' the autonomy, social participation, the ability to establish a special relationship and to the surrounding area dimensions has not effect on these dimensions statistically significant.

3.4. T testing results of have received psychological support to effect quality of life dimensions in postretirement

Table 8. T testing results of have received psychological support to effect quality of life dimensions in postretirement

Variable	Averages	T test	Df	P	Null Hypothesis (H ₀)
W-old_sense	1 = 2,6684 2= 2,3833	-3,735	108,616	0,000	Reject
W-old_autonomy	1 = 3,2187 2= 3,3473	-1,923	2551	0,055	Accept
W-old_social participation	1 = 2,9337 2= 2,9623	-0,396	2389	0,692	Accept
W-old_fatality	1 = 3,0935 2= 2,4999	4,373	112,970	0,000	Reject
W-old_affiliation	1 = 3,5556 2= 3,6271	-0,853	113,691	0,396	Accept
W-old_overall	1 = 3,1260 2= 3,2499	-2,896	2055	0,040	Reject
W-bref_psychological	1 = 3,3782 2= 3,5536	-2,625	2382	0,009	Reject
W-bref_physical	1 = 3,1301 2= 3,4397	-4,542	2384	0,000	Reject
W-bref_social	1 = 2,8484 2= 3,0151	-2,305	2263	0,021	Reject
W-bref_environmental	1 = 3,2362 2=3,3819	-1,605	108,278	0,111	Accept
W-bref_socio-psychological pressure	1 =3,1296 2= 3,5488	-5,115	2512	0,000	Reject
W-bref_overall	1 = 3,0849 2=3,3670	-4,140	87,4440	0,000	Reject

3.5. Dimensions of Marital status - Quality of Life

The effect, marital status on quality of life dimensions was tested. Hypothesis is as follows.

H₀ : Marital status has no effect on quality of life dimensions.

Table 9. Analysis of variance: marital status – quality of life dimensions

Variable	sd	F	p	H ₀
Sensorial Aspect	3	18,944	,000	Reject
Autonomy	3	12,172	,000	Reject
Social Aspect	3	5,340	,001	Reject
Death Anxiety	3	21,974		
Ability to Build Personal and Private Relationship	3	8,656	,000	Reject
Overall Quality of Life in Elderly	3	27,657	,000	Reject
Psychological Aspect	3	26,650	,000	Reject
Physical Aspect	3	52,924	,000	Reject
Social Aspect	3	14,801	,000	Reject
Environmental Aspect	3	10,855	,000	Reject
Socio-psychological pressure	3	19,852	,000	Reject
Overall Quality of Life	3	39,247	,000	Reject

Marital status has an effect on all dimensions of quality of life in elderly and quality of life; and is statistically significant.

3.6. Dimensions of Going to the Cinema-Theatre-Concert- Visiting Museums etc - Quality of Life

The effect, going to the cinema-theatre-concert- visiting museums etc. on quality of life dimensions was tested. Hypothesis is as follows.

H₀ : Going to the cinema-theatre-concert- visiting museums etc. has no effect on quality of life dimensions.

Table 10. Analysis of variance: dimensions of the effect of going to the cinema-theatre-concert- visiting museums etc. frequency on quality of life

Variable	sd	F	p	H ₀
Sensorial Aspect	4	8,184	,000	Reject
Autonomy	4	17,955	,000	Reject
Social Aspect	4	35,600	,000	Reject
Death Anxiety	4	,887	,471	Accept
Ability to Build Personal and Private Relationship	4	12,776	,000	Reject
Overall Quality of Life in Elderly	4	21,323	,000	Reject
Psychological Aspect	4	32,151	,000	Reject
Physical Aspect	4	30,766	,000	Reject
Social Aspect	4	40,449	,000	Reject
Environmental Aspect	4	11,492	,000	Reject
Socio-psychological pressure	4	,924	,449	Accept
Overall Quality of Life	4	23,812	,000	Reject

Going to the cinema-theatre-concert- visiting museums etc. has an effect on all dimensions of quality of life in elderly and quality of life except death anxiety and social aspect; and is statistically significant.

3.7. Dimensions of Doing Gardening - Quality of Life

The effect, doing gardening on quality of life dimensions was tested. Hypothesis is as follows.
 H_0 : Doing gardening has no effect on quality of life dimensions.

Table 11. Analysis of variance: dimensions of the effect of doing gardening frequency on quality of life

Variable	sd	F	p	H_0
Sensorial Aspect	4	1,061	,374	Accept
Autonomy	4	10,437	,000	Reject
Social Aspect	4	18,742	,044	Reject
Death Anxiety	4	,475	,079	Accept
Ability to Build Personal and Private Relationship	4	1,434	,000	Accept
Overall Quality of Life in Elderly	4	2,573	,036	Reject
Psychological Aspect	4	5,584	,000	Reject
Physical Aspect	4	6,018	,000	Reject
Social Aspect	4	16,923	,000	Reject
Environmental Aspect	4	1,675	,153	Accept
Socio-psychological pressure	4	5,348	,000	Reject
Overall Quality of Life	4	3,238	,012	Reject

Going to the cinema-theatre-concert- visiting museums etc. has an effect on all dimensions of quality of life in elderly and quality of life except sensorial aspect, death anxiety, ability to build personal and private relationship and environmental aspect; and is statistically significant.

3.8. Dimensions of Praying - Quality of Life

The effect, praying on quality of life dimensions was tested. Hypothesis is as follows.
 H_0 : Praying has no effect on quality of life dimensions.

Table 12. Analysis of variance: dimensions of the effect of praying frequency on quality of life

Variable	sd	F	p	H_0
Sensorial Aspect	4	1,495	,201	Accept
Autonomy	4	11,715	,000	Reject
Social Aspect	4	2,455	,044	Reject
Death Anxiety	4	2,092	,079	Accept
Ability to Build Personal and Private Relationship	4	7,151	,000	Reject
Overall Quality of Life in Elderly	4	1,946	,100	Accept
Psychological Aspect	4	4,621	,001	Reject
Physical Aspect	4	4,604	,001	Reject
Social Aspect	4	2,512	,040	Reject
Environmental Aspect	4	6,697	,000	Reject
Socio-psychological pressure	4	4,747	,001	Reject
Overall Quality of Life	4	4,736	,001	Reject

Praying has an effect on all dimensions of quality of life in elderly and quality of life except death anxiety, sensorial aspect and overall quality of life in elderly; and is statistically significant.

4. Conclusion and Discussion

In this study, the relationship between quality of life and retirees' going back to work life or their attitudes towards work was determined. It was seen that quality of life in general and quality of life of elderly with all their sub-dimensions have a positive and significant relationship with the aspect of work.

The findings related to working status and quality of life showed that having provided retirees with a quality of life, increase in their income, an active and dynamic life, flexible working conditions and a chance to share their present knowledge and experiences, working has both increased dimensions of quality of life in general and quality of life of elderly.

The sample group's consisting of 73.7 % of male subjects and 25.5% of female subjects was the restriction of the study.

Increasing the quality level of life with the physical and psychological well-being of retiree's and elderly in general will be possible in realizing daily activities with the help of surrounding support from the state.

Some of this surrounding support is the individual's state of health checks and factors like public service which creates a medium to ease joining social activities. Some also includes the care and support of the individual's family and relatives.

The role of worker seems to have a similar meaning for both men and women, their distinctive work-related experiences lead to different perceptions of gains associated with the transition to retirement. As has been well documented employed women's housework responsibilities constrain their social activity, and enhance conflict between their family roles and their role as workers.

Research of European Health, Aging and Retirement's results in furtherance to our results (Alavinia ve Burdorf, 2008: 41). Also according to the results of research that realized in USA in 1992, bridge jobs improve retirees' health and quality of life levels (Zhan vd., 2008: 380).

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