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Retirement, psychophysiological disorders and psychological well-being in a sample of Argentinian older adults

Jubilación, trastornos psicofisiológicos y bienestar psicológico en una muestra de adultos mayores argentinos

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Abstract: The purpose of this study was to describe the relationship between psychophysiological disorders and psychological well-being during retirement in a group of Argentinian older adults. An ex post facto simple retrospective design was used. 150 older adults (self-sufficient, mixed-gender, of middle socioeconomic status, with stable and formal employment prior to retirement) answered a Socio-Demographic and Retirement Profile Background Questionnaire, a Health Status Questionnaire and the Psychological General Well-Being Index. The results show greater psychological well-being amongst those who presented less psychophysiological disorders related to retirement. These findings coincide with previous research and highlight the importance of studies on psychological well-being as a central aspect in older adult quality of life.

Key Words: older adults, retirement, psychological well-being, psychophysiological disorders, aging

Resumen: El objetivo de este estudio fue describir la relación entre trastornos psicofisiológicos y bienestar psicológico en la jubilación, en un grupo de adultos mayores argentinos. Se utilizó un diseño de estudio “ex post facto”, de carácter retrospectivo, simple. 150 adultos mayores (autoválidos, de nivel socioeconómico medio y diferente género, residentes en Buenos Aires y zonas de influencia –Argentina-, y que poseían un vínculo laboral estable y formal antes de jubilarse) respondieron un Cuestionario de datos sociodemográficos y de perfil jubilatorio, un Cuestionario de estado de salud y el Índice de Bienestar Psicológico. Los resultados mostraron un mayor bienestar psicológico entre quienes informaron una menor presencia de trastornos psicofisiológicos asociados a la jubilación. Dichos hallazgos coincidieron con los de investigaciones previas destacando la importancia del estudio del bienestar psicológico como un aspecto central en la calidad de vida de los adultos mayores.

Palabras clave: adultos mayores, jubilación, bienestar psicológico, trastornos psicofisiológicos, envejecimiento

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Introduction

Retirement is the stage in life in which subjects stop working. It should be observed that working implies an activity in a specific context, which can have different meanings to the subject, while at the same time it constitutes a social phenomenon in which the subject structures his/her identity through the relationships established with other individuals (Dessors & Guiho-Bailly, 1998; Peiró & Prieto, 1996; Schvarstein & Leopold, 2005). Therefore, not working due to retirement implies abandoning a work role developed throughout adult life, and the need to structure a new role (Biancotti et al., 2001; Téllez Rivera & Reyes Montoya, 2004).

In Western societies it is considered, arbitrarily, that the age between 60 and 65, age in which people stop working and retire, is the beginning of old age. Regarding this stage in life, different concepts have been developed. While in the early XXth century a deficit model prevailed, one in which old age was associated with sickness, ugliness and death, nowadays a model more associated with development predominates (Stefani, 2000). In this respect, Baltes, Reese and Lipsitt (1980) argue that life-span development is constant and that different variables intervene: normative (related to age-graded biological and social factors), contextual (related to the historical moment in which the individual is immersed) and non-normative (related to the individual's own history or life experience, i.e. psychological variables). Therefore, it is considered that in old age motor, cognitive and emotional variables intervene, but there are also interindividual psychological differences due to age and related to the context or setting in which the individual lives (Birren, 1996; Fernandez-Ballesteros 2007).

In this line of thought, one of the factors that can have a positive or negative impact in adapting to old age is psychological well-being (Lawton, 1991). This concept has been addressed by different authors, resulting in multiple definitions. In all of them, the existence of two major components can be observed: an emotional or affective one, linked to feelings of pleasure and displeasure experienced by the individual, and a cognitive one, related to how the individual evaluates his life experience (Villar, Triadó, Solé Resano, & Osuna, 2003). Neugarten, Havighurst and Tobin (1961) define it as the

feeling of well-being that derives from the level of satisfaction the older adult has about himself and his life. Then, according to the authors, life satisfaction as a construct that reflects individual psychological well-being and allows assessment is composed of five aspects: “zest for life”, “resolution and fortitude”, “congruence between desired and achieved goals”, “high self-concept” and “optimistic mood tone”. Under this theoretical framework they developed the Life Satisfaction Index version-A (Neugarten, Havighurst & Tobin, 1961). In subsequent studies, such as Zegers Prado, Rojas-Barahona and Förster Marín (2009), it was observed that the “resolution and fortitude” aspect was not correctly assessed by the instrument, and neither was the “high self-concept” aspect. That is why the Rosenberg Self-Esteem Scale is also frequently used to evaluate life satisfaction (Rojas-Barahona, Zegers, & Förster, 2008; Stefani, 2002). This concept is defined by Rosenberg (1965) as an attitude towards the self, favorable or unfavorable, resulting from an evaluation about the individual's own characteristics.

In recent years, the study of psychological well-being in older adults through the concept of life satisfaction has become important as it is considered a health indicator, from an evolved point of view that integrates different aspects of health and sickness (Castillo-Carniglia, Albala, Dangour, & Uauy, 2012). Regarding this aspect, Mroczek and Kolarz (1998) had already observed that the global measure of well-being is stable in time, making it an interesting indicator since it doesn't present substantial modifications linked to changes associated with age. This does not imply that all older adults have high levels of psychological well-being, since that depends on different variables or factors. In this regard, Maddox (1964) already claimed that social activity or participation conditions psychological well-being.

On the other hand, it has been observed that individuals that present a higher psychological well-being adapt better and deal more successfully with the tension generated by different stressors (Figueroa, Contini, Lacunza, Levín, & Estévez, 2005; Jiménez, Izal & Montorio, 2016). Psychological stress is a process in which an individual going through changes in life feels threatened by them, if he considers that they exceed his ability to cope with the new situation (Lazarus & Folkman, 1984). Moreover, it has been shown that stressful situations trigger a physiological response (Cano

Vindel & Miguel Tobal, 2000; Casado Morales, 1996). From this angle, the concept of psychophysiological disorders includes those physical alterations that are provoked, worsened or perpetuated by psychosocial factors (Cano Vindel & Miguel Tobal, 2000; Gatchel & Bianchard 1993). In this line of thought, it was observed that social situations perceived as stressful can generate negative emotions and, consequently, the appearance or worsening of diseases such as respiratory, cardiovascular or immunological ones. (Cockerham, 2013; Piqueras Rodríguez, Ramos Linares, Martínez González, & Oblitas Guadalupe, 2009; Wheaton, 1996). In that respect, several investigations have concluded that retirement is one of the main stressful life events that can generate important changes in a person's health (Behncke, 2012; Holmes & Rahe, 1967; Jafri et al., 2017).

This article aims to describe the presence of psychophysiological disorders related to retirement and the levels of well-being in a group of retired Argentinian older adults, and to analyze the potential link between the two variables.

Methods and Materials

Research design

We followed steps corresponding to an ex post facto simple retrospective design (Montero & León, 2002).

Participants

An intentional, non-probabilistic sampling strategy was used on older adults attending adult day-care centers and workshops reporting to the Government of the City of Buenos Aires and of Greater Buenos Aires (Argentine Republic). A snowball effect was also used.

The sample was comprised of 150 mixed-gender, self-sufficient older adults over 60 years old, of middle socioeconomic status, residing in a major urban center (Autonomous City of Buenos Aires and Greater Buenos Aires, Argentine Republic), with stable and formal employment prior to retirement.

In table 1 we can find the arithmetic means, standard deviations and frequency and percentage counts, according to the level of measurement, of socioeconomic profile characteristics of the total sample. According to the summarized version of

the Gino Germani Social and Economic Status Index, (Grimson et. al., 1972), in the answers older adults gave on education and occupation it is observed that all sample subjects have a middle socioeconomic status.

As for the profile of retirees in the sample, average retirement age is 65.29 years old ($sd=4.86$ years), and average time spent in retirement is 9.31 years ($sd= 5.57$). As for occupation prior to retirement, they declare being "employees" (26%) "independent professional/businessman" (22%) or having engaged in "several trades" (23%), and having worked in said activities for "over 15 years" (91%).

Table 1.
Sociodemographic profile of the total sample (n=150)

	X	n	%		X	n	%
Gender				Practicing			
	Male	86	57		No	93	62
	Female	64	43		Yes	57	38
Nationality				Education			
	Argentinian	137	91		Primary	40	26
	Foreign	13	9		Secondary	46	31
Marital status					Tertiary/Higher Education	64	43
				Living arrangements			
	Single	22	15				
	Widowed	38	25		Alone	55	37
	Divorced or separated	27	18		With spouse	53	35
Married or in a relationship					With spouse and children	13	9
					With children	16	10
Has children					Other	13	9
				Housing			
	No	42	28				
	Yes	108	72		Own house	126	84
Religion					Children's house	15	10
					Other	9	6
	None	27	18				
	Catholic	99	66				
	Jewish	14	9				
	Evangelical	9	6				
	Other	1	1				
Age		m=73.61	sd=6.37				
		m= arithmetic mean		sd= standard deviation			

Instruments

- *Socio-Demographic Background and Retirement Profile Questionnaire*. An ad hoc questionnaire was designed, with 12 open and closed questions with fixed alternatives, to obtain information on socio-demographic characteristics (gender, age, nationality, marital status, level of educational attainment, prior occupation, housing, children and religious affiliation) and retirement characteristics (retirement age, time spent in retirement, number of years spent working in prior occupation).

- *Health Status Questionnaire*. To find out more about the presence of psychophysiological disorders related to retirement, an ad hoc questionnaire was designed consisting of 5 closed

questions with fixed alternatives, evaluating if the subjects perceived any changes in their health related to retirement. In case of affirmative answers, disorders were classified according to their type: skin, urinary, endocrine, musculoskeletal, gastrointestinal, cardiovascular, respiratory, immunological and reproductive (Ortego, López, Alvarez & Aparicio, 2012), the moment of appearance and the existence of a medical history linked to development of disorder.

- *Index of Psychological Well-Being*. This technique was selected with the purpose of estimating retiree's assessment of his/her life and himself/herself in general. The Index was structured by Stefani (2002), using version-A of the Life Satisfaction Index by Neugarten, Havighurst and Tobin (1961), adapted locally by Eva Muchnik (1984). The Index consists of 11 items that clearly define three of the five dimensions proposed by Neugarten: "zest for life", "congruence between desired and achieved goals" and "optimistic mood tone". The Bachman & O'Malley version for older adults – RSE-B – (1977) of the Rosenberg Self-Esteem Scale (1965) was also included, consisting of 10 items.

Therefore, the Index of Psychological Well-Being consists of 21 items: 13 direct statements -positively oriented- (items 1, 3, 5, 6, 8, 9, 10, 12, 13, 14, 16, 18 and 20) and 8 reversed statements -negatively oriented- (items 2, 4, 7, 11, 15, 17, 19 y 21). When administering the questionnaire, subjects were asked to score them according to their level of agreement through a 3-point Likert scale: "disagree", "undecided" and "agree". Positive statements were assigned a value of 2 for "agree", 1 for "undecided", and 0 for "disagree". Negative statements were assigned a reversed value: 0 for "agree", 1 for "undecided" and 2 for "disagree".

The total score, as well as the score for each sub-scale (Life Satisfaction Index and Self-Esteem Scale), is obtained by calculating the average values assigned to each answer. In this way, the subject is placed in a 0-2 continuum, where a low score indicates, respectively, low levels of psychological well-being, low life satisfaction or negative self-esteem, and a high score indicates high levels of psychological well-being, high life satisfaction or positive self-esteem. This instrument was adapted to the local medium, obtaining results that indicate it has adequate psychometric qualities for this type of study: Cronbach's $\alpha=0.75$

(Stefani, 2002); it was also chosen because it is easy to administer and to evaluate.

Procedure

Steps were taken to obtain authorization to interview older adults attending day-care centers and workshops reporting to the Government of the City of Buenos Aires and other areas of influence. A copy of the research project along with the informed consent was sent to the authorities of these institutions. Once the corresponding permits were obtained, the evaluation protocol was administered to older adults through an individual interview lasting approximately 40 minutes.

Statistical analysis

Percentages, arithmetic mean and standard deviation were calculated to describe study variables, according to their level of measurement.

According to the presence/absence of psychophysiological disorders related to retirement, a comparison was established between: a) total average score in the Index of Psychological Well-Being and its components (Life Satisfaction and Self-Esteem), by calculating the arithmetic mean, standard deviation and Student's t-test, and b) the scores the subjects chose for items in the Life Satisfaction Index and Self-Esteem Scale, respectively, through multivariate analysis of variance.

Results

Psychophysiological Disorders

Table 2 and 3 show calculated frequencies and percentages of psychophysiological disorders present in the sample. There we find that 59% of the sample did not report the presence of a psychophysiological disorder. In turn, those that reported new psychophysiological disorders related to retirement, said that 39% were "cardiovascular" and 27% were "musculoskeletal", and that 82% of them took place "during the first year" of retirement and 71% occurred without a previous medical history of the disorder.

Table 2.
Presence of psychophysiological disorders in the sample (n=150)

Presence of psychophysiological disorders	Total (n = 150)	
	n	%
No	88	59
Yes	62	41

Table 3.
Description of psychophysiological disorders (n=62)

Table 3. Description of psychophysiological disorders (n=62)					
x	n	%	x	n	%
Type of disorder			Moment of appearance		
Skin	2	3			
Endocrine	1	1	During the first year	51	82
Musculoskeletal	16	27	After the first year	11	18
Gastrointestinal	11	18			
Cardiovascular	24	39	Medical history of disorder		
Respiratory	1	1	No	44	71
Immunological	2	3	Yes	18	29
Reproductive	5	8			

Psychological Well-being

Arithmetic means and standard deviations were calculated for the sample of total scores obtained in the Psychological Well-Being Index and its subscales. The total sample exhibited a psychological well-being average score ($m=1.52$; $sd=.32$), that is reflected in life satisfaction ($m=1.33$; $sd=.39$) and positive self-esteem ($m=1.73$; $sd=.33$), indicating a favorable trend.

Psychological Well-being according to psychophysiological disorders

Table 4 presents means and standard deviations of total scores in the Psychological Well-Being Index for those who expressed absence or presence of psychophysiological disorders, as well as the results of the Student's t-test to compare both groups. In global terms, we can observe (considering all index items and their respective subscales) a statistically significant difference for psychological well-being ($t_{(148)}=3.462$; $p=.001$), indicating that those that did not develop psychophysiological disorders present, with a higher probability, higher scores of psychological well-being than those who got sick ($m_1=1.60$ $sd_1=.30$ vs. $m_2=1.42$ $sd_2=.34$).

Table 4.
Psychological well-being and its components, according to presence of psychophysiological disorder

X	Psychophysiological disorders				Student's t-test
	Absence (n=88)		Presence (n=62)		t ₍₁₄₈₎
	m ₁	sd ₁	m ₂	sd ₂	
Psychological well-being ¹	1.60	.30	1.42	.34	3.462 ***
m= arithmetic mean sd= standard deviation *** p<.001					
¹ Scale from 0 to 2. The higher the score, the greater the levels of psychological well-being.					

Tables 5 and 6 show the means and standard deviations of scores obtained in the Life Satisfaction Index and the Self-Esteem Scale respectively, for subgroups conformed by those who stated either absence or presence of psychophysiological disorders. Also, each table displays the results of the multivariate analysis of variance (MANOVA), considering the items that make up these questionnaires both as a whole and separately.

Regarding the first analysis in MANOVA, results indicate a significantly different pattern of responses in the Life Satisfaction Index and the Self-Esteem Scale according to absence or presence of psychophysiological disorders (Life satisfaction: $T_{Hott}=.144$; $F_{Hott(11;138)}=1.812$; $p=.05$; Self-Esteem: $T_{Hott}=.255$; $F_{Hott(10;139)}=3.539$; $p=.000$). Therefore, said MANOVA analysis confirms results previously obtained regarding the Psychological Well-Being Index, in that those interviewees that stated not having developed psychophysiological disorders related to retirement scored higher in life satisfaction and self-esteem.

When considering each item separately, resulting "F" values in MANOVA show a pattern where the means in the group that did not present psychophysiological disorders are generally higher than those in the group that did present psychophysiological disorders. Also, statistically significant differences can be observed in some items of the Life Satisfaction Index (Table 5: in 6 out of 11 items) and of the Self-Esteem Scale (Table 6: in 6 out of 10 items), which would explain the global differences described before.

As can be observed in table 5, older adults that reported an absence of psychophysiological disorders tend to present higher scores in life satisfaction, compared to those who reported a presence of psychophysiological disorders; they state to a greater degree not feeling old and tired ($m_1=1.33$ vs. $m_2=.85$), not feeling that what

Table 5.
Life Satisfaction Index, according to presence of psychophysiological disorders

Life Satisfaction Index	Psychophysiological disorders				MANOVA
	Absence (n ₁ =88)		Presence (n ₂ =62)		T _{Hott} = .144 F _{Hott} (_{11;138})= 1.812 *
	m ₁	sd ₁	m ₂	sd ₂	F _(1,148)
1. I am just as happy as when I was younger.	1.26	.89	.97	.87	4.038 *
2. My life could be happier than it is now. ²	1.00	.80	.69	.72	5.799 *
3. These are the best years of my life.	1.11	.81	.85	.72	4.071 *
4. Most of the things I do are boring or monotonous. ²	1.53	.71	1.19	.83	7.295 **
5. I expect some interesting and pleasant things to happen to me in the future.	1.69	.63	1.76	.47	.471
6. The things I do are as interesting to me as they ever were.	1.76	.53	1.56	.64	4.237 *
7. I feel old and somewhat tired. ²	1.33	.81	.85	.85	11.995 ***
8. As I look back on my life, I am fairly well satisfied.	1.69	.59	1.55	.65	2.013
9. I would not change my past life even if I could.	1.33	.80	1.27	.75	.184
10. I've gotten pretty much what I expected out of life.	1.39	.73	1.29	.73	.624
11. I have gotten more of the breaks in life than most of the people I know. ²	1.44	.74	1.40	.74	.107

m= arithmetic mean sd= standard deviation

² These items are reverse-scored. Therefore, for all items that compose this instrument, higher scores indicate higher levels of life satisfaction.

*** p ≤ .001

** p ≤ .01

* p ≤ .05

Table 6.
Self-Esteem Scale, according to presence of psychophysiological disorders

Self-Esteem Scale	Psychophysiological disorders				MANOVA
Items	Absence (n ₁ =88)		Presence (n ₂ =62)		T _{Hott} = .255 F _{Hott} (_{10,139})= 3.539 ***
	m ₁	sd ₁	m ₂	sd ₂	F (1,148)
12. I feel that I am a person of worth, at least on an equal plane with others.	1.87	.33	1.79	.45	1.763
13. I feel that I have a number of good qualities.	1.93	.25	1.63	.55	20.514 ***
14. I am able to do things as well as most other people of my age.	1.84	.43	1.52	.67	13.127 ***
15. I feel that I do not have much to be proud of. ³	1.64	.57	1.39	.75	5.303 *
16. I take a positive attitude toward myself.	1.73	.50	1.50	.65	5.922 *
17. I think I am no good at all. ³	1.76	.547	1.74	.51	.049
18. I am a useful person to have around.	1.86	.345	1.85	.36	.023
19. I feel I can't do anything right. ³	1.84	.426	1.79	.55	.405
20. When I do a job, I do it well.	1.86	.345	1.71	.52	4.702 *
21. I feel that my life is not very useful. ³	1.65	.57	1.44	.64	4.548 *

m= arithmetic mean sd= standard deviation

³ These items are reverse-scored. Therefore, for all items that compose this instrument, higher scores indicate higher levels of self-esteem.

*** p ≤ .001

** p ≤ .01

* p ≤ .05

they do is so boring or monotonous ($m_1=1.53$ vs. $m_2=1.19$), feeling as happy as when they were young ($m_1=1.26$ vs. $m_2=.97$), not feeling that their life could be happier than what it is now ($m_1=1.00$ vs. $m_2=.69$), feeling that these are the best years of their life ($m_1=1.11$ vs. $m_2=.85$), and feeling that the things they do are as important as they ever were ($m_1=1.76$ vs. $m_2=1.56$).

In addition, table 6 indicates that those older adults that did not develop psychophysiological disorders, compared to those who did, generally tend to obtain higher self-esteem scores, reporting a belief that they: possess several positive qualities ($m_1=1.93$ vs. $m_2=1.63$), do things as well as most other people their age ($m_1=1.84$ vs. $m_2=1.52$), have a lot to be proud of ($m_1=1.64$ vs. $m_2=1.39$),

show a more positive attitude towards themselves ($m_1=1.73$ vs. $m_2=1.50$), can do a job well ($m_1=1.86$ vs. $m_2=1.71$) and, lastly, that their life is useful ($m_1=1.65$ vs. $m_2=1.44$).

Discussion

The data obtained in the present study supports the proposed hypothesis that those who report a lower presence of psychophysiological disorders related to retirement will have a higher level of psychological well-being. Moreover, the relationship observed between life satisfaction and self-esteem and the development of diseases coincides with previous research. This research has found that a lower presence of physical discomfort was associated to higher life satisfaction (Castellano Fuentes, 2014) and self-esteem (Sánchez, Aparicio & Dresh, 2006).

Regarding results obtained in psychological well-being for the total sample, high levels of life satisfaction and positive self-esteem were found. In this respect, in previous research conducted on samples with similar sociodemographic characteristics, it was observed that being married and a higher educational attainment level promote a rise in self-esteem (De León Ricardi & García Méndez, 2016) and influence levels of life satisfaction (Zavala, Vidal, Castro, Quiroga & Klassen, 2006). Previous research has also found that social support networks and high educational attainment levels promote well-being in older adults (Hertzog, Kramer, Wilson & Lindenberger, 2009; Strout & Howard, 2012).

On the other hand, although the majority of the sample reported not having developed psychophysiological disorders related to retirement, those who did develop them reported no previous medical history of disorder and getting sick in the first year of retirement. These findings highlight the relevance of retirement as a stressful life event that impacts older adult health, and they coincide with Behncke's research (2012), who observed that retirement heightens the odds of contracting several diseases.

In conclusion, the findings in this study generate empirical evidence on the role of psychological well-being as a key aspect in older adult quality of life. Just as the World Health Organization (2002) points out, there are several psychosocial factors when protecting older adult health which must be taken into account in the

design of public policies and new lines of research. Therefore, psychological well-being could be a predictor variable for health and could protect against the negative effects of aging (Meléndez, Navarro, Oliver, & Tomás, 2009; Ortiz & Castro, 2009; Ostir, Markides, Black, & Goodwin, 2000; Vecina, 2006). In this respect, we highlight the importance of generating retirement preparation programs, in order to attenuate the impact of the event and the consequences it could have on people's health, promoting well-being and, consequently, fostering healthy aging (Hernández Triana, 2014; Limón Mendizábal, 1993).

Finally, this study has some limitations that have to be pointed out, such as the impossibility to generalize results due to the type of sample used, aside from the limitations inherent in such an approach. In addition to the aforementioned limitations, the population studied has a middle socioeconomic status, and it would be important to be able to include, in future studies, different socioeconomic and educational backgrounds, preserving population representativeness.

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