The Effects of Retirement's Self-perceived Health status and Interaction with Close People on the Quality of Life

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Abstract

Background/Objectives*: This study is designed to investigate the conscious mental health and social exchanges affecting the quality of life by selecting retirees over the last three years.*

Methods/Statistical analysis*: This study used the 6th year data collected in 2016 among the Korean Longitudinal Study of Aging (KLoSA) data. The collected data were analyzed using the SPSS statistics program. The data analysis procedure was first, T-Test and ANOVA analyses were conducted. Second, multiple regression analysis was conducted to examine the effects of Self-perceived health status and interaction with close people on overall quality of life.*

Findings*: First, The overall quality of life was founded significantly higher on the case of higher the final education of female than male, case of married to a spouse compared to no spouse case, and the case of higher the household income. Subjective health satisfaction Model 2's regression equation that looking at the effects of subjective health satisfaction and the degree of interaction with close people on the quality of life was also found to be significant, and it has an explanation ability of 28.3%. Among the socio-demographic variables, the overall quality of life was founded significantly on the case of higher the final education of female than male and case of married to a spouse case compared to no spouse case. Subjective health satisfaction the higher the subjective health satisfaction, and the higher the degree of interaction with close people were founded as the higher the overall quality of life.*

Improvements/Applications*: We will have to approach with caution in future programs and institutions for retirees so that they can maintain social networks before retirement and gradually practice social adaptation.*

Keywords*: Retirement, Self-perceived Health, Quality of Life, Interaction with close people, Korean Longitudinal Study of Ageing (KLoSA)*

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1. INTRODUCTION

Retirement means a complete departure from the labor market, and the average retirement age in OECD countries standing at 65, while the actual retirement age in Korea is rather lower at 55[1]. Korea entered an aged society based on the resident registration population in 2017, 17 years after it entered an aging society in

2000[2].

Although the focus is on extending the retirement age and securing the labor force of the elderly workers who will replace the production population in the process of aging the population, but the current state is the number of healthy middle-aged people who experience rapid retirement such as early retirement is also increasing due to worsening economic conditions.

Retirement is one of the most representative events in the latter half of life after quitting economic activities [3]. In other words, an individual who used to work at a job quit to play a new role as he entered his old age. The meaning of work in modern society brings in the income needed for an individual's survival and gives a daily life to an individual. It also creates identity for individuals. It also gives you the experience of discovering yourself and developing your own aptitude through work. It also helps build relationships with other people. As such, individuals express their thoughts through their own work and expand their life experience by embracing new ideas. From these things, when an individual experiences retirement, it brings about a lot of changes   in   life   [4]. There are two contrasting views about retirement. First, we view retirement as a crisis event, which means the loss of one's professional role, identity, which is one of the main contexts of providing an individual with meaning and purpose in life [5].

That is, when people experience retirement, they experience psychological stress due to the loss of their professional role, identity [6], and retirement also leads to a reduction or loss of the social network associated with their professional role [5].

On the other hand, life-process perspective sees retirement as a part of the life cycle, not as a sudden crisis but as a stage in the life process that can be predicted before [3]. Looking at the other theories involved, we believe that humans tend to maintain the behavior, thinking and lifestyle of individuals that they have traditionally done in a certain pattern and that retirement does not necessarily have negative effects such as stress or maladjustment [7].

As we have seen so far, prior studies on the effects of retirement on mental health have produced inconsistent results. In other words, a study found that the experience of retirement hurts the mental health of retirees[8-11]. Conversely, the results of improved mental health after retirement [5] [12] coexist.

In addition, there are reports of no mental health effects from retirement [13]. Mental health was considered by traditional medical professionals to mean "a state without mental illness" [14] but health can be seen as a state in which physical, mental and social well-being is maintained as a whole, not just a state without disease.

In other words, mental health refers to the overall feeling of the whole of life perceived by an individual and is used as a concept similar to the psychological well-being [15-16].

Meanwhile, because the ideology of family life prevails in Korea, retirement of men and women can have different consequences for mental health, and retirees themselves can perceive retirement differently depending on gender[3].

[17] Research shows that men experience more difficulties after retirement than women, especially in emotional difficulties such as lack of work and family conflict, loneliness and alienation. This differs in perception of retirement according to the social and cultural background of the sexes, which can be predicted

to affect individuals' acceptance of retirement or mental health levels.

Therefore, individuals who have retired are more likely to have lower mental health compared to those who have not retired.

There is a study[9] [18-19] has shown that retirement has a negative effect on the quality of life including physical and mental health of the elderly, but another study [20] has shown that in case of voluntary retirement of the elderly can be helpful for health promotion because it can have psychological and temporal leisure time, and through this, it can maintain a better health condition by actively participating in leisure activities and social activities.

Therefore it can be seen that the degree of retirement preparation according to the retirement period and health status, and social activities after retirement affect the retirement's quality of life. So, this study is to investigate from selecting the recent three-year retirements and by select the self-perceived health and social exchange degree derived from previous studies as a variable for factor that affects the quality of life. This study is meaningful in that it can contribute to the improvement of the retirement's quality of life by analyzing the factors affecting the satisfaction of the early retirement life by limiting the recent period to 3 years among the retirements.

2. METHOD AND PROCEDURE OF STUDY

2.1. *Analysis Data*

This study used the 6th year data collected in 2016 among the Korean Longitudinal Study of Aging (KLoSA) data, which has been implemented every two years since 2006. The Korean Longitudinal Study of Aging (KLoSA) targets middle-aged people aged 45 and older, and the total number of respondents in the sixth year was 7,490. In this study, data from 323 retired persons within the last three years were analyzed.

2.2. *Analysis Method and Procedure*

The collected data were analyzed using the SPSS statistics program. The data analysis procedure was first, to identify the general characteristics of each study subject, a technical statistical analysis was conducted. Second, T-Test and ANOVA analyses were conducted to look at the differences in the dependent variables according to the general characteristics. Third, multiple regression analysis was conducted to examine the effects of Self-perceived health status and interaction with close people on overall quality of life.

3. RESULTS AND DISCUSSION

3.1. *Characteristic by Variables*

The difference between the general characteristics of the study and the resulting quality of life is shown in Table 1.

Of the retirees, 175 were men (54.2 %), 148 were women (45.8 %), and the average score for women's quality of life was 62.16 points, higher than the 60.70 points for men. Those in their 50s (9.3 %), 127 in their 60s (39.3 %), and 166 in their 70s and over 70s (51.4%), while those in their 50s, 67.00 and 64.02 in their 60s scored

significantly higher than 58.33 in their 70s and over.

248 (76.8 %) said they were married, while 2 separated (0.6 %), 8 divorced (2.5 %), 64 passed away or missing (19.8%) and 1 not married (0.3%). A study of the quality of life divided into those with a spouse and those without a spouse found that 63.07 points were significantly higher than 55.73 points without a spouse.

There were 190 (58.8 %) who said they had no religion, 56 Protestants (17.3 %), 16 Catholics (5.0%), 59 Buddhists (18.3 %), and 2 others (0.6 %), and no difference in quality of life depending on whether they have religion or not.

Total household income was 107 people (33.1%), 133 people (41.2 %) from 10 million won to 30 million won, 50 people (15.5 %) from 30 million won to 50 million won to 50 million won (15.5 %), 23 people (7.1 %) from 50 million to 70 million won (70 million won) and 10 people over 70 million won (3.1 %).

 With 67.20 points between 30 million won and 50 million won, 69.13 points between 50 million won and 70 million won and 75.00 points above 70 million won, the score was significantly higher than 57.12 points below 10 million won and 60.23 points below 10 million to 30 million won, the report showed.

Table 1: Quality of life according to the general characteristics of the variables

Variable	Division	N	%	M (Quality of Life)	t/F (Duncan)
Gender	Male	175	54.2	60.74	.80
	Female	148	45.8	62.74	
Age	50s[a]	30	9.3	67.00	6.53** a,b>c
	60s[b]	127	39.3	64.02	
	70s over[c]	166	51.4	58.33	
Final Educational Level	Elementary school graduation[a]	134	41.5	57.25	8.77*** a<c<d
	Middle school graduation [b]	53	16.4	60.38	
	High school graduation[c]	99	30.7	63.74	
	University graduation[d]	37	11.5	71.35	
Marital Status	Marriage	248	76.8	63.07	3.46**
	Separation	2	0.6		
	Divorce	8	2.5	55.73	
	Bereavement or Disappearance	64	19.8		
	Never married	1	0.3		
Religion	No religion	190	58.8	61.27	.12
	Protestantism	56	17.3		
	Catholic	16	5.0	61.50	
	Buddhism	59	18.3		
	Other	2	0.6		
Household Income	10 million won or less[a]	107	33.1	57.12	7.09*** a,b<c,d,e
	10 million won ~ 30 million won[b]	133	41.2	60.23	

30 million won ~ 50 million won[c]	50	15.5	67.20	
50 million won ~ 70 million won[d]	23	7.1	69.13	
More than 70 million won[e]	10	3.1	75.00	

Self-perceived health of retirements, the degree of interaction with close people, and the characteristics of overall quality of life are the same as Table 2. Self-perceived health satisfaction is given from 1 to 5 points and the average value was 3.21. The degree of interaction with close people is, from zero points with no interaction at all to 10 points they meet almost every day, the average value was 3.52. The overall quality of life is given in the 10-point unit from zero to 100 and the average value was 61.4.

Table 2 : Basic Analysis by Variable

Variable	Min	Max	M	SD
Self-perceived health	1	5	3.21	.98
Degree of interaction with close people	1	10	3.52	2.55
The overall quality of life	10	100	61.39	16.35

3.2. Factors Affecting the Quality of Life of Wage Workers

The results of looking at factors affecting the quality of life of retirements are as Table 3. First, Model 1's regression equation that looking at the effects of the socio-demographic variables on the quality of life was found to be significant and it has an explanation ability of (F=8.12, p<.001), 13.4%. The overall quality of life was founded significantly higher on the case of higher the final education(β=.17, p<.01) of female than male(β=-.17, p<.01), case of married to a spouse compared to no spouse case(β=.17, p<.01), and the case of higher the household income(β=.14, p<.05). subjective health satisfaction Model 2's regression equation that looking at the effects of subjective health satisfaction and the degree of interaction with close people on the quality of life was also found to be significant, and it has an explanation ability of (F=15.50, p<.001), 28.3%. Among the socio-demographic variables, the overall quality of life was founded significantly on the case of higher the final education(β=.15, p<.05), of female than male(β=-.14, p<.05), and case of married to a spouse case compared to no spouse case(β=.11, p<.05). subjective health satisfaction the higher the subjective health satisfaction (β=.38, p<.001), and the higher the degree of interaction with close people (β=.16, p<.001), were founded as the higher the overall quality of life.

Table 3 : Factors affecting the quality of life for retirees

Variable	Model1		Model2	
	B	β	B	β
Gender(Female=0)	-5.51	-.17**	-4.41	-.14*
Age	-.01	-.00	.09	.05
Education Level	3.01	.20**	2.21	.15*
Marital status (No spouse =0)	6.63	.17**	4.39	.11*

Religion (No religion =0)	-.09	-.00	.67	.02
Total household Income	.00	.14*	.00	.08
subjective health satisfaction			6.32	.38***
degree of interaction with close people			1.04	.16**
Constant	51.18		22.33	
F	8.12***		15.50***	
R2	.134		.283	

$p<.05$ **$p<.01$ ***$p<.001$

4. CONCLUSION

Through the results of this study are meaningful in understanding the effects of self-perceived health and social activities of early retirements who have retired within the last three years in Korean society on the quality of life. I could see it was necessary to a social capital-level approach such as social activities by exploring specific factors that can contribute to improving the quality of life in early retirement

After all, post-retirement life adaptation depends on how much individuals interact by maintaining a network of different areas of work, which directly affects the well-being of both mental and physical aspects, rather than negative mental health aspects such as depression and suicide.

We will have to approach with caution in future programs and institutions for retirees so that they can maintain social networks with intimate people before retirement and practice different levels of social adaptation while gradually adapting to change.

Custom programs and projects that are easily accessible to the needs of the elderly, especially in the private and public welfare support systems, as well as community senior welfare centers.

 In addition, the social safety net for mental health of retirees should be closely established as community links through private informal networks will be activated around the village.

Mental health is now an important personal and social resource that needs to be managed at a personal and social level by life cycle, not just at a specific time or event. Instead of talking about mental health only when there are signs of problems such as depression or suicide, we should have a functional system that can protect mental health step by step from the time when there is a shift in the life cycle.

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