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A Study of Perceived Stress and Health Complaints among Retirees and Non-Retirees

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ABSTRACT

Background of the study: Retirement is a multi-dimensional process embedded in life, but it has been rated as a stress event for retirees (Lo & Brown, 1999). The transition from work to retirement can be considered as an expected transition from one phase of life to another or as a specific life event that creates a potential crisis of identity and is associated with a person's well-being and health (Wang et al., 2009; Wang & Shi, 2014).

Problem Statement: This study finds the difference between perceived stress and health complaints (complaints) by retirees and non-retirees.

Proposition: Retirees (n=50) and non-retirees (n=50) with ages ranging between 58 to 65 years were selected, and their responses were recorded through an interview schedule regarding their age, marital status, job, retirement, income, and their viewpoint on retirement. Two scales, i.e., Perceived Stress Scale and Adult Health Checklist, were applied. Three hypotheses were tested regarding the expected difference between retirees and non-retirees in their perceived stress and health complaints.

Results: The t-values revealed that the difference between the perceived stress ((t=2.660, p<0.01) and health complaints (t=2.009, p< 0.05) in retirees and non-retirees are highly significant. Furthermore, the effect sizes measured by Hedge's gU (bias-corrected) were medium-level, thus rejecting the null hypothesis.

Implications: This study has implications for policy related to geriatric health care services, social support, and financial well-being, especially in India.

Keywords: Retirees, Non-retirees, perceived stress, health complaints, geriatric health care.

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1. Introduction

1.1 Background of the study

Retirement is defined as leaving one's job or ceasing to work after reaching a certain age. Retirement and old age run side by side because most people are not capable enough to carry out their job either due to health reasons or forced to retire from certain positions after a certain age. The

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concept of old age in developing countries begins when an active contribution is no longer possible (Gorman, 2017). Retirement appears to be like the golden age when it is 10-15 years away, but people begin to have anxiety and fear about retirement as time draws near. It has been opined that to retire is to draw back, retreat and recedes from society, public or active life, business, or profession (Parkinson et al., 1986). The standard retirement age varies from country to country, but it generally falls between 50-70 years of age

The individual's attitude towards retirement is related to his or her financial situation. It appears to have a negative effect on the individual's adjustment because of economic deprivation and excessive availability of leisure time (Butler, 1969). The relationship between income and attitudes towards retirement is complex as people with higher income feel financially secure during the post-retirement period. However, their income levels are lower than their work salaries during active life (Morgan, 1962). As a result, retirement benefits are seldom adequate to meet financial burdens such as building a house, the wedding of daughters, etc. These situations could occur at about the same time in every person's life, especially those in India (Rao & Parthasarthy, 2000).

Increased financial burdens and withdrawal from the active workforce can lead to stress in retirees. Stress is an indicator of a person's well-being (emotional, physical, and spiritual), and perceived stress can trigger physiological mechanisms (e.g., increased heart rate and raised blood pressure) that affect the entire body (Seaward, 2017). Prolonged periods of chronic stress increase stress-related hormones in the body (Seaward, 2017), in turn resulting in the negative consequences on physical and mental health, leading to the occurrence of diabetes and cardiovascular diseases (Kelly & Ismail, 2015; Kivimäki & Steptoe, 2018) as well as the tendency for committing suicide (Miller, 1979). Retirement related stress is also responsible for inducing unhealthy behaviours such as smoking, excessive drinking, and eating unhealthy foods (Schaie & Carstensen, 2006).

The present study includes both interviews and survey scales to understand more about the perceived stress factors and health status of the retirees and non-retirees in Northern Indian cities (Karnal & Chandigarh). Statistical analysis of the data obtained through interviews of both groups revealed significant differences in terms of perceived stress and health complaints. The retirees, like non-retirees (who are nearing retirement), live with their families (still the dominant living arrangement) and closely perceive their health and well-being in terms of their economic security (Raju, 2014). This impacts their health and quality of life in general. A country as large and complex as India needs to focus on their retiring population to take adequate measures to improve the quality of life in old age. Thus, this study will be of immense importance in making the Indian Government institute appropriate measures to minimise the perceived stress and health-related complaints in the retiring population.

This paper includes a literature review identifying the gap in literature and hypothesis of the study, methodology, results, discussion and implication of the study.

2. Literature review

The retirement process involves four different dimensions: activity, physical potency, emotional evaluation, and moral evaluation (Atchley, 1974). Role and continuity theories provide two different perspectives about retirement. The role theory suggests that retirement triggers a sense of loss, especially in cases where the occupational role is essential to retirees' sense of identity (Adams et al., 2002). Retirement reduces stress when work is strained or overloaded (Adams et al., 2002; Kim & Moen, 2002; Wang & Shultz, 2010). The continuity theory argues that retirement is stressful because it is seen as a disruption of the consistency in life patterns over time, and thus retirees need to cope with the changes brought upon by retirement (Richardson & Kilty, 1991; Wang & Shi, 2014). Components of this disruption include changes in income and work-related social networks (Van Solinge & Henkens, 2008). Both the theories emphasise that retirement is an independent critical event/stage in a life marked by many changes. Retirement is a focus area for researchers as this transition is associated with concern for the overall well-being of an individual (Wang & Shultz, 2010). Although a lot is known about retirement, its relationship with perceived stress and retirees' health is still not clear. The impact of retirement varies over time individuals (Pinquart & Schindler, 2007; Van Solinge & Henkens, 2005, 2008; Wang, 2007).

The literature also suggests that retirement might not be a single event of sudden change. Instead, retirees gradually exit the work before their actual retirement (see stage theory, e.g., Altchley, 2009; Wang, Adam, Beehr & Shultz, 2009). This makes it important to explore the differences between retirees and non-retirees regarding their perceived stress and health status.

A correlation has been reported between retirees' psychological comfort and health (Kim & Moen, 2002; Palmore et al., 1984; Singh, 1999; Van Solinge & Henkens, 2008). A study carried out in Germany reported higher life satisfaction and lower stress after retirement in comparison to non-retirees (75%) who faced significant stress and lower life satisfaction in terms of well-being and health (Wang, 2007). No such study has been reported in India. With the growth of individualism, lack of social support for the ageing population, changes in family structure and the declining role of authority after retirement, it becomes essential to explore how retirees and non-retirees perceive stress and health (Raju, 2014).

The present study was aimed to study the correlation between stress and perceived health complaints of Indian retirees and non-retirees and also to identify the differences between these two groups. The hypothesis tested were,

H 1: The retirees and non-retirees are expected to differ on their perceived stress,

H 01: There is no difference between the perceived stress of retirees and non-retirees,

H 2: The retirees and non-retirees are expected to differ on their perception of health problems,

H 02: There is no difference between the perception of health problems of retirees and non-retirees

H 3: Perceived stress is positively correlated to health complaints in retirees.

3. Methods and design of study

3.1 Sample

Retirees and non-retirees for this study were selected from two Indian cities (Karnal & Chandigarh). The sample was an incident alone i.e., availability of the old retired men was the criterion for the selection of the sample. One hundred subjects (age ranging from 58 to 65 years) were selected from the two cities. The interview schedule consisted of questions regarding the pension they got, age at which they retire/retired and how they were dealing with it.

3.2 Procedures

The information has been gathered in two phases. Phase I included general information regarding their age, marital status, job and income about all the subjects. An interview schedule was designed to obtain their viewpoints on retirement. Phase II of the study include two scales i.e., Perceived Stress Scale, PSS (Cohen et al., 1983) and Adult Health Checklist, AHC (Forgays et al., 2001).

3.3 Measures

The PSS is a widely used instrument for measuring the perception of stress. It measures the degree to which situations in one's life is appraised as stressful. Items are designed to find out how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples. The questions were of a general nature and, hence, were relatively free of content specific to any sub population group. The PSS included symptomological measures ranging from 0.52 to 0.76 and these were found reliable. The questions in PSS measure responses in the range of 0 to 4 (0 = never, 1=almost never, 2= never, 3=fairly often, and 4=very often). The PSS scores were obtained by reversing the responses (0=4, 1=3, 2=2, 3=4, 4=0) to the items 3, 5, 6, 7, 9, 10, 13 and then summing them across all scale items. The rest of the items were scores as answered by the respondents.

The AHC is a self-reported device comprising 26 health complaints/illnesses that happen at least once in a while to many individuals. The respondents are required to indicate the frequency and intensity of each illness in the past six months. "Frequency" of each illness is rated along a six-point Likert Scale ranging from 'happen daily to 'do not happen, not a problem that happens daily'. The respondents were asked to rate each illness along a four-point Likert scale, ranging from "does not bother me, not a problem" to 'bothers me when it happens' to indicate intensity. Further, the

respondents were also asked to specify whether they undertook 'Medical Care' i.e they visited a doctor for the illness. In this study test, re-test reliability was 0.72 after a lapse of two weeks.

3.4 Analytical procedures

Independent sample t-test were done for the two groups (retirees and non-retirees) to find the mean differences between them both for perceived stress and health complaints. Hedges gU with bias correction was used as indicators of effect size to facilitate comparison with the results of earlier studies. Hedges gU values of .2, .5, and .8 were considered as small, medium, large effect sizes, respectively (Cohen, 1988). Further Pearson correlation was done between the two scales to see if stress is associated with the health complaints of retirees.

3.5 Results

The first hypothesis stated that the retirees and non-retirees are expected to differ on their perceived stress. Table 1 shows the percentage distribution of adequacy of income in retirees and non-retirees. The analysis of data shows that 46% of the retirees felt their income was adequate in comparison to 12% of the non-retirees. The percentage of retirees and non-retirees finding their income slightly adequate (10% and 8%, respectively) and fairly adequate (30% and 36%, respectively). It was interesting to note that none of the retirees found their income to be not adequate whereas 10% of the non-retirees observed it to be not adequate. The percentage of retirees who perceived their income to be adequate was 14% in comparison to 22% of non-retirees. Based on the percentage distribution of responses related to stress experienced by retirees and non-retirees, the results revealed that 22% of retirees found retirement to be a stressful event in comparison to 12% of the non-retirees. Mean, standard deviation and t-values of perceived stress was calculated for the samples and results revealed a highly significant difference in the mean scores (see Table 1). The mean score of the retirees (20.38) is higher than that of non-retirees (17.1). The t-ratio comparison revealed that difference between the perceived stress in retirees and that of non-retirees is highly significant ($t=2.660$, $p<0.01$). This rejects the null hypothesis (H_0).

Table 1.

Percentage distribution of adequacy of income in retirees and non-retirees.

	Not Adequate	Slightly Adequate	Adequate	Fairly Adequate	More than adequate	Perceived stress		
						Mean	S.D	t-value
Retirees (50)	0%	10%	46%	30%	14%	20.8	6.01	2.660**
Non-retirees (50)	10%	8%	12%	36%	22%	17.1	6.2	

***Significant at 0.01 levels, n= Number of subjects, S.D= Standard deviation*

Further effect sizes were calculated between the two groups using Hedges gU bias corrected measure (Hedges, 1981). The effect size was found to be of medium level (0.52). This helps to reject the null hypothesis.

The second hypothesis of the study is that retirees and non-retirees are expected to differ on their perception of health problems. Percentage distribution of responses of the sample revealed that 50% of the non-retirees rated their health to be good as compared to 44 % of the retirees. But 24% of the retirees reported their health to be excellent as compared to 20% of the non-retirees (Table 2). There was a significant difference between retirees and non-retirees in this aspect (Table 2). The mean score of retirees in the Adult Health Checklist is 17.08, which is higher than that of non-retirees i.e., 13.92. The t-ratio comparison between retirees and non-retirees is significant at 5% level ($t= 2.009$). The results obtained clearly indicate a tendency of increased perception of health complaints after retirement.

Effect size between the standardized mean differences within the groups were calculated using Hedge's bias corrected gU. The effect size was found to be less than medium (0.40). The null

hypothesis can be rejected as the effect size in gerontology research has been reported 0.15, 0.38, and 0.69 (Brydges, 2019; Lovakov & Agadullina, 2021; Quintana, 2017).

Table 2.

Percentage distribution of self-reported health responses of retirees and non-retirees.

	Poor	Good	Very good	Excellent	Adult Health Complaints		
					Mean	Standard deviation	t values
Retirees (50)	6%	44%	26%	24%	17.08	8.98	2.009*
Non-Retirees (50)	14%	50%	16%	20%	13.92	7.84	

*Significant at 0.05 levels, n= Number of subjects

It has been hypothesized that perceived stress is positively correlated to health complains in retirees. Statistical analysis also supported this hypothesis and a significant positive correlation (0.33, $p < 0.05$) between perceived stress and health complains in retirees was observed (see Table 3).

Table 3.

Inter Correlation between Perceived Stress and Health Complains in Retirees (n=50).

S.no	Variables	Correlation
1.	Perceived Stress	0.33**
2.	Health Complains	

**Significant at 0.05 level

4. Discussion

Stressful events like retirement are positively related to perceived stress and health complaints in retirees. Stress in retirement may be described by the abruptness with which people retire and the repercussion of this event on their mental and emotional stability is observed (Johnson & Sarason, 1978). The transition from work to retirement can be considered as an expected transition from one phase of life to another, or as a specific life event that creates potential crisis of identity (Wang et al., 2009; Wang & Shi, 2014). Retirement is a multi-dimensional process embedded in life but it has been rated as a stress event for retirees (Lo & Brown, 1999). The negative impact of retirement on the quality of life derives from the individual's loss of occupational identity; and the loss of social and other benefits obtained through work (Behncke, 2012; Smith, 1991). This study has found significant differences in the perceived stress of retirees and non-retirees. This can be explained by the change in the social and work status changes followed by retirement. When the person goes into retirement, he/she is forced to think that he/she is old and his/her life despite comparative good health becomes dull, lonely and dependent (Heller-Sahlgren, 2017). Retirement itself can give rise to wide range of negative affects like psychological distress, loneliness, withdrawal from society and physical illness (Kim & Moen, 2002; Wang, 2007). In countries like India this can also a period of stress and starting of dependency (financial and emotional) on adult children in family (Raju, 2014). It has also been observed that retired individuals perceived a loss in their own value to their family, loss in the gratification of job, loss of role, symptoms of stress and feeling of despair (Adams et al., 2002; Somasundaram, 2003). The effect is less evident in the unskilled and uneducated in comparison to professional and skilled workers.

Retirement influences physical health and well-being of retirees (Binh Tran & Zikos, 2019; Charles, 2004; Coe & Zamarro, 2011; Eibich, 2015). It has also been opined that stress due to retirement might be associated with serious physical illness and premature death (Streib & Schneider, 1971). Change in financial status and ageing both can explain the significant stress and health complaints after retirement. After retirement a person gets a pension which is half of his basic salary. It is difficult to live on a reduced income and the economic crisis forces retirees to adjust their needs considerably. The observations on loss of income leading to stress and strain among the aged have also been supported by (Keith, 1993). Decrease in social, financial and psychological competency inevitably intensifies the

effects of environmental stress and, with the passage of time the elderly becomes increasingly unable to cope with the stress of the environment.

The significant difference observed in the mean scores of the perceived health complaint obtained from retirees and non-retirees may be due to increased susceptibility to illness, as the retirement event is a large-scale life transaction involving interface between the individual and his or her environment (Fiske, 1975; Holmes & Rahe, 1967). Financial constraints resulting from reduced income after retirement may also be related to poor physical and mental health in aged people (Braithwaite et al., 1986; Moreau & Stancanelli, 2015). This may also be due to the negative perception of the quality of life during the retirement period especially in Indian society where the earning member is considered head of family and involved in major decision-making within family and society (Kumar, 2003; Kumar & Bhakat, 2021). The effects of special health conditions have been investigated on the perceived quality of life in retirement and showed that a number of life threatening and non-life threatening conditions had negative effects on perceived quality of life, though life threatening health conditions had more significant effects (Nelson, 2005). The positive correlation between the perceived stress and health complaints of retirees emphasise the need to look into policies associated with retirement and post retirement life. Sethi and Gupta (1970) found in a study that the cumulative stress in old age and stressful life events like retirement increases the susceptibility to illness and leads to diseases such as chronic heart diseases and psycho-chronic conditions in retirees. Pestonjee (1987) noted that it was natural and healthy to maintain optimal levels of stress but when stress is left unchecked and unmanaged it created problems in performance and affected the health and wellbeing of an individual.

5. Implications for policy

This study has implications for the policy as it helps to highlight how retirement is associated with increased stress and health complaints. In India, where there is a lack of financial support for elderly, the effect of retirement can be adverse. Pensions covers 10% of workforce (former government employees and industrial workforce), that clearly highlights the financial stress one has to face after stepping down from working life (Kumar, 2003). Policy should look into supporting the retirees where they can enhance their financial status while contributing to the development of the country.

Second implication of this study is on the policies focusing on development of social networks that are non-kin associated. Retirees need a social network beyond their immediate family to increase their life satisfaction and well-being (Khanwalker, 2021). This study highlights the need of such social networks after retirement that can add positive affect to the retirees perceived stress indicators.

Third implication of this research is on the policies focusing on health in old age. In India, there is no separate health care service for people above 65yrs of age. Health services and care provision is required for all age groups. This study highlights the significant increase in health complaints after retirement and with the reduced income, aging body, decreased social role leading to anxiety and depression, and lack of social support mechanism, there is a need to have policies focusing on the geriatric care.

6. Conclusion

This study investigated the differences between retirees and non-retirees in terms of perceived stress and health complains. Significant differences are found in the two groups. This research clearly shows that retirees have higher perceived stress in comparison to non-retirees and it is associated with higher perception of health complaints in retirees. This has added to the much-needed gap in literature where the retirement is seen in relation to decreasing health. But a comparison between retirees and non-retirees has shown that change in the work status can impact the way individuals perceive stress in their daily life and how it is associated with increased health complaints. Further studies in this area are needed to narrow down the stress causing factors responsible for genesis.

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