Taylor & Francis
Taylor & Francis Group

Ethno Med, 11(4): 302-310 (2017)
DOI: 10.1080/09735070.2017.1351515

Life Satisfaction in Retirement: The Direct Influence of Gender, Self-esteem and Health Locus of Control in Southwestern Parts of Nigeria

Abiodun Musbau Lawal[1,2*] and Erhabor Sunday Idemudia[1]

[1]Faculty of Human and Social Sciences, North-West University, Mafikeng Campus, South Africa
[2]Department of Psychology, Federal University Oye-Ekiti, Ekiti State, Nigeria

KEYWORDS Gender. Health Locus of Control. Life Satisfaction. Retirees. Self-esteem

ABSTRACT The study investigates the direct influence of gender, self-esteem and health locus of control on life satisfaction among retirees in two states in the South-western part of Nigeria. Using ex-post facto research design, 592 retirees conveniently completed copies of a questionnaire that comprised demographics and measures of variables of interest. Three hypotheses were tested by t-test for independent groups. Self-esteem significantly influenced life satisfaction $t(590) = 3.39$, $p<.05$. Similarly, health locus of control significantly influenced life satisfaction $t(590) = 3.87$, $p<.05$. However, no significant influence of gender on life satisfaction $t(590) = 0.08$, $p>.05$. Living a more satisfied life in retirement is a function of having positive self-regards or being responsible for health-related behaviour. Harnessing the influencing variables may help in the provision of self-development programmes, therefore ensuring care and support for retirees to enjoy and live a fulfilled life after selfless service to their nation.

INTRODUCTION

Retirement is a decisive and influential transition for workers and it involves major changes to their finances and social life conditions. That is why many retirees desire to bring into being what would enable them enjoy their lives upon retirement. This implies that retirement requires adequate planning and effective adjustment to changes due to the multiple challenges that come with it. Osborne (2012) discussed a variety of psychological effects of transition to retirement, which invariably have adverse consequences on value of life of retirees in this period; and this calls for concerns across cultures. In same view, existing studies have examined happiness, psychological well-being, adjustment styles, retirement satisfaction and other related or determining factors in post-retirement life (Bernard 2013; Lagier 2013; Asebedo and Seay 2014; Kane 2014; Hamilton 2014; Neeta et al. 2015).

Nevertheless, life satisfaction is a major concept in understanding how retirees adjust and enjoy their lives after retiring from work. For instance, Ebersole (1995) and Ruuskanen and Ruoppila (1995) indicated that life satisfaction among the elderly is a function of several emotional, physical, mental and social conditions. In drawing attention to the importance of research among the post-retirement population, Ng et al. (2017) investigated some determinants of life satisfaction amongst the elderly people in China. In view of this, understanding gender difference and how self-related psychological variables such as self-esteem and health locus of control directly influence expression of life satisfaction among retirees in Nigeria is imperative.

It is pertinent to understand life satisfaction and its influencing factors among retirees in Nigeria. This is because findings from such studies would give ideas to organizations, government and policymakers on how retirees could live and enjoy their lives in retirement through recommended intervention programmes. Life satisfaction is dynamic in explanations and measurements. Scholars have defined life satisfaction variously. Life satisfaction had been viewed as an attainment of a desired end and fulfilment of essential conditions (Wolman 1973). It is also perceived as having a favourable attitude towards an individual's life as a whole (Haybron 2007) or a comprehensive evaluation by the in-

*Address for correspondence:
Mobile: +27 766 425 308
E-mail: abiodun.lawal@fuoye.edu.ng

dividual of his or her life (Pavot et al. 1991). As most individuals desire to be happy in life, retirees, who enjoy longevity, personal values, leisure times and good quality of life, can be regarded as having fulfilled life satisfaction.

One of the major negative likely phases of retirement is low self-esteem (Brajkovic et al. 2011). Thus, self-esteem is examined as a possible influencing factor to life satisfaction of retirees in this study. Self-esteem is viewed as a negative or a positive evaluation of oneself; and it goes a long way in determining well-being of an individual. On one hand, having a positive self-evaluation may bring about happiness, confidence and self-assurance to the person. On the other hand, a person who has a negative self-evaluation may experience poor confidence. There are several health-related advantages to having a positive view of the self than having a negative view of the self. For instance, individuals who score high in self-esteem are said to be psychologically happy and healthy (Taylor and Brown 1988; Branden 1994). Contrarily, individuals who score low in self-esteem are believed to be psychologically upset and perhaps, depressed (Tennen and Affleck 1993), or experience some form of health-related challenges.

Studies have linked self-esteem and life satisfaction among different groups of people (Deniz 2006; Chen et al. 2006; Çeçen 2008; Bozorgpour and Salimi 2012; Agyar 2013). Studies have also established a connection between self-esteem and life satisfaction in population of retirees (Mayr 1991; Neeta et al. 2015). This denotes that retirees who are high in self-esteem are expected to enjoy respect, admiration and confidence. However, retirees with low self-esteem anticipate disapproval, rejection and may likely experience low life satisfaction. Thus, in this study, self-esteem is examined as a possible influencing factor to life satisfaction of retirees.

Apart from the importance of self-esteem, health locus of control is another relevant self-related psychological variable that might have direct influence on life satisfaction among retirees. Ng et al. (2017) asserted that self-rated health status is most relevant in determining well-being of the elderly, and Siguaw et al. (2017) also reported that health is one of the retirees' resources that have significant effects on their satisfaction with life. Therefore, the researchers included health locus of control as a possible factor that might have direct influence on life satisfaction of retirees. Primarily, Locus of Control (LOC) is viewed as the degree to which individuals believe that they can control events that affect them.

Health Locus of Control (HLoC) however, is the belief that an individual's health is dependent on internal or external factors. In this context, HLoC is explained that retirees with high internal health locus of control believe to have control over their health-related behaviour. While those with high external health locus of control believe other factors outside their reach have control over their health-related behaviour. Review of literature shows that O'brien (2011) examined a connection between locus of control and life satisfaction among the retirees with a positive association between increased life satisfaction and a more internal locus of control. This was, however, a general locus of control rather than health-related as regards life satisfaction of retirees. In another perspective, Ng et al. (2017) established the significant effect of overall self-rated health status on life satisfaction of the elderly. These previous studies give an idea that health locus of control is a relevant influencing variable in life satisfaction among elderly.

In addition to self-esteem and health locus of control, gender was considered and employed as a possible influencing demographic variable to life satisfaction among retirees. Some studies have noted that men have more tendencies than women to save or engage in several financial investments as preparation toward retirement (Glass and Kilpatrick 1998; Hershey et al. 2002). Davis (2003) found that male retirees were more likely than their female counterparts to involve in career bridge employment than full retirement. These differences may be attributed to many factors and more importantly, the disparity between the tendencies for both sexes to engage in financial investments after retiring from work is vice versa. There have been mixed reports on issues of differences in life satisfaction of male and female retirees across the globe. However, most of the previous studies indicated no significant gender difference in life satisfaction of retirees (Mayr 1991; Brajkovic et al. 2011; Amaike and Olurode 2014; Saeed and Bokharey 2016). The trend of argument of these previous studies was that certain factors could moderate the influence of gender on life satisfaction in population of retirees.

Statement of Problem

Many studies have identified a number of factors as correlates of life satisfaction among retirees. Some of these studies had focused on socio-demographic-related factors such as income (Beehr et al. 2000; Taylor and Doverspike 2003; Inal et al. 2007), gender, type of residence and living arrangement (Brajkovic et al. 2011). Other researchers investigated psychological variables such as senses of loneliness, humour, meaningfulness and personality factors (Brajkovic et al. 2011; Finogenow 2013) as correlates to life satisfaction of retirees. Some researchers have examined the link between health-related behaviours such as self-rated health status, leisure-time activities and participation in physical activities; and life satisfaction in aging population (Inal et al. 2007; Brajkovic et al. 2011). Heybroek et al. (2015) investigated the variation in life satisfaction after retirement in Australia and the associated individual characteristics. In their study, they established declines in levels of life satisfaction among retirees and noted that those who experienced significant decline often suffer poor health (Heybroek et al. 2015). Wang and Shi (2014) examined individual attributes, organizational-related factors, family factors and socio-economic as well as outcomes associated with physical and psychological well-being of retirees.

In Nigeria, Ejechi and Ogege (2016) estimated that about 51.1 percent of the Nigerian retirees sampled were experiencing unsatisfactory quality of life and that socio-demographic variables such as education, living with spouse, age, year of retirement, former employment in health care settings, socio-economic status are possible correlates of life satisfaction among retirees. In another Nigerian study, Adejumo (2010) focused on identifying some factors influencing mental health of retirees. In addition, Salami (2010) considered some psychological factors as predictors of psychological well-being of retirees. However, previous researches have not evaluated the broad range of self-related psychological concepts relevant to life satisfaction in this group as to help understand what individual retirees could do to help themselves and be able to enjoy fulfilled and satisfied life in retirement. More importantly, positive psychology debates the need to optimize ones' psychological well-being by improving our psychological functioning (Seligman and Csikszentmihalyi 2000). Thus, concepts like self-esteem and health locus of control may be of relevant in improving psychological functioning of retirees. Given this backdrop, the study fills the knowledge gap by examining the influence of gender, self-esteem and health locus of control on life satisfaction among retirees from two states within South-Western part of Nigeria.

Aim of Study

The aim of study was to investigate the direct influence of gender, self-esteem and health locus of control on life satisfaction among retirees in South-western part of Nigeria.

Objectives of Study

The objectives of the study are:

- To examine gender difference in life satisfaction among retirees in South-western parts of Nigeria;
- To investigate the direct influence of self-esteem on life satisfaction among retirees in South-western parts of Nigeria; and,
- To examine the direct influence of health locus of control on life satisfaction among retirees in South-western parts of Nigeria.

Statement of Hypotheses

The following hypotheses, informed by the literature, were explored:

- Female retirees will significantly report higher life satisfaction than male retirees.
- Retirees who are high in self-esteem will significantly report higher life satisfaction than those who are low in self-esteem.
- Retirees with internal health locus of control will significantly report higher life satisfaction than those with external health locus of control.

METHODOLOGY

Research Design

This was a cross-sectional study that used ex-post facto research design. The study was cross-sectional in approach because data were collected from participants at a specific point in time in order to understand how certain psychological variables influence the outcome variable. Ex-post facto design was chosen to investigate

how the independent variables in the participants, which were in existence prior to the study directly, influence the dependent variable. Gender, self-esteem and health locus of control were the independent variables. The dependent variable is life satisfaction.

Participants and Setting

A convenient sample of 592 retirees, who were approached at the various Pension Offices located within Ogun and Lagos states of Nigeria, participated in the study. The two states were selected in South-western part of Nigeria because of the availability of enormous number of retirees. The mean age of respondents was 63.34 years with standard deviation of 4.61 years and ages ranged from 56-72 years. The choice of the settings was because the retirees meet on a weekly basis for meetings regarding issues related to payment of their pensions. Table 1 describes socio-demographic distribution of respondents.

Table 1: Distribution of demographic characteristics of retirees

Variable	*Number (N = 592)*	*Percentage (%)*
Sex		
Male	347	58.6
Female	245	41.4
Marital Status		
Married	297	50.2
Separated/Divorced	209	35.3
Widow/Widower	86	14.5
Religion		
Christianity	341	57.6
Islam	251	42.4

Ethical Considerations

To fulfil ethical requirements, the researchers first sought the consent of coordinators of the retirees in their pension offices and made known the objectives of the research exercise. Secondly, informed consent was obtained and gained from respondents. Confidentiality of information provided by the respondents was assured. Therefore, participation in the exercise was completely voluntary and anonymous in approach.

Instrument

A structured questionnaire was used as an instrument for data collection in the study. The questionnaire comprised four domains assessing the participants' demographic information, self-esteem, health locus of control and life satisfaction as follows:

Demographic Characteristics

This elicited information on the participants' background characteristics included sex, age, marital status, and religion.

Self-esteem

It was assessed using Rosenberg Self-esteem scale (1965). The scale comprises 10 statements, where five of them were positively worded and the other five items were negatively phrased. Higher score on the scale indicates higher self-esteem, while lower score indicates lower self-esteem. For reliability of the scale, Rosenberg (1965) reported an estimate of 0.88 reliability coefficient. In our own study, the researchers reported 0.87 as reliability coefficient.

Life Satisfaction

This was measured using satisfaction with life scale developed by Diener et al. (1985). The scale comprises 5-item self-referencing statements on global cognitive judgments of one's life satisfaction. Respondents are expected to indicate how much they agree or disagree with each of the five items using a 5-point Likert scale that ranges from strongly disagree (1) to strongly agree (5). Higher score on the scale indicates higher life satisfaction, while lower score implies lower life satisfaction. Authors of the scale reported reliability coefficient of 0.62. A Cronbach's alpha coefficient of 0.72 was reported in the current study.

Health Locus of Control

This was measured using 11-item Health Locus of Control scale developed by Wallston et al. (1976). Each of the external items was scored from 1 (strongly disagree) to 5 (strongly agree), while the internal items were revered scored. Higher score on the scale indicates external health locus of control and lower score indicates internal health locus of control. For the scale, the authors reported alpha coefficients of 0.54 (community sample), 0.40, 0.50, 0.54 (3 different

college samples) and test-retest reliability of 0.71 (overweight women). In the current study, Cronbach's alpha coefficient of 0.80 was obtained for the scale.

Data Collection Procedure

The researchers first met with the coordinators at the pension offices in order to inform them of the study's objectives. The coordinators suggested that since most of the pensioners hold meetings in a particular day of the week, it would be easier to administer the questionnaires then. On the suggested days, the retirees were further informed about the study objectives. Some of them gave their consents to the exercise; while few objected. Since completion of questionnaires was optional; only those who gave consent to completing them were approached. The researchers gave instructions to the respondents on how to complete the questionnaires. Each of the retirees completed the structured self-report questionnaire that was distributed with the help of five trained research assistants. Questionnaires were collected after completion. Out of the 700 questionnaires distributed in the two states, 609 were returned. Of these, the 592 that were properly completed were used for data analysis. The number of duly completed copies of the questionnaire used indicates 84.6 percent response rate of the total number distributed in the two states.

Statistical Analyses

Data were subjected to analysis using IBM SPSS Statistics 23 version. Descriptive statistics were conducted to analyse demographic characteristics of the respondents. Cronbach's alpha coefficients were calculated for each of the scales used in the study. The socio-demographic characteristics of the participants were coded as follows: gender was dichotomized into two and coded (male = 1; female =2), age was recorded as actual age in ratio scale. Marital status (1 = married, separated/divorced = 2, widow/widower = 3) and religion (Christianity = 1, Islam = 2). In order to address the main aim of the study, the researchers conducted independent samples t-test to compare high and low scores of each of the influencing factors on life satisfaction among retirees.

RESULTS

Hypothesis I

In order to test the hypothesis stated - *female retirees would report higher life satisfaction than male retirees* - the researchers conducted t-test for independent samples. The result is presented in Table 2.

Table 2 shows that female retirees (M = 30.97, SD = 7.26) were not significantly different in life satisfaction compared to male retirees (M = 30.92, SD = 7.05), $t(590) = 0.08$, p = ns. The result showed that gender has no direct influence on life satisfaction. Therefore, the hypothesis was not confirmed in the study.

Hypothesis II

In order to test the hypothesis stated – *retirees with high self-esteem would report higher life satisfaction than those with low self-esteem* - t-test for independent samples was conducted. The result is presented in Table 3.

Table 3 shows that retirees with high self-esteem (M = 31.92, SD = 7.03) reported significantly higher life satisfaction than those with low self-esteem (M = 29.94, SD = 7.14), $t(590)$ = 3.39, p <.05. The result showed that self-esteem

Table 2: t-test summary table showing male and female retirees on life satisfaction

	Gender	*N*	*Mean*	*SD*	*df*	*T*	*p*
Life Satisfaction	Male	347	30.92	7.05	590	0.08	ns
	Female	245	30.97	7.26			

Table 3: t-test summary table showing low and high self-esteem on life satisfaction

	Self-esteem	*N*	*Mean*	*SD*	*df*	*T*	*p*
Life Satisfaction	Low	392	29.94	7.14	590	3.39	<.05
	High	300	31.92	7.03			

has significant direct influence on life satisfaction. Therefore, the hypothesis was confirmed in the study.

Hypothesis III

To test the hypothesis stated – retirees with internal health locus of control would report higher life satisfaction than those with external health locus of control – t-test for independent samples was conducted. The result is presented in Table 4.

Table 4 shows that retirees with internal health locus of control (M = 32.12, SD = 7.03) reported significantly higher life satisfaction than those with external health locus of control (M = 29.87, SD = 7.09), $t(590) = 3.87$, $p < .05$. The result showed that health locus of control has significant direct influence on life satisfaction. Therefore, the hypothesis was confirmed in the study.

DISCUSSION

The aim of the present study was to investigate the direct influence of gender, self-esteem and health locus of control on life satisfaction among retirees in South-western parts of Nigeria. Three hypotheses were tested in the study and two of them were confirmed. The first hypothesis showed that female retirees were not significantly different in life satisfaction from male retirees. This finding corresponds with results from previous studies that also reported no significant differences in life satisfaction between male and female retirees (Mayr 1991; Brajkovic et al. 2011; Amaike and Olurode 2014; Saeed and Bokharey 2016). The reason for a similar finding, in Nigeria, might be connected to the fact that both sexes experience similar government policies as regards payment of pensions and similar claims after retirement. It is possible that certain factors could moderate the influence of gender on life satisfaction among the retirees.

The second hypothesis revealed that retirees who were high in self-esteem significantly reported higher life satisfaction than those with low self-esteem. This finding indicates that a retiree's perception of themselves has an influence on their life satisfaction. This is in line with existing studies that have reported an association between self-esteem and life satisfaction among retirees (Mayr 1991; Neeta et al. 2015). Specifically, Neeta et al. (2015) affirmed that self-esteem was one of the significant predictor variables of psychological well-being of retirees, particularly as it is also integral to the assessment of the more general construct of subjective well-being of an individual. A notable finding in concert with Pamela (1993) identified that women retirees with higher self-esteem reported lower depression. This supports the assertion that retirees with high self-esteem are presumed to be psychologically happy and healthy (Taylor and Brown 1988; Branden 1994). Bozorgpour and Salimi (2012) further asserted the role of self-esteem as a strong positive predictor of life satisfaction. The finding affirmed that retirees need to have personal positive views regardless of their prevailing circumstances as this may help in their evaluation of life as a whole at this period.

The third hypothesis revealed that retirees with internal health locus of control significantly reported higher life satisfaction than those with external health locus of control. In other words, retirees who see themselves as being in control of their health-related behaviours were more satisfied with life than those who rely on what other people say or environmental factors as determinants of their health-related issues. Consistent with our finding is the earlier report that there was a positive association between increased life satisfaction and a more internal locus of control (O'brien 2011). The present finding also conforms with Ng et al. (2017) that self-perceived health is significantly relevant to life satisfaction among the elderly. This finding describes that for retirees to be more satisfied with their lives, they need to believe that their health-related conditions are within their control.

Table 4: t-test summary table showing external and internal health locus of control on life satisfaction

	Health locus of control	*N*	*Mean*	*SD*	*df*	*T*	*p*
Life Satisfaction	External	310	29.87	7.09	590	3.87	<.05
	Internal	282	32.12	7.03			

CONCLUSION

In the cross-sectional study, it can be concluded from the findings that life satisfaction among retirees in South-western part of Nigeria might be positively affected by having positive regards for themselves and having control over their health-related behaviours. The researchers believe that further studies, specifically those longitudinal in approach, may provide better information on how other self-related psychological variables might influence life satisfaction among retirees in the studied region and other regions of Nigeria.

IMPLICATIONS AND RECOMMENDATIONS

The findings of the study have some practical implications for retirees. The findings has sensitized retirees, the government and policymakers of the importance of self-related factors in ensuring satisfied life after retirement. Specifically, self-esteem was confirmed as directly influential on life satisfaction among retirees. This implies that the sense of self-worth and personal value is a characteristic that can help increase how retirees enjoy fulfilling life satisfaction. In view of the finding, the researchers recommend that the government should organize regular trainings/seminars with focus on self-development strategies for the retirees at the pension offices. This will have positive effects on how retirees feel about themselves. It will shape their behaviour and help improve their life satisfaction. Also, the researchers found that that retirees with internal health locus of control reported higher life satisfaction. This implies that retirees need to understand their role in shaping their well-being. Thus, the researchers recommend that stakeholders at government and non-government levels should put in place supportive programmes that could help retirees improve their quality of life at this period.

LIMITATIONS OF STUDY

Like any study, the study was faced with some challenges. The first challenge was that using elderly people as study population in Nigeria is not as easy as using younger population. Using this group of people as a population requires more patience and attentiveness in getting information from them. The second challenge was the use of self-report measures as an instrument for data collection, which requires respondents to recall events happening to them before responding accurately to each item in the scale. Another data collection method such as observation would have been added to the self-report measures in order to have in-depth information about the respondents. The third, limitation of this study was that the researchers considered few psychological variables as possible factors influencing life satisfaction in a population of retirees. Further research may investigate more psychological self-related variables in order to have a more robust explanation to the likely factors influencing life satisfaction among retirees in Nigeria. The study can be said to be limited by its generalizability of findings to Nigerian retirees because the retirees sampled in the study consisted of those located in two states within the geographical western part of Nigeria; leaving out retirees in other parts of the country.

ACKNOWLEDGEMENT

The researchers acknowledge and appreciate the coordinators, the research assistants and the participants who have immensely contributed in the course of data collection.

REFERENCES

Adejumo AO, 2010. Influence of social support, self-efficacy and personality on the general health of retirees in Lagos, Nigeria. *Educational Gerontology,* 36(10-11): 907-918.

Agyar E 2013. Life satisfaction, perceived freedom in leisure and self-esteem: The case of physical education and sport students. *Procedia-Social and Behavioural Sciences,* 93: 2186-2193.

Amaike B, Olurode L 2014. Gender differentials in retirement antecedents and life satisfaction of formal sector retirees in Lagos State, Nigeria. *The Journal of Aging in Emerging Economies,* 68-99.

Asebedo AD, Seay MC 2014. Positive psychological attributes and retirement satisfaction. *Journal of Financial Counselling and Planning,* 25(2): 161-173.

Beehr TA, Glazer S, Nielson NL, Farmer SJ 2000. Work and non-work predictors of employees' retirement ages, *Journal of Vocational Behavior,* 57: 206-225.

Bernard D 2013. 9 Important Ingredients for a Happy Retirement. US News and World Report. From <http://money.usnews.com/money/blogs/on-retirement/2013/11/15/9-important-ingredients-for-a-

happy-retirement?int=a94e09> (Retrieved on 15 November 2013).
Bozorgpour F, Salimi A 2012. State self-esteem, loneliness and life satisfaction. *Procedia-Social and Behavioural Sciences,* 69: 2004-2008.
Brajkovic L, Gregurek R, Kusevic Z, Ratkovic AS, Bras M, Dordevic V 2011. Life satisfaction in persons of the third age after retirement. *Coll Anthropology,* 35(3): 665-671.
Branden N 1994. *The Six Pillars of Self-esteem*. New York: Bantam Books.
Çeçen AR 2008. Sense of coherence, family sense of coherence and self-esteem in predicting life satisfaction among university students. *Journal of Theory and Practice in Education,* 4(1): 19-30.
Chen SX, Cheung FM, Bond MH, Leung JP 2006. Going beyond self-esteem to predict life satisfaction: The Chinese case. *Asian Journal of Social Psychology,* 9: 24-35.
Davis MA 2003. Factors related to bridge employment participation among private sector early retirees. *Journal of Vocational Behaviour,* 63: 55-71.
Deniz ME 2006. The relationships among coping with stress, life satisfaction, decision making styles and decision self-esteem: An investigation with Turkish University Students. *Social Behaviour Personality,* 34(9): 1161-1170.
Diener E, Emmons RA, Larsen RJ, Griffin S 1985. The satisfaction with life scale. *Journal of Personality Assessment,* 49(1): 71-75.
Ebersole P 1995. Quality of life: What is it? *Geriatric Nursing,* 16: 49-50.
Ejechi EO, Ogege SO 2016. Quality of life of female public service retirees in a Nigerian setting. *Journal of Social and Management Sciences*, 11(1): 62-71.
Finogenow M 2013. Personality traits and subjective health in retirement age: The role of personal resources. *Polish Psychological Bulletin,* 44(2): 213-222.
Glass JC, Kilpatrick BB 1998. Gender comparisons of baby boomers and financial preparation for retirement. *Educational Gerontol,* 24: 719-745.
Hamilton W 2014. Financial Discipline = Happiness in Retirement. Los Angeles Times. From <http:// www.latimes.com/business/money/la-fi-mo-financial-discipline leads-happiness-in-retirement-study-says20140409,0,5965696.story#axzz2yldODguz> (Retrieved on 9 April 2014).
Haybron D 2007. Life satisfaction, ethical reflection, and the science of happiness. *Journal of Happiness Studies*, 8(1): 99-138.
Hershey DA, Jacobs-Lawson JM, Neukam KA 2002. The influence of aging and gender on workers goals for retirement. *International Journal of Aging and Human Development,* 55: 163-179.
Heybroek L, Haynes M, Baxter J 2015. Life satisfaction and retirement in Australia: A longitudinal approach. *Work Aging and Retirement,* 1(2)*:* 166-180.
Inal S, Subasi F, Ay SM, Hayran O 2007. The links between health-related behaviours and life satisfaction in elderly individuals who prefer institutional living. *BMC Health Services Research,* 7: 30.
Kane L 2014. Here's a Simple Formula that Will Predict Your Happiness in Retirement. Business Insider. From <http://www.businessinsider.com/this formula-will-predict-your-retirement-happiness-2014-4> (Retrieved on 1 April 2014**).**
Lagier S 2013. The Key to a Successful Retirement. The Wall Street Journal. From <http:// online. wsj.com/news/articles/SB1000142412 788 7323 8488045786098313384648O> (Retrieved on 8 September 2014).
Mayr PM 1991. *Retirement: Gender Differences in Life Satisfaction in Retirement*. New York: ETD Collection for Fordham University.
Neeta SK, Karunanidhi S, Chitra T 2015. Determinants of psychological well-being among retirees. *International Research Journal of Social Sciences,* 4(3): 19-26.
Ng ST, Tey NP, Asadullah NN 2017. What matters for life satisfaction among the oldest-old? Evidence from China. *PLoS*, 12(2): e0171799. Doi:10.137 1/journal.pone.0171799.
O'brien GE 2011. Locus of control, previous occupation and satisfaction with retirement. *Australian Journal of Psychology,* 33(3): 305-318.
Osborne JW 2012. Psychological effects of the transition to retirement. *Canadian Journal of Counselling and Psychotherapy,* 46(1): 45-58.
Pamela KA 1993. Psychological well-being and homemaker vs retiree identity among older women. *Sex Roles*, 29*:* 314.
Pavot W, Diener E, Colvin CR, Sandvik E 1991. Further validation of the satisfaction with life scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment,* 57(1): 149-161.
Rosenberg M 1965. *Society and the Adolescent Self-image*. Princeton, NJ: Princeton University Press.
Ruuskanen JM, Ruouppila I 1995. Physical activity and psychological well-being among people aged 65 to 84 years. *Age and Ageing,* 24(4): 292-296.
Saeed F, Bokharey IZ 2016. Gender differences, life satisfaction, its correlate and death anxiety in retirement. *Journal of Psychology and Clinical Psychiatry,* 5(2): 00280. DOI: 10.15406/jpcpy. 2016. 05.00280.
Salami SO 2010. Retirement context and psychological factors as predictors of well-being among retired teachers. *Europe's Journal of Psychology,* 2: 47-64.
Seligman ME, Csikszentmihalyi M 2000. Positive psychology: An introduction. *American Psychologist,* 55(1): 5-14.
Siguaw JA, Sheng X, Simpson PM 2017. Biopsychosocial and retirement factors influencing satisfaction with life: New perspectives. *The International Journal of Aging and Human Development,* DOI: htt;s:/ /doi.org/10.1177/00915016685833.
Taylor MA, Doverspike D 2003. Retirement planning and preparation. In: GA Adams, TA Beehr (Eds.): *Retirement: Reasons, Processes, and Results*. New York: Springer Publishing Company, pp. 53-82.
Taylor SE, Brown JD 1988. Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin,* 103: 193-210.
Tennen H, Affleck G 1993. The puzzles of self-esteem: A clinical perspective. In: RF Baumeister (Ed.): *Plenum Series in Social/Clinical Psychology*. New York: Plenum Press, pp. 241-262.

Wallston KA, Kaplan GD, Maides SA 1976. Development and validation of the health locus of control (HLC) scale. *Journal of Consulting and Clinical Psychology,* 44: 580-585.

Wang M, Shi J 2014. Psychological research on retirement. *Annual Review of Psychology,* 65: 209-233.

Wolman BB (Ed.) 1973. *Dictionary of Behavioural Science*. New York, NY: Litton Educational Publishing Inc.

Paper received for publication on February 2017
Paper accepted for publication on October 2017