

A Study to Assess the Comprehensive Well-Being Among the Working Versus Retired Elderly Population in Selangor, Malaysia

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ABSTRACT

Introduction: Previous studies on the relationship between retirement and health have found mainly negative correlations. However, retirement may improve self-reported health if the population studied had general good health at retirement, good access to health care and are financially stable.

Objective: To assess the comprehensive psychological well-being of persons aged 60 years and over who are living in the community in Selangor, Malaysia and compare the well-being between the working and retired population in this age group.

Methods: This was a cross-sectional study conducted on 303 older persons in Selangor, Malaysia, using a modified version of the comprehensive psychological well-being scale developed by Ed Diener, et al.

Results: In our study, a larger number of the elderly were still working as compared to the retired (170 vs 132). Majority of working elderly were males (88, 51.8%, between 60-70 years old). However, work status was not associated with psychological well-being (p value 0.732). Being physically independent, men, those of Chinese ethnicity, those having no chronic illness and those living with one's spouse had better psychological well-being (p <0.05). Our study also confirms that those who are married and are physically independent had significantly higher feelings of well-being.

Conclusion: Our study, which has mainly been looking into the urban elderly, gives evidence that retirement has no effect on the well-being of the elderly, as compared to those who are still working.

Keywords: Psychological well-being, Comprehensive well-being Malaysia, Elderly, Well-being, Retirement

INTRODUCTION

Over the past half century, life expectancy has increased greatly. Many western studies talk of "retirement syndrome," in which a loss of status, loss of income, physical aging and emotional stress create major worries for the retired population. Those who had been in positions of power and responsibility are especially hit hard by this loss of stature in society; letting go (retiring) can have depressing effects. People begin to look on their lives as "time left" rather than "time since birth." People grow old by losing interest in living [1]. What about retirement versus working? To know whether retirement affects health and well-being is important not only when making individual decisions about whether to retire or not, but also when making government policies that influence retirement. When we talk of well-being, there are many factors to consider. People may suffer from the physical and psychological effects of aging. We need to base our assessment on the subjective feelings of both the positive and negative aspects of life, if we are to plan for relevant interventions. Previous studies on the

relationship between retirement and health have found mainly negative correlations, unfortunately. A study by Dave [2], showed that those who opted for complete retirement had a 5-14% increase in difficulties with mobility and daily activities, an increase of 4-6% in various illnesses, and a decline in mental health of 6-9% (relative to the mean of the sample studied). It was seen that these adverse effects in physical and mental health are lower if the person was married, if they remained physically active, or continued to

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work part-time after retirement. Another important study finding was that those who suffered involuntary retirement had a higher incidence of adverse health effects. Therefore, the authors of this paper concluded that *“retiring at a later age may lessen or postpone poor health outcomes for older adults, raise well-being, and reduce health care services utilization”*. [2]. However, another study in the USA by Gorry [5], which corrected the reasons for retirement, found that the effects of retirement on objective health measures largely disappear, and that retirement may improve self-reported health if the population studied had general good health at retirement, good access to health care, and were financially stable. Obviously, the health improvements that occur after retirement are likely to happen if there are no added expenses [3]. Moreover, another study that looked into general well-being revealed that while economic well-being can indeed increase overall well-being, the effect is relatively small. If an individual says that they voluntarily retired, they have a much higher level of well-being compared to one who did not voluntarily retire. In this study too, the second major factor was the health of the individual. Naturally, those with poor health also experienced significantly lower levels of well-being [4]. A Korean study by Moeini [5], reported that individuals who enjoyed better social support had a more positive view of life, a far higher level of life satisfaction, and better physical and mental functioning than those who lacked social support [5]. Another important factor in well-being, which applies equally to the retired, is involvement in the community. Volunteering within the community is associated with definite reduction in features of depression, results in better physical health, fewer functional or cognitive problems, and improves longevity. It also results in better emotional health [6]. Staying meaningfully active by working, either in a paid or voluntary capacity, is therefore demonstrably good for the health of the elderly, as it makes them get a sense of satisfaction that comes from contributing to their society and feeling required and wanted. Also, paid work can contribute to the older person’s economic stability [7]. The estimated population of Malaysia by the year 2025 projects that 13.3% will belong to the elderly age group, many of whom will remain in employment. Hence the aim of this study was to assess the comprehensive psychological well-being of persons 60 years and above and its associated factors and to compare the well-being between the working and retired population in this age group.

RESEARCH METHODOLOGY

This is a survey-based study which was conducted among people aged 60 years and above in Selangor, Malaysia. We included all persons living in the community in Selangor and excluded institutionalized persons as well as those with cognitive difficulties.

Sample

The sample size was calculated using the Openepi software based on the total number of persons aged 60 years and older in Selangor (340, 000, census 2010). The representative sample size was found to be 227 [8]. 303 people aged 60 years and over, were recruited for the study. After understanding the study and signing the consent form, the respondents completed the questionnaire.

Study Instruments

A self-administered questionnaire was used for the study. It consisted of two parts:

The first part included socio-demographic items (gender, age, ethnicity, marital status, education level, residence, main source of household income and employment status, general health status, and source of healthcare). For the second part we used a modified version of the Psychological Well-Being Scale proposed by Ed Deiner, which is one of the scales frequently used to measure self-evaluated psychological well-being in patients and in the general population. The Cronbach alphas of the scales are good, and the temporal reliability is moderately high. “Psychological well-being” scales are based on personal measures of positive functioning. We used a modification of the short version of the ‘Comprehensive Psychological Wellbeing Score.’ [8] We used 10 items that were scored on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scores were added up to a maximum total score of 50. The components looked at the following criteria in the life of the respondent: meaning and purpose, optimism, engaged and interested, competency, being respected, self-acceptance, contribution to the well-being of others, and having supportive and rewarding relationships. Higher values indicated better psychological well-being. The questionnaire was administered in English or Bahasa Malayu.

Ethics Issues: Before the activity, the respondents were provided with verbal as well as written information about the trial in the consent form, in the language the participant could read and understand.

A voluntary, informed consent form was signed by all the respondents, before the questionnaire was answered.

Statistical Analysis

Both descriptive and inferential statistics were used in this study.

Numerical variables were presented as mean, standard deviation, minimum and maximum value. However, the categorical variables were presented as frequency and percentage. T test and ANOVA tests were used to find the association between different characteristics of elderly and comprehensive psychological well-being status. P value of less than 0.05 was considered statistically significant.

RESULTS

The aim of our study was to analyze whether being employed leads to a greater feeling of well-being as compared to those who are retired among the Malaysian elderly population in Selangor, Malaysia.

Table 1 shows the socio-demographic and other factors of our study participants. The age of the respondents ranged from 60-106 years with mean age of 69.2 years. Females' participants were slightly more than males (50.7% vs 49.3%). With regards to race, the majority (38.1%) were Chinese followed by Indian (34.4%). Most of elderly in this study were living with their partner (67.5%), had a chronic illness (57.3%), independently performed their daily activities (92.7%), were retired (43.4%), had children (87.7%) and belonged to a 1-4 household size (96%). Health care was obtained from the government in most cases (41.4%).

Table 2 shows the Comprehensive Psychological well-being score. The total score ranged between 14 to 50 with a mean value of 39.5 (SD±7.3).

Table 3 shows the t test and ANOVA test results for the association between the independent variables with the comprehensive psychological well-being score among elderly participants in this study. There was no significant association between the number of children and household size with comprehensive psychological well-being ($p > 0.05$). However, gender and ethnicity, were significant factors ($p < 0.01$). With respect to gender, there was a statistically significant difference between groups ($t = 4.197, p = 0.041$) where men had a higher psychological well-being score compared to women (40.5 vs 38.6, $p=0.030$). With regard to ethnic groups, the 'others' ($n=20$) had the highest psychological well-being mean score (42.4), followed by Chinese (41.33), Malay (40.3) and with the least score among Indians (36.6). In addition, those who were living with their partner, had no chronic illness, and were able to independently perform their daily activities had a higher psychological well-being score ($p < 0.05$).

In our study, a larger number of the elderly were still working as compared to the retired (170 vs 132). Majority of working elderly were males (88, 51.8%, between 60-70 years old). However, work status did not associate with psychological well-being in our study (p value 0.732).

DISCUSSION AND CONCLUSION

People look at retirement in different ways. Some look forward to a restful time, while others feel worried about the loss of societal position or earnings. For professionals or highly-skilled workers, their job may have been the passion of their lives. It would have been a source of immense satisfaction, status and/or financial security. For these people, retirement from work may be seen as a huge loss in so many ways. On the other hand, for others, especially

those in unskilled or repetitive jobs involving physical labour, retirement has a completely different meaning. If the person had not had much satisfaction from their job, or were under-appreciated, and stayed in the job only for the money, tend to look forward to retirement, especially if they are financially stable [10]. The results from this study agree with the results of previous studies carried out in other related contexts. A study measuring the Subjective Well-Being of the elderly in USA, performed by the University of California in 2012, the difference in well-being of people who retired later was about the same as those who retired early. So, this study suggests that raising the age of retirement does not influence well-being in the long run. Further, the data showed an initial positive correlation between well-being and retirement, but as time went on, the well-being of retirees fell. Also, of note was that married men remained more satisfied than single men [11]. Our study actually also reflects this situation. The comprehensive well-being score did not differ significantly between the working and retired elderly. Even though most of our study population were not poor, and many were able to afford their own healthcare (or had insurance), there was no difference in the well-being measured among the retired and those still working. As regards gender, men had higher levels of comprehensive well-being compared to women. This too is borne out by previous studies. Females' participants are slightly more than males (50.7% vs 49.3%), as expected. In Malaysia, life expectancy at birth for men is 69 years and for women 73 years, similar to many developing nations. As is well known, women have a biological advantage until menopause, as estrogens protect them from cardiovascular diseases. However, in the study by Rosiah, a majority of elderly women in Malaysia were seen to be more vulnerable economically since they are less well educated, and most remain home bound. They are often marginalized from mainstream society and traditionally remain dependent on men for their financial security. Even in the cities, they remain the family caretakers and housewives [12]. Elderly women also experienced a higher incidence of loneliness, according to one study [13]. Our study confirms that those who are married and are physically independent had significantly higher feelings of well-being, as seen in earlier studies.

One study by Borg [14], performed on 212 persons aged 80 years and older, included variables such as social support (contact with children, friends, siblings), and satisfaction with relationships, correlated positively with well-being and life satisfaction [14]. As reiterated by the WHO, positive human relationships are as important as physical health, and therefore an essential component of a good life [15]. Research by Windsor [16], indicated that reducing social isolation among older adults by neighborhood involvement can be an important way to increase well-being in older adults [16]. Another study by Schoultz [17] confirmed that an individual who is satisfied with their social network is

also more satisfied with life. Participating in social and community activities, like meetings with friends, being part

Table 1. Socio demographic characteristics of study participants (n= 302).

Variables	n	%
Age		
Mean ±SD	69.2±8.2	
Min. Max	60-106	
Gender		
Male	149	49.3
Female	153	50.7
Race		
Malay	63	20.9
Chinese	115	38.1
Indian	104	34.4
Others	20	6.6
Living with partner		
Yes	204	67.5
No	98	32.5
Presence of Chronic illnesses		
Yes	173	57.3
No	129	42.7
Activities of daily living (Independent)		
Yes	280	92.7
No	22	7.3
Health care obtained from		
Government	125	41.4
Insurance	80	26.5
Own finances	97	32.1
Working status		
Retired	132	43.7
Working	170	56.3
Household size		
1-4	290	96.0
>4	12	4.0
Number of children		
1-4	223	73.8
>4	79	26.2

Table 2. Comprehensive Psychological Wellbeing score.

Comprehensive Psychological well being	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My life has a clear sense of purpose	10(3.3)	9(3)	67(22.2)	124(41.1)	92(30.5)
I am optimistic about my future	10(3.3)	19(6.3)	74(24.5)	130(43)	69(22.8)
My life is going well	2(0.7)	17(5.9)	43(14.2)	129(42.7)	111(36.8)
I feel good most of the time	3(1)	19(6.3)	59(19.5)	128(42.4)	93(30.8)
What I do in life is valuable and worthwhile	7(2.3)	19(6.3)	61(20.2)	100(33.1)	115(38.1)
I can succeed if I put my mind to it	7(2.3)	19(6.3)	70(23.2)	100(33.1)	106(35.1)
I am achieving most of my goals	11(3.6)	19(6.3)	67(22.2)	116(38.4)	89(29.5)
In most activities I do, I feel energized	15(5)	27(8.9)	80(26.5)	119(39.4)	61(20.2)
There are people who appreciate me as a person	1(0.3)	5(1.7)	31(10.3)	117(38.7)	148(49.0)
I feel a sense of belonging in my community	3(1.0)	11(3.6)	57(18.9)	105(34.8)	126(41.7)
Mean±SD (min. & max.)	39.5±7.3 (14.0-50.0)				

Table 3. The Association of Different Participant-Factors with The Comprehensive Psychological Well Being Score.

Variables	N	Mean	SD	t/F value	P value
Work status					
Retired	132	39.409	7.9367	t=-0.342	0.732
Working	170	39.706	6.8350		
No. of children					
1-4	223	40.009	6.9191	t=1.731	0.085
>4	79	38.354	8.2943		
Household size					
1-4	290	39.628	7.3545	t=0.599	0.550
>4	12	38.333	6.7600		
Gender					
Male	149	40.503	7.4567	t=2.184	0.030*
Female	153	38.673	7.1043		
Ethnicity					
Malay	63	40.349	6.5799	F=10.00	0.000
Chinese	115	41.339	6.9179		
Indian	104	36.606	7.5677		
Others	20	42.450	5.7900		
Living with partner					
Yes	204	40.775	6.8996	4.214	0.000
No	98	37.082	7.5896		
Any Chronic illnesses present					
Yes	173	38.503	6.8875	-2.987	0.003
No	129	41.016	7.6689		
Activities of daily living (Independent)					
Yes	281	40.060	7.0173	4.325	0.000
No	21	33.095	8.4196		

of cultural events, and having hobbies or performing volunteer work are described as important for life satisfaction [17]. In our study, family size by itself was not significant to well-being of the respondents. We did not separately assess types of community involvement, but 41.7% of respondents agreed strongly that they “feel a sense of belonging in my community” (Table 2). Of course, an important factor in well-being is health. A study by Dave [2], revealed that retirement can cause an increase in mobility problems and reduction in the functioning of activities of daily living by up to 5-16%. They also reported a 5-6% increase in illnesses, and a 6-9% increase in mental health issues, over 6 years’ post-retirement. These adverse health effects were less if the person was married and had family as well as social support. Adverse effects on health and mobility were also less if the person continued to be physically active, or continued to be in part-time or voluntary work after retirement [18]. Good health is generally positively associated with well-being, and health tends to decline as people age. Physical independence is an important part of well-being of all elderly individuals [19]. Being in good health also contributes to better mental health. Chronic illnesses correlate negatively to well-being. Specifically, those experiencing poor self-reported health, suffering from actual diseases, or being on long term medications, all correlate with lower well-being, as seen in a study by Schoultz [17]. A majority of our respondents were living in society, and were physically independent (92.7%), and they reported higher levels of well-being.

Finally, we conclude that successful aging is a multi-dimensional entity, including the maintenance of emotional and physical functioning, with the absence of any disability, and an active engagement in the family and community, along with involvement in productive activities that are appreciated by others. Even in the presence of chronic health conditions, if an elderly person is still able to engage in social and productive activities, they will describe themselves as being successful in their aging [20]. Each of these specific well-being indicators need to be understood in their own right. Thus, well-being among the elderly is not a single factor, but a conglomerate of many individual and societal factors [21]. Looking into the correlates of ageing and well-being, Urtamo [22], reported in 2019 that they identified four domains of successful ageing: avoiding disease and disability, having high cognitive, physical and mental functioning, and being actively engaged in their own and community life. Successful ageing is therefore defined by all these domains of health [22]. Therefore, the achievement of successful ageing in terms of all the criteria listed in various studies is unrealistic for most people [23].

LIMITATIONS

Our present study had the following limitations.

- a) Our study population was mainly suburban or urban. Therefore, our findings cannot be generalized to all of Malaysia.
- b) Our population cohort was mainly middle class due to logistic reasons. We did not study the wellbeing of the poorer sections of society or institutionalized persons.

Our analysis of comprehensive well-being, looking into the criteria of life meaning and purpose, optimism, engagement and interest, competency, being respected, self-acceptance, contribute to the well-being of others, and having supportive and rewarding relationships in the life of the respondent. The study revealed positive correlations with being male, Chinese, living with partner, having no chronic illness and being physically independent. No significant correlation was seen with family size, work status or number of children.

In conclusion, our study which has mainly looked into the urban elderly in Selangor, Malaysia, gives evidence that retirement has no effect on the well-being of the elderly, as compared to those who are still working.

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