

Assessment on the Quality of Life of Retired Employees

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ABSTRACT

Retirement brings changes. It has impacts on health, social roles and finances. This renders quality of life of retirees significant. Most programs assist citizens, nevertheless, they do not target retirees. This study looked at the quality of life of retired employees in Impasugong, Bukidnon. The study investigated if physical health, family and peer support, enough income, social and spiritual activities affected their quality of life. 100 retirees were surveyed using the adapted questionnaire of WHO. Results showed that retirees had physical health. They were much supported by their family and friends. They were earning money and participating in numerous social and spiritual events. The researcher discovered that quality of life was connected to health, family and peer support, income sufficiency, social and spiritual activities. The analysis revealed that a high quality of life was predicted by the sufficient income and good physical health. This paper indicates that retirement is complicated, it requires security, good health, positive relationships and activities. Policymakers, social workers and local government units can use these findings to design programs that help retirees. These programs can improve health support, income security and opportunities for spiritual participation for retirees. The study findings can help create programs that focus on retirees that can make retirement better. Retirement programs can provide health support, income security and social activities. Retirees need support. They need security. They also need to stay engaged.

Keywords: physical status, family and peer support, income adequacy, social and spiritual activities.

INTRODUCTION

Retirement is a significant life shift that often entails modifications to daily routines, social roles, and financial stability, all of which can affect the overall well-being of older individuals. Republic Act No. 7641, Article 287, stipulates that any employee may be retired upon attaining the retirement age specified in the collective bargaining agreement or other relevant employment contract. The compulsory retirement age in the Philippines is established at sixty-five (65) years, as stipulated in Republic Act No. 7641, applicable to both government and private sector personnel. Employees with a minimum of fifteen (15) years of service, may choose voluntary retirement at the age of sixty (60). This voluntary retirement program acknowledges the contributions of long-term employees and offers them the opportunity to retire early. Some individuals presume that, upon retirement, an employee will experience relief from work-related stress and the everyday rigors of an eight-hour workday. It will also absolve them of their accountabilities and responsibilities in the job.

In the 2024 MassMutual Retirement Happiness Study, most retirees reported feeling more relaxed, less stressed, and happier since retiring. Retirees who are much happier in retirement are more likely to fill their spare time with a variety of activities, and many retirees who are not happier in retirement admit to experiencing loneliness. Retirement, on the other hand, does not always mean being happy and free; some retirees have other responsibilities to take on, not only for their jobs but also for their families, organizations, associations, and other groups they belong to. Today, some retirees are seen taking care of their grandchildren; they become nannies and guardians, when in fact they should be the ones being taken care of by their children. Their immediate family should ensure that they live a better life, considering their age, and not burden them with responsibilities.

Retirees' quality of life is significantly influenced by social support, financial security, self-esteem, and involvement in family and social activities. Tarkar & Dhamija (2020). Silva and his colleagues conducted a study in 2023. Quality of life and mental health in the post-retirement stage have become increasingly important

markers of successful ageing. Retirement can have a long-term positive impact on mental health and life satisfaction, depending on an individual's retirement status or preparation. However, little is known about how the employment sector, especially public versus private, affects mental health and quality of life after retirement, especially in developing nations. Studies revealed that retired private sector workers have much worse mental health and quality of life (QoL) than their public sector counterparts because of differences in pension plans and benefits related to their jobs (Pranav et al., 2024). Furthermore, research on disabled retired public employees and early retirees has emphasized the significance of social engagement, institutional support, and self-esteem in predicting quality of life (QoL) (Roychowdhury et al., 2024).

As of 2024, there are around 9.4 million Filipino citizens aged 60 and above, which is 8.6% of the total Philippine population; this figure is expected to increase to 14.4 million by 2045 (Ching et al., 2021). Most Filipino senior citizens are women from rural areas, with minimal opportunities to access health care and social services (Ching et al., 2021). They also added that retirees may experience a crisis due to having inadequate savings. Palmes et al. (2021) say that only a total of 30% of senior citizens receive pensions through the Social Security System (SSS) and the Government Service Insurance System (GSIS), with only an average SSS monthly pension ranging from ₱5,000 to ₱6,000; this amount of monthly pension could not fully sustain the basic needs of an older person. Aside from this, the government has also initiated government pensions through the Expanded Senior Citizen's Act of 2010, the amount of 500.00 social pensions, which is now doubled to 1,000.00 through Republic Act 11916, An Act Increasing the Social Pension of Indigent Senior Citizens, free PhilHealth coverage and a 20% discount of the purchase of goods such as medicines, hospitalization, and other services.

Some other LGUs, like the Local Government Unit of Impasugong, have initiated local laws in line with the national laws for senior citizens. As per the Office of the Senior Citizen Affairs (OSCA) records as of April 2025, the LGU has a total of 4,989 senior citizens, of whom 1,200 are retirees. The LGU has a local ordinance institutionalizing the grants of benefits and privileges of indigent senior citizens in the municipality. This includes the grant of a milestone benefit, in which senior citizens aged ninety (90) to ninety-nine (99) years old receive a cash award of Twenty-Five Thousand (P25,000.00). More than eighty beneficiaries have already availed of this program since 2026, and those one hundred years (100) old and above receive a cash award of Fifty Thousand (P50,000.00). A total of five beneficiaries have also availed of this benefit. Another benefit stipulated in this ordinance is the grant of a municipal social pension in the amount of 200.00 to the indigent senior citizens in the locality who are not recipients of any other pension. As of 2024, the LGU has 1642 beneficiaries of the program.

In another municipal ordinance, the LGU has also provided strong support in strengthening the relationship of married couples in the municipality by creating and implementing the Golden Couple Ordinance, in which those married couples who have been living together for fifty years, who are also bona fide resident of the municipality of Impasugong receives a cash award amounting to Fifty Thousand (P50,000.00) pesos upon reaching the milestone since 2021. As of the first quarter of 2025, there are already 83 couples who benefited from the program. Other services for senior citizens, like providing assistive devices (wheelchairs and canes), free eye checkups and eyeglasses, and medical, burial, and food assistance, are also available in the LGU.

However, some of these programs still cannot fully serve all senior citizens, especially retirees receiving pensions from other agencies, due to the qualification criteria. Retirees usually complain about being excluded from receiving social pensions from the DSWD and the LGU because of the pensions they receive from GSIS, SSS, PVAO, and other agencies. Currently, the LGU has no specific programs for retirees, but only for senior citizens. Also, due to limited government funding, LGUs cannot afford to fully fund pensions for all those aged 60 and above.

Considering these disparities, the current study intends to assess the quality of life of retired employees in the Municipality of Impasugong, Bukidnon. The study will provide information on the needs and challenges that retired employees face, which might be used as the foundation of the intervention and policy-making to improve the well-being of retired individuals, the quality of the retirement process, and the psychological strengthening of older adults by defining sector-specific differences and the factors involved.

The need for inclusive retirement policies that promote social integration and mental health for all retirees, regardless of work history, is one way this study adds to the larger conversation on aging. Another is to enhance support systems, promote active aging, social connection, and create community-building programs and activities.

Statement of the Problem

This study aims to determine the Quality of Life of the Retired Employees in Impasugong, Bukidnon. It specifically aims to answer the following research questions:

1. What is the participants' assessment on their physical status?
2. What is the extent of support that participants received from their family and friends?
3. What is the extent of the participants' income adequacy?
4. What is the participants' level of participation in social and spiritual activities?
5. What is the participants' assessment of their quality of life?
6. Are the participants' physical status, social support, income adequacy and participation in social and spiritual activities significantly associated with their quality of life?

LITERATURE REVIEW

Physical Status

Retirement is a major life change that affects everyone's quality of life, especially physical functioning and wellbeing. Numerous studies have demonstrated that, depending on individual, occupational, and socioeconomic factors, the transition from work to retirement can result in both improvements and declines in physical health. In their study of concurrent changes in physical activity and functioning among retirees from the Finnish public sector, Lintuaho et al. (2023) found that low physical activity was associated with a decline in functioning, especially among women, single individuals, and obese or heavy drinkers. The enduring impact of socioeconomic status on health was also highlighted by Lahti et al. (2022), who found that physical functioning decreased both before and after retirement, with class-based disparities growing, especially among older retirees.

Supporting this, Saha et al. (2025) found that different physical functioning trajectories occurred over the course of retirement, with poor pre-retirement health behaviors such as obesity, inactivity, and sleep issues predicting a faster functional decline. Grotting and Lillebo (2020), on the other hand, found that retirement in Norway improved physical health by reducing stress and physical demands, particularly among those with lower socioeconomic status. Also, the long-term consequences of work-related conditions were emphasized by Eyjolffsdottir et al. (2024), since poor physical work conditions and job stresses were predictive of poor self-rated health and capacity even after the retirement. These findings indicate the multifaceted nature of the quality of life of retirees and the need to take into account personal and systemic factors when encouraging successful aging.

The issue of the health impacts of retirement is growing in importance as the population of the world grows older, and discourse about the extension of the working years takes hold. Nazar et al. (2025) conducted a systematic review and synthesized longitudinal studies published between 2013 and 2023 and discovered that retirement is often related to a decrease in physical functioning, a higher morbidity rate, and higher risks of all-cause mortality. These results were due to mechanisms like lifestyle changes, reduced social activities and financial stability, indicating that pre-retirement factors mediate the impact of retirement on health as opposed to the reverse. The disparities in classes began to emerge and increase with age of people Lahti et al., (2022). This means that retirement can increase health disparities, particularly among the workers of lower classes.

Pre-retirement moderate-to-vigorous physical activity was associated with better self-rated health among non-manual workers.

Consequently, there is a related study that examined objectively measured physical activity, which found that changes in physical activity or sedentary time during the retirement transition had no significant impact on post-retirement health ratings (Westerlund et al., 2023). Meaningful activities, like cycling, can promote happiness and emotional fortitude despite danger, illustrating the need for agency and purpose among the elderly (Fulgencio et al., 2023). To promote mental health in later life, these studies collectively highlight the importance of the transition period, influenced by lifestyle choices and the nature of elderly wellbeing. They proposed that interventions should holistically address physical, psychological, social, and cultural factors.

Family and Peer Support

Family and peer networks are examples of social support systems that are largely affecting the quality of life of retired workers. According to Satya, Soemanto, and Murti (2020), peer support and family support were significantly related to a higher quality of life in older adults, which highlights the importance of those relationships between peers and family members in the later life. Peer-led health and wellness programs are best delivered in retirement living (RL) communities. Barras et al. (2021) suggest that these interventions positively influence health outcomes (reduced blood pressure), behaviors (increased physical activity and improved nutrition). Peer leaders were also reported to be easy to access, approach, and to relate to, which is helpful in the settings with low access to healthcare resources. Peer-based interventions based on scaling have already been shown to be effective in meeting the mental health needs of older adults during a global crisis such as the COVID-19 pandemic. According to Thombs and Carboni- Jiménez (2021), videoconferencing groups and lay-led phone support were successful in reducing anxiety and depression in remote older populations. Together, these results highlight how crucial it is to fortify family ties and create organized peer support networks to enhance the mental and physical health of retired workers. Additionally, reconfiguring social identity is a significant challenge during the retirement transition, especially as people stop playing the professional roles that once defined who they are. Academic identity remained central to the post-retirement narratives of recently retired university faculty members who experienced identity continuity, change, or conservation (Miron et al., 2021).

Many retirees sought to preserve or transform aspects of their previous identities rather than create entirely new ones. This research emphasizes the importance of supporting identity-preserving activities when making retirement plans, especially in occupations where self-definition is closely linked to work. Another important factor influencing psychological outcomes in retirement is social relationships. Social interaction at work is an essential but erratic resource (Voss and Pflieger, 2024). Also, according to their findings, many workers during the COVID-19 pandemic greatly missed social interactions. This suggests that retirement, like the pandemic, may cause isolation and loneliness if social resources are not sufficiently replaced. Retirement significantly mediates declines in mental and physical health (Pilehvari, You, and Lin, 2023). These psychosocial dynamics interact with economic status. The income of retirees often drops significantly, thus affecting their access to healthcare and social life (Arya, 2024). Economic insecurity worsens feelings of alienation and further undermines professional identity.

Further, according to Arya's sociological analysis, financial stress limits retirees' capacity to partake in activities that enhance their social or identity, while lowering their quality of life. Combined, these studies broaden our knowledge of retirement mental health beyond personal characteristics or work-related stressors. They also highlight the significance of social networks, continuity of identity and money in influencing psychological wellbeing. To foster a decent and psychologically sound retirement, interventions necessary to encourage retirees to remain useful, establish relationships, and enjoy financial stability are needed. The independent living of many older Filipinos is a reflection of their goals and coping strategies and is reflected in the following: social connections, mental acuity, economic stability, and physical health (Loa, Othaganont, and Culbert, 2023).

Apo Whang-od's longevity and holistic lifestyle demonstrate how traditional values and communal practices help close service gaps in rural areas like Tinglayan, where resources are limited (Balangue, 2023). Among employees about to retire, the financial, health, and social domains are the primary sources of retirement anxiety (Kottackal, 2020). This suggests that anxiety rises when these areas are not adequately prepared. Indigenous

retired teachers, who continued to voluntarily contribute to their communities despite facing health risks, poor financial outcomes, and a lack of support services, retirement can also bring special challenges for marginalized groups (Bangao, 2020). Retirees who returned to work after retirement experienced emotional and financial difficulties, but they also expressed contentment and purpose through their continued involvement (Lopez, Eguia, and Simon, 2024). Collectively, these results demonstrate how social, psychological, physical, cultural, and economic factors interact to shape older adults' experiences and overall well-being.

The literature emphasizes the value of comprehensive retirement preparation programs that consider social support networks, psychological well-being, and financial and physical preparedness.

Income Adequacy

Given rising life expectancy and changing pension systems, retirees' overall quality of life is significantly influenced by their income sufficiency in retirement. Adnan et al. (2023) predict that Employee Provident Fund (EPF) in Malaysia as a defined contribution plan will not be able to yield enough income at retirement to cover 26% of Malaysian households, particularly the Bottom 40% income group. This shows just how big the hurdles that low-income earners have to overcome in order to enjoy financial stability in their old age are. In the same way, Polvinen et al. (2024) examined the trends in retirement in Finland. They discovered that the incomes of early retirees tend to fall after retirement, but those who stay at work and especially the self-employed earn higher and more stable incomes. These trends indicate that in systems where retirement ages are flexible, income inequality is growing. A study by Zimmermann and Zimmermann (2021) using Swiss household panel data to support these findings found that self-employed individuals have higher income replacement ratios and higher levels of financial satisfaction than salary workers.

In the Philippines, where many older adults experience financial insecurity, retirement readiness is still a major concern. According to Lugay et al. (2024), most private sector retirees do not have enough money to sustain their lifestyles after retirement, even though the Social Security System (SSS) promises a maximum pension. Income, lifestyle, savings habit, investment knowledge, and health, according to their study on employees in the National Capital Region (NCR), are all important factors when it comes to retirement planning.

In the same way, Castillo et al. (2022) came up with a conceptual framework for pre-retirement that is based on network engagement, health awareness, and being financially ready. Their research showed that even though Wesleyan University-Philippines staff members knew what they needed to do to prepare for retirement, they still weren't ready and didn't have good habits when it came to investing. A correlation analysis also showed that there is a strong link between retirement readiness and demographic factors like age, income, and level of education. In contrast, Baluscang and Ladia (2023) examined retirement-age preferences and discovered that workplace conditions, familial influences, and individual traits affected older academic employees' choices regarding early or postponed retirement. These studies show how complicated it is to plan for retirement in the Philippines and how important it is to have specialized pre-retirement programs and institutional support to help future retirees with both their financial and personal health.

Participation in Social and Spiritual Activities

Social participation plays a critical role in enhancing quality of life of the older adults even after their retirement. Research has always indicated that meaningful social participation helps retirees maintain a sense of purpose and reduce the effects of depression and improve mental health. The study by Martynova and Puthenparambil (2025) established that retirees in Russia who engaged in traditional crafts and volunteering scored their health, happiness and life satisfaction significantly higher. Their results demonstrate the importance of harmonizing social programs with intrinsic motivations of older adults, including their needs in autonomy, competence, and relatedness.

Similarly, early retirees demonstrated higher involvement in hobbies and volunteering, which improved their well-being, according to a Japanese study by Kobayashi et al. (2021), underscoring the importance of promoting social engagement prior to retirement. Additionally, compared to instrumental tasks, Lin, Chung, and Yeung (2023) found that cognitively demanding volunteer work has a greater positive influence on retirees' mental and

cognitive health. These results suggest that not all volunteer activities are equally beneficial, and that creating programs that provide cognitive challenges for older adults may lead to higher levels of well-being. Zou et al. (2022) emphasized the significance of spiritual leadership in promoting social responsibility and meaning in the context of workplace spirituality, which may influence retirees' post-employment activities. Taken together, these studies demonstrate that planned, intentional social activities promote successful and meaningful aging and improve retirees' psychological well-being and life satisfaction.

One important mediator in enhancing psychological well-being during this life transition is social participation. According to a comprehensive study by Zhan, Ning, and Zhang (2025) involving over 9,000 Chinese seniors, retirement can reduce depressive symptoms among older adults, especially when combined with ongoing social interaction. Using hierarchical multiple regression, the study found that social engagement plays a critical role in successful aging by improving mental health benefits of retirement. This study emphasizes the value of community engagement in reducing depression and fostering psychological resilience in older adults.

Bangao (2020) carried out the same study on the indigenous retired Philippine public-school teachers in Mountain Province. The research revealed that despite the fact that retirement may be challenging especially because of health issues, pension and financial fraud, individuals who continued to be socially engaged discovered a new meaning and fulfillment in life. Many of the retirees engaged in community service programs such as peace keeping, environmental activities, religious education and anti-drug programs. Through these activities were able to make substantial contributions to society and it also brought them a feeling of relevance. The two studies substantiate the fact that promoting socialization during retirement is a key to enhance mental health, alleviate psychological distress, and ensure that the elderly live meaningful and decent lives.

Quality of Life

Retirement is a life transition that is very important and greatly affects the lifestyle of people, their psychological wellbeing, and happiness. Scholars have focused on the significance of psychosocial therapies and structured health promotion to assist retirees in going through this transition period. The theory-based health promotion program elaborated and tested by Moghaddam et al. (2023) illustrated how structured sessions and environmental support could positively impact the quality of life and coping abilities among retirees. In support of this, Yun et al. (2024) highlighted the important mediating role that lifestyle factors. In particular, social participation and health behaviors contribute to the relationship between retirement status and life satisfaction. Based on their results, the adverse effects of retirement can be alleviated through promoting healthy lifestyles. Also, Pang et al. (2024) found that a supportive environment at home, good marital relationships, and other retirement resources such as financial, emotional, cognitive, and social resources are significant predictors of subjective well-being among retirees. All these studies show that successful aging is a complex process and requires a life-long support network and pre-retirement planning to ensure a seamless transition into retirement.

Studies have shown that the psychosocial factors affect the well-being of retirees more than the financial situation. According to Charles and Arockiam (2022), social support, psychological health, and quality of life are all strongly positively correlated among retirees. Economic factor of monthly pensions or secondary sources of income are among other factors that determine life satisfaction. Sohler, Van Ootegem, and Verhofstadt (2020) claim that retirees might experience greater control over their lives in the beginning. Nevertheless, their amount of life satisfaction is likely to decline in the long run, in the absence of adequate emotional and social support. Gender and post- retirement activities also matter, Khatoon (2022) noted that the retired men report a better quality of life than their female counterparts or non- working counterparts, especially when they engage in meaningful activities.

Furthermore, the study by Moreira et al. (2023) found that among public employees who retired due to disability, smoking, psychological disorders, and chronic illnesses were associated with a lower quality of life. This suggests that health status and lifestyle factors significantly impact retirees' well-being. These results highlight the significance of comprehensive interventions that address social connection, emotional resilience, physical health, and financial security.

Retirees' quality of life (QoL) is multifaceted, with many studies highlighting the interaction of social, emotional, health, and financial factors. Empirical evidence indicates that financial aid significantly impacts retirees' satisfaction, followed by access to healthcare and emotional well-being. Financial security has emerged as the most influential determinant of quality of life in retirement (Husin et al., 2021). Silva et al.'s 2023 integrative review further supports the view that socioeconomic factors such as income, education, and work history are important indicators of post-retirement well-being. Studies from Brazil and Egypt have demonstrated that health, including the management of chronic diseases and mental health, significantly influences QoL (Mohamed et al., 2020; Moreira et al., 2023). Life satisfaction and overall quality of life have been found to correlate positively with emotional resilience and a sense of purpose in life. Research indicates that these psychological aspects are crucial for adjusting to retirement transitions (Roychowdhury et al., 2024; Brasero-Rodríguez et al., 2024). Social support networks, such as community service and retirement planning programs, are also crucial because they mitigate the negative consequences of social isolation and role loss (Silva et al., 2023; Charles & Arockiam, 2022).

Also, organizational practices prior to retirement, including transition management and workplace support, may also impact attitudes and retirement age, which in turn impacts perceived quality of life (QoL) (Albertsen et al., 2024; Kairys et al., 2024). These findings suggest that nurturing a beneficial relationship should entail a comprehensive approach that considers institutional, emotional, health, and financial factors. National and local studies on elderly people in the Philippines have shown that their quality of life is highly affected by various factors, such as income level, social engagement, access to health services, resilience, and education level (Palmes, Trajera, and Ching, 2021; Carandang et al., 2024). Resilience and social engagement have been found to mediate the relationship between coping strategies and quality of life (Palmes, Trajera, & Ching, 2021). Conversely, affordability and access to healthcare are positively related to improved QoL outcomes (Carandang et al., 2024).

Moreover, emphasizing the psychological component of well-being, Angeles (2022) found that there was a strong negative association between depression and QoL in elderly individuals with vascular diseases. Additional significant aspects are family support, spiritual activity, and physical well-being (Oconer & Quimen, 2024; Pangandaman et al., 2021). This is further supported by findings in the international environment like Nepal and Taiwan where physical activity, education, and marital status were linked to the quality of life among older adults (Paudel et al., 2024; Hsieh, Li, and Chen, 2023). The combination of these results shows the importance of contextual, localized, and holistic measures in assessing and improving the quality of life of the aging population.

METHODOLOGY

Research Design

A descriptive-correlational research design has been used in this present study. The descriptive-correlational research design is a non-experimental method for describing a phenomenon and analyzing the relationships among two or more variables without manipulating them. This design seeks to characterize the distribution of variables and evaluate their relationships in their natural environments (Polit and Beck, 2012). This research design helped the researcher analyze the data gathered from the participants, which will serve as proof of the study's results in general.

Participants of the Study and Sampling Procedure

The participants of this study are the selected one hundred (100) retired employees of the Municipality of Impasugong. The inclusion criteria were retired employee for over three years, a retiree in any government or private agencies, and at least sixty (60) years old. They are also active members of the Association of Impasugong Retirees (AIR) and/or the Office of the Senior Citizen Affairs (OSCA). Participants were selected by randomization, with everyone having an equal chance of being selected as respondents in this study, in which a total of eighty-six retirees from government agencies and fourteen from private agencies who became the participants in the present study.

Research Instruments

The present study adapted the research questionnaire based on the concepts of the World Health Organization Quality of Life – BREF (WHOQOL-BREF). The WHOQOL- BREF assesses quality of life across four main domains: Physical Health, Psychological Health, Social Relationships, and Environment. The World Health Organization Quality of Life – BREF (WHOQOL-BREF) is a standardized instrument developed by the World Health Organization (WHO) to assess an individual's perceived quality of life across different cultures and settings.

Validity and Reliability

The adapted survey questionnaires were subjected to content validation by the researcher's mentor and panel members. After combining their suggestions, the questionnaire has been pilot-tested to thirty (30) retirees who are not participants in the study. The questionnaire also includes a Bisaya translation to avoid misunderstandings of its specific parts or items. The results were subjected to reliability testing, such as the Cronbach alpha test. There were positive results. For the items on physical status, it has an alpha value of 0.950, while the family and peer support reached the alpha value of 0.840. For income adequacy, questionnaires had an alpha value of 0.844, for the participation in social and spiritual activities it has an alpha value of 0.940 and lastly, items on the quality of life have reached the alpha value of 0.910. The questionnaire consists of 28 questions and all items in the variables demonstrates a high level of reliability. Several studies examined the significance of Cronbach's alpha and its acceptance. An alpha value of 0.70 are acceptable, according to the study of George, P.S. (2003). .

Scoring Procedure

The quantitative responses of the participants have been computed using a 5-point Likert scale from the data being provided. The researcher computed the weight mean and interpret the score using the following scoring procedure:

Physical Status

Range	Description	Interpretation
1.00-1.50	Not at All	Very Low Physical Status
1.51-2.50	A Little	Low Physical Status
2.51-3.50	Moderately	Moderate Physical Status
3.51-4.50	Mostly	High Physical Status
4.51-5.0	Completely	Very High Physical Status

Family and Peer Support

Range	Description	Interpretation
1.00-1.50	Never	Very Low Family and Peer Support
1.51-2.50	Rarely	Low Family and Peer Support
2.51-3.50	Sometimes	Moderate Family and Peer Support
3.51-4.50	Often	High Family and Peer Support
4.51-5.0	Always	Very High Family and Peer Support

Range	Description	Interpretation
1.00-1.50	Never	Very Low Income
1.51-2.50	Rarely	Low Income
2.51-3.50	Sometimes	Moderate Income
3.51-4.50	Often	High Income
4.51-5.0	Always	Very High Income

Income Adequacy

Participation in Social and Spiritual Activities

Range	Description	Interpretation
1.00-1.50	Never	Very Low Participation
1.51-2.50	Rarely	Low Participation
2.51-3.50	Sometimes	Moderate Participation
3.51-4.50	Always	High Participation
4.51-5.0	Often	Very High Participation
Quality of Life		
Range	Description	Interpretation
1.00-1.50	Not at all	Very Low Quality of Life
1.51-2.50	A Little	Low Quality of Life
2.51-3.50	Moderate	Moderate Quality of Life
3.51-4.50	Very Much	High Quality of Life
4.51-5.0	An Extreme amount	Very High Quality of Life

Data Gathering Procedure and Ethical Considerations

The researcher had secured ethical clearance from the Lourdes College Research Ethics Committee to ensure compliance with the ethical standards for conducting research. Next, the researcher sought the approval of the Association of Impasugong Retirees (AIR) and the Office of the Senior Citizen Affairs (OSCA) through their respective Officers. After the approval of the association officers, the researcher proceeded on meeting the targeted participants, asked their consent as proof of their voluntary participation then the researcher proceeded in the distribution of the survey questionnaires to the study participants.

The researcher complied with the ethical standards in conducting the study by employing the three core principles in the Belmont report: Respect for Persons, with informed consent; the participant's participation was voluntary; and they were not forced to participate in the survey. To protect the privacy and confidentiality of collected data, participants' names will not be disclosed, and their data will be kept confidential. Justice, by

having fairness in participant selection and benefit distribution. Lastly, the information gathered was strictly used for academic purposes only.

Statistical Treatment of the Data

Descriptive statistics, such as the mean, median, and mode, were used to summarize participants' survey questionnaire total scores. Regression analysis also determines the two independent variables, such as the participant's quality of life and challenges in their specific dimensions.

RESULTS AND DISCUSSIONS

Problem 1. What is the participants' assessment of their physical status?

Table 1 presents the participants' assessment of their physical status across seven key indicators. The results revealed that participants assessed their physical status as moderate (M=3.32, SD = 0.97), suggesting they are likely managing their daily activities and can perform basic tasks. As to the specific indicators, item "How well are you able to get around?" (M = 3.55, SD = 0.85) indicated a high physical status, indicating that participants are very active, healthy, and capable of handling their daily tasks. Closely following were items assessing satisfaction with capacity for daily productive activities in retirement (M = 3.54, SD = 0.78) and ability to perform daily living activities (M = 3.52, SD = 0.83), both also categorized as high physical status.

In contrast, the lowest mean score was found in the item "Do you feel that physical pain prevents you from doing what you need to do?" (M = 2.77, SD = 1.04), reflecting a moderate physical status with notably higher variability in responses, indicating that participants are experiencing some physical pain, which slightly affects their daily activities. Additionally, the item "Do you need any medical treatment to function in your daily life?" demonstrated a similar moderate status (M = 2.84, SD = 1.18), with the highest standard deviation among all items, suggesting considerable individual differences in medical dependency.

Table 1 Descriptive Statistics on Participants' Assessment of their Physical Status

Range	Description	Interpretation	F	%
4.51 - 5.0	Completely	Very High	1	1
3.51 - 4.50	Mostly	High	28	28
2.51 - 3.50	Moderately	Moderate	70	70
1.51 - 2.50	A little	Low	1	1
1.00 - 1.50	Not at All	Very Low	0	0
Total			100	100.0
Overall Mean			3.32	
Interpretation			Moderate	
SD			0.97	

	Specific Indicators of Physical Status	Mean	Description	SD
1	How well are you able to get around?	3.55	Mostly	0.85

2	How satisfied are you with your capacity for daily productive activities in retirement?	3.54	Mostly	0.78
3	How satisfied are you with your ability to perform daily living activities?	3.52	Mostly	0.83
4	How satisfied are you with your sleep?	3.50	Moderate	0.84
5	Do you have enough energy for everyday life?	3.50	Moderate	0.84
6	Do you need any medical treatment to function in your daily life?	2.84	Moderate	1.18
7	Do you feel that physical pain prevents you from doing what you need to do?	2.77	Moderate	1.04

The findings indicate that retired workers continue to have a good physical functioning in their daily critical activities. The large values of the means of mobility, productive activities and daily living activities reflect that the majority of the participants have not lost their independence and are able to perform their everyday activities without any severe problems. This is a good result, since physical independence is paramount to the quality of life in retirement. The questions of sleep and energy level received moderate scores (both $M = 3.50$) which means that although most retirees think that they have enough rest and energy, there is some space to get better in these aspects.

On the other hand, the moderate scores for pain and medical treatment needs indicate significant health issues. The fact that the lower mean of pain interference is lower ($M = 2.77$) points out that some of the retirees have physical pain which interferes with their daily activities to some extent. More significantly, the standard deviation of medical treatment dependency is high ($SD = 1.18$) indicating a broad range of variation among respondents. This implies that some retirees need very little or no medical attention, whereas others need a lot of medical attention to be able to carry out their daily activities. This variance underscores the fact that retirees do not form a homogenous category as far as health needs are concerned.

These results have significant implications in understanding physical status in retirement. First, mobility and everyday functioning are very good, which means that retirement is not necessarily a deterioration of physical abilities. The retirees live active and independent lives. Second, the average scores of pain and diverse medical requirements implies that physical wellbeing is mostly favorable, but aging involves some health issues that must be addressed. The significant variability of medical treatment is important which implies that retirees possess various health profiles, and thus need varying degree of medical assistance. Some might require little medical attention and others might require frequent medical support for their daily living.

Third, the moderate to high physical status ($M = 3.32$) is an indication that physical health is a relative strength when it comes to this group of retirees but not without concerns. The high level of functional independence with an average level of pain and medical needs imply that retirees are currently coping with their health conditions quite well but could use interventions that will help them to manage their pain and have access to the required medical care. The importance of comprehending these patterns in physical status is that physical health is a basis of other elements of quality of life such as the capacity to sustain social relationships, engage in community efforts, and live without relying on others.

Based on the current study results, majority of the retired employees still have strong physically functioning, particularly in mobility and the ability to perform daily living activities on their own. This trend is in line with evidence of the Association of Southeast Asian Nations region. In their systematic review and meta-analysis, Yau et al. (2022) stated that only a part of older adults have limitations in the activities of daily living, which implies that many of them are able to move around and cope with daily activities independently as shown by the high mean scores in the current study of getting around, productive activities, and daily living activities. Xu et al. (2025) also investigated activities of daily living disability in older Filipinos in the Philippine environment

and demonstrated that disability is affected by various social factors, which means that not all people will be functionally limited but instead have different functional limitations. This does support the current finding that retirees overall report moderate to high physical status, and still find differences within the participants.

Meanwhile, the moderate rating of pain interference in the present study and the broad disparities in medical-treatment requirements are also substantiated by the recent studies. Singh et al. (2024) identified pain as being associated with impairment in Activities of Daily Living using the Korean Longitudinal Study of Aging, which aids in understanding why some retirees in the current study had that pain prevents them doing what they need to do despite overall mobility and daily functioning remain relatively strong. Also, Carandang et al. (2024) demonstrated that the quality of life is strongly linked to healthcare access among communal-dwelling elderly individuals in Pampanga, and older adults vary in the support and services they can receive. This offers a fair background to the fact that medical-treatment dependency levels in some retirees can be high functioning with little medical help, and that there are those who can be more dependent on medical services to sustain daily functioning.

Problem 2: What is the extent of support that participants received from their and friends?

Table 2 presents the extent of support that participants received from their family and friends across six indicators. The results showed that the highest mean score was observed in the item “I feel emotionally supported by my family” (M = 4.26, SD = 0.71), indicating high family and peer support. This was followed by items assessing practical help from family (M = 4.13, SD = 0.78), satisfaction with support from children or close relatives (M = 4.06, SD = 0.85), having someone to talk to when feeling down (M = 4.03, SD = 0.71), and feeling connected and included in the community (M = 3.97, SD = 0.70), all categorized as high family and peer support. In contrast, the lowest mean score was found in the item "I regularly spend time with friends or former work colleagues" (M = 3.52, SD = 1.00), which, despite being the lowest, still reflected high support but with notably greater variability in responses.

Table 2 Descriptive Statistics on Participants’ Assessment of their Family and Peer Support

Range	Description	Interpretation	F	%
4.51 - 5.0	Always	Very High	6	6
3.51 - 4.50	Often	High	75	75
2.51 - 3.50	Sometimes	Moderate	18	19
1.51 - 2.50	Rarely	Low	1	1
1.00 - 1.50	Never	Very Low	0	0
Total			100	100.0
Overall Mean			4.00	
Interpretation			High	
SD			0.83	

Specific Indicators	Mean	Description	SD
1. I feel emotionally supported by my family.	4.26	Often	0.71

2. I receive practical help from my family when I need it.	4.13	Often	0.78
3. I am satisfied with the support I receive from my children or close relatives.	4.06	Often	0.85
4. I have someone I can talk to when I feel down.	4.03	Often	0.71
5. I feel connected and included in my community.	3.97	Often	0.70
6. I regularly spend time with friends or former work colleagues.	3.52	Often	1.00

The overall mean score across all items was 4.00 (SD = 0.83), indicating that participants generally experienced high levels of family and peer support.

The results demonstrate that retired employees have strong support systems, particularly from their families. The very high mean scores for emotional support and practical help from family indicate that most participants feel well-supported by their immediate family members. This is a highly positive finding, as family support plays a critical role in well-being during retirement. The consistently high scores across emotional support, practical assistance, and satisfaction with support from children or relatives suggest that family bonds remain strong and actively contribute to retirees' quality of life.

Also, the good scores on having someone to talk to and feeling part of the community indicate that the participants do not just have relationships with their immediate family. Nevertheless, the lower mean in the time spent with friends or with previous work colleagues (M = 3.52) along with the largest standard deviation of all items (SD = 1.00) reveals to some significant pattern. Although the score remains as high support, variability shows that there are retirees who consistently engage in social activity with friends and former peers, whereas others are not much engaged socially beyond their own families. This indicates that the work-retirement transition could have different impacts on social networks among the participants.

These results has significant implications on the topic of social support during retirement. First, family support is very high; this indicates that the family unit is the main source of support of retirees. Emotional and practical assistance of family members is strong to offer the retiree a stable ground which enables them to overcome the difficulties of aging and retirement. This observation is especially important as it shows that even when people leave their work life, family relations are still strong and positive. Second, the high satisfaction with support provided by children and close relatives refers to the fact that the intergenerational relationships are working properly, and adult children and extended family relatives actively engage in giving care and companionship.

Third, the comparatively reduced rate of socialization with friends and former colleagues, although rated as high support, points to a possible area of concern. The family support is good; however, the peer relationship difference indicates that not all retirees are getting social support within the family circle. This may be because of many reasons like geographical distance to the former workmates, physical constraints that limit mobility or the demise of the working friendships during the after-retirement period. This area has a high variability (SD = 1.00) and this shows that the experiences of the participants vary a great deal. Others live active social lives with a wide range of social associates and others could be more reliant on family relationships only. This is significant to understand these patterns since an extensive support system, comprising of family and friends, has been linked to improved mental health and life satisfaction during retirement. The high level of support in general (M = 4.00) is a good sign, yet the attempts to help the social connections outside the family such as community programs, retiree associations, etc. could help individuals that lack peer interactions.

The results of this research indicate that the majority of the retired employees have high rates of family and peer support, with emotional support and practical assistance of the family being the most rated. This is in line with evidence that family relationships continue to be a significant source of stability in the case of retirement. Family

relationships along with social activity and other variables were also found to be important variables that were associated with the level of life satisfaction of retired older adults in South Korea, with the results showing how positive family relationships can enhance adjustment and well-being in old age (Gu et al., 2025). This facilitates the interpretation in this research that good family relationships particularly emotional support and practical help is a sure footing to retirees as they cope with the aging and retirement.

In addition, according to this study, the least mean score and the most varied score were those related to spending time with friends or former work colleagues which implied that there was a wide range of peer interaction among the retirees. This has been supported by studies that indicate that friend-based support may not be as consistent and situational as family support. As an example, family support and social participation were more consistently protective factors in older adults in China, whereas friend support had a different effect in each setting, suggesting that not all people can find peer support (Zhang et al., 2024). Moreover, a study of older retired individuals in China discovered that community activities could enhance social support and alleviate loneliness, highlighting the importance of community integration and the existence of people to communicate with both of which scored high in this study (Xie et al., 2023). Combined with the above results, it can be concluded that although family support is normally high in the context of this research, peer and colleague links can diminish among some retirees, so that community-based activities and retiree groups can be particularly beneficial to individuals with a low level of friendship contact.

Problem 3: What is the extent of the participants income adequacy?

Table 3 presents the extent of participants' income adequacy across six indicators.

Descriptive Statistics on Participants' Assessment of their Income Adequacy

Range	Description	Interpretation	F	%
4.51 - 5.0	Always	Very High	5	5%
3.51 - 4.50	Often	High	49	49%
2.51 - 3.50	Sometimes	Moderate	28	28%
1.51 - 2.50	Rarely	Low	12	12%
1.00 - 1.50	Never	Very Low	6	6%
Total			100	100.0
Overall Mean			3.43	
Interpretation			Moderate	
SD			1.09	

Specific Indicators	Mean	Description	SD
1. I have enough money to meet my daily basic needs.	3.64	Often	0.95
2. I can afford to pay for my medications and health checkups.	3.58	Often	1.09

3. My pension or retirement benefits are sufficient to support my lifestyle.	3.37	Sometimes	1.14
4. I am financially secure about my future.	3.35	Sometimes	1.07
5. I am financially able to participate in social or leisure activities.	3.33	Sometimes	1.01
6. I do not worry much about my financial situation.	3.33	Sometimes	1.22
Over-all Mean and SD	3.43		1.09

The results showed that the highest mean was observed in the item "I have enough money to meet my daily basic needs" (M = 3.64, SD = 0.95), indicating high income adequacy. This was followed by the item "I can afford to pay for my medications and health checkups" (M = 3.58, SD = 1.09), also categorized as high income. In contrast, the remaining four items all scored in the moderate income range: "My pension or retirement benefits are sufficient to support my lifestyle" (M = 3.37, SD = 1.14), "I am financially secure about my future" (M = 3.35, SD = 1.07), "I am financially able to participate in social or leisure activities" (M = 3.33, SD = 1.01), and the lowest mean score "I do not worry much about my financial situation" (M = 3.33, SD = 1.22). Notably, the item regarding financial worry had the highest standard deviation, suggesting considerable variability in how participants perceived their financial stress. The overall mean score across all items was 3.43 (SD = 1.09), indicating that participants generally experienced moderate-income adequacy.

The results demonstrate that retired employees can generally meet their immediate basic needs but face challenges with broader financial security. The high mean scores for meeting daily basic needs and affording healthcare indicate that most participants have sufficient income to cover essential expenses. This is an important finding because it shows that retirees are not struggling with survival-level financial concerns.

However, the moderate scores for pension sufficiency, future security, leisure participation, and financial worry reveal a more nuanced financial picture. The shift from high to moderate scores between basic needs and other financial aspects suggests that while retirees can cover necessities, they have limited financial flexibility beyond these essentials. The moderate score for pension sufficiency (M = 3.37) indicates that retirement benefits, while adequate for basic living, may not fully support the lifestyle that retirees desire or were accustomed to during their working years.

Furthermore, the moderate scores for future financial security and the ability to participate in social or leisure activities suggest that financial constraints may limit retirees' ability to enjoy their retirement fully or plan confidently for the future. The high variability in financial worry (SD = 1.22) is particularly telling, as it indicates that financial stress levels differ greatly among participants. Some retirees feel financially comfortable and worry little about money, while others experience significant financial anxiety despite being able to meet basic needs.

These findings have several important implications for understanding financial well-being in retirement. First, the pattern of high interpretation for basic needs but moderate scores for other financial aspects reveals a survival-versus-thriving distinction. Retirees can survive financially by meeting their basic needs and healthcare costs. However, many are not thriving in the sense of having the financial freedom to pursue leisure activities, maintain their desired lifestyle, or feel secure about their financial future. This suggests that while pension and retirement benefits prevent poverty, they may not provide the level of financial comfort that supports a high quality of life in retirement.

Second, the moderate interpretation for future financial security indicates ongoing concern about long-term financial stability. This is understandable given that retirees face uncertainties such as rising healthcare costs, inflation, and the possibility of outliving their savings. The fact that participants worry about their financial situation despite being able to meet current basic needs reflects the psychological burden of financial uncertainty in retirement.

Third, the limited financial ability to participate in social or leisure activities has broader implications for quality of life. Financial constraints may prevent retirees from engaging in activities that promote social connection, physical activity, and mental stimulation, all of which are important for well-being. The high variability across all financial items (SD = 1.09 overall) indicates that retirees have diverse financial situations. Some are financially comfortable, while others struggle with financial constraints even when basic needs are met. This variability suggests that a one-size-fits-all approach to retirement income may not adequately address the different financial realities of retirees. Understanding these financial patterns is crucial because economic security is foundational to quality of life, affecting not only material comfort but also mental health, social participation, and overall life satisfaction in retirement.

The findings in this study indicate moderate income adequacy: retired employees can generally cover basic daily needs and pay for medications/health checkups yet feel only moderately secure about pension sufficiency and long-term financial stability. This is consistent with the study showing that retirement may improve some life domains, such as time for leisure, but can also reduce how adequate people feel their income is after leaving work. In Finland, Palomäki et al. (2025) reported that perceived income adequacy declined after retirement across groups, even as other areas, such as leisure-time satisfaction, improved, supporting the survival-versus-thriving distinction found in this study. Basic needs may be met, but broader financial comfort can still weaken after retirement. In Thailand, Wornyardphan and Damrongplisit (2025) similarly found that old-age pension had only a minimal impact on subjective well-being, while income perception had a stronger relationship with well-being, aligning with the moderate ratings in this study for pension sufficiency, future security, and reduced financial worry.

In addition, the results in this study shown considerable variability in financial worry, suggesting that retirees' financial experiences differ widely even when most can meet necessities. Philippine evidence helps explain this variation: Bustillo et al. (2021) documented that older persons' health needs and maintenance medicines can drain household finances, sometimes leaving pensions insufficient when medical costs and daily expenses compete for the same limited resources, leading to ongoing worry and dependence on other support sources. This supports the interpretation in this study that some retirees are relatively comfortable. In contrast, others feel financially strained, especially when healthcare needs rise despite being generally able to cover basic needs. Overall, these studies reinforce the conclusion that retirees may be financially adequate for essentials, yet still experience moderate security, limited flexibility for leisure/social participation, and uneven levels of financial stress across individuals.

Problem 4: What is the participants level of participation in Social and Spiritual Activities?

Table 4 presents the participants' level of participation in social and spiritual activities across six indicators.

Table 4. Descriptive Statistics on Participants' Assessment of their Social and Spiritual Activities

Range	Description	Interpretation	F	%
4.51 - 5.0	Always	Very High	0	0%
3.51 - 4.50	Often	High	100	100%
2.51 - 3.50	Sometimes	Moderate	0	0%
1.51 - 2.50	Rarely	Low	0	0%
1.00 - 1.50	Never	Very Low	0	0%
Total			100	100.0

Overall Mean	3.85
Interpretation	High
SD	0.93

Specific Indicators	Mean	Description	SD
1. My involvement in spiritual or religious activities gives me peace of mind.	3.98	Often	0.85
2. I feel a sense of purpose when I engage in spiritual or social activities.	3.94	Often	0.88
3. I attend religious services or spiritual gatherings regularly.	3.92	Often	1.06
4. I actively participate in community or senior citizen activities.	3.77	Often	0.86
5. I spend time with peers or neighbors for social interaction.	3.75	Often	0.90
6. I volunteer or help in community events when possible.	3.73	Often	1.02
Over-all Mean and SD	3.85		0.93

The results showed that the highest mean score was observed in the item "My involvement in spiritual or religious activities gives me peace of mind" (M = 3.98, SD = 0.85), indicating high participation. This was followed closely by items assessing sense of purpose from spiritual or social activities (M = 3.94, SD = 0.88), regular attendance at religious services or spiritual gatherings (M = 3.92, SD = 1.06), active participation in community or senior citizen activities (M = 3.77, SD = 0.86), spending time with peers or neighbors (M = 3.75, SD = 0.90), and the lowest mean score "I volunteer or help in community events when possible" (M = 3.73, SD = 1.02). All items were categorized as high participation. It is important to note that the variables on attending religious services and volunteering in community events had the largest standard deviations (SD = 1.06 and SD = 1.02, respectively), indicating more variance in the particular activities. The mean total score (calculated by adding up all items) was 3.85 (SD = 0.93), which implies that the participants tended to be very active in social and spiritual events.

The findings revealed that the retired workers are already involved in spiritual and social activities, and the scores remain high in all indicators. The extremely high mean scores of spiritual and religious involvement indicate that faith-based engagements are important aspects in the lives of retirees, especially in giving them peace of mind and feeling of purpose. This is an encouraging result since spiritual involvement has been found to be connected to improved mental health and life satisfaction in the elderly. The fact that the scores on attending religious services and deriving purpose by engaging in spiritual practices are high, indicates that a significant proportion of retirees have continued or even intensified their spiritual practices since retirement. In other areas of spirituality, the scores on community participation, peer interaction, and volunteering are high, meaning that the retirees are active and integrated into their communities. This illustrates that most participants have not been socially withdrawn because of retirement. Nevertheless, the minor variations between the mean scores show that there is some trend in the activities that retirees take the most. The highest score was on spiritual and religious

activities, then on general community participation, peer interaction, and then least on volunteering, although the latter remains high. The greater standard deviation in the number of religious services attended ($SD = 1.06$) and volunteering ($SD = 1.02$) indicates that although there are many retirees who attend religious services and volunteer regularly, there are others who attend the services less often or not at all. This variability could be an indication of disparities in physical capacity, availability of transportation, individual preference or other personal conditions.

These results have some significant implications on the study of retirement engagement. To start with, the spiritual and religious engagement rates are extremely high, which suggests that faith is one of the key factors that help numerous retirees to derive meaning and adjust to the aging process. That the spiritual activities bring tranquility of mind and purpose implies that the religious activities play an emotional and psychological role, and can help the retirees have a positive attitude and sense of direction in their lives. This is especially significant since retirement may sometimes lead to loss of identity or purpose once a retiree is out of the professional positions.

Second, the social and community levels of participation are high, which proves that retirees are actively living their social lives and are giving back to society. The high result of peer interaction and community involvement is an indication that most retirees have been able to develop social networks outside their previous place of work. This is promising as social interactions are very important in avoiding loneliness and cognitive wellness during old age. Third, volunteering was the lowest-ranked of all activities but the high rate of its participation implies that a significant number of retirees are contributing back to their communities. Nevertheless, the greater variability of volunteering ($SD = 1.02$) indicates that some of the retirees could be unable to volunteer regularly because of health constraints, limited opportunities, or other factors. The trend of increased spiritual relative to social involvement can be due to the cultural values or suggests that religious involvement is more convenient and organized than other modes of social interaction. The diversity of activities means that retirees have varying interests and abilities to engage with, some quite actively involved in many areas.

On the contrary, others dedicate their time to certain activities including religious services. These patterns of participation are significant to understand since active participation in meaningful activities can help people live better in retirement. Having the overall level of participation is very positive ($M = 3.85$) and indicates that the retirees are not isolated and disengaged but are active in their community lives and spiritual lives, which is an indicator of overall well-being.

The results of this research show that there is a high engagement in social and spiritual practices and that peace of mind and sense of purpose were rated as the strongest when the respondents were engaged in spiritual or religious activities. This trend can be evidenced by the fact that the connection between spirituality and religious involvement and higher psychological adaptation in adulthood was established. Spirituality was found to be associated with life satisfaction among Filipino older adults based on internal coping strengths, indicating that spiritual integration can assist older adults in stressful situations to stay well and at a high level of life satisfaction relative to the high scores on peace of mind and purpose in the study (Gusilatar et al., 2025). Moreover, a big study of elderly individuals in India concluded that spirituality, religiosity, and religious involvement moderates the adverse impact of loneliness on life fulfillment, which further confirms that religious involvement can help sustain emotional stability and well-being amid older adulthood (Muhammad et al., 2023).

Social engagement, such as community or senior citizen activities, time with peers or neighbors and volunteering are also very high in this study. Even though the score of volunteering was the lowest, volunteering and service attendance were more varied. This aligns with findings that social participation in general positively influences well-being, yet there is a heterogeneity in the ways and the levels of participation. In China, social participation was positively correlated with older adults life satisfaction and the nature and variety of social participation were crucial, which means that older adults vary in what they continue to do and how much they are able to continue participating (Wu et al., 2024). This contributes to the fact that the participation in this study tends to be high, but the volunteering and attendance of services tends to be more dispersed, some retirees can be very active and engage in a wide range of activities, others can be more concentrated on fewer and more convenient activities, like spiritual meetings, or less active as a consequence of their personal and situational factors.

Problem 5: What is the participants assessment of their quality of life?

Table 5 presents the participants' assessment of their quality of life across three key indicators.

Table 5. Descriptive Statistics on Participants' Assessment of their Quality of Life

Range	Description	Interpretation	F	%
4.51 - 5.0	Completely	Very High	0	0%
3.51 - 4.50	Mostly	High	100	100%
2.51 - 3.50	Moderately	Moderate	0	0%
1.51 - 2.50	A little	Low	0	0%
1.00 - 1.50	Not at All	Very Low	0	0%
Total			100	100.0
Overall Mean			4.13	
Interpretation			High	
SD			0.75	

Specific Indicators	Mean	Description	SD
1. How would you describe your life as a retiree?	4.27	Mostly	0.69
2. How satisfied are you with yourself as a retiree?	4.15	Mostly	0.71
3. How much do you enjoy life after retirement?	3.97	Mostly	0.82
Over-all Mean and SD	4.13		0.75

The results showed that the highest mean was observed in the item "How would you describe your life as a retiree?" (M = 4.27, SD = 0.69), indicating high quality of life. This was followed by the item "How satisfied are you with yourself as a retiree?" (M = 4.15, SD = 0.71), also categorized as high quality of life. The lowest mean score, though still reflecting high quality of life, was found in the item "How much do you enjoy life after retirement?" (M = 3.97, SD = 0.82). Notably, this item also had the highest standard deviation among the three, suggesting slightly more variability in how participants experienced enjoyment in retirement. The overall mean score across all items was 4.13 (SD = 0.75), indicating that participants generally experienced high quality of life in retirement.

The findings indicate that the overall evaluation of the quality of life and experience of retirement is very positive among retired employees. The mean scores of all three indicators are always high, which provides evidence that the majority of respondents have a positive attitude towards their retirement, are contented with themselves during this period of life, and enjoy the everyday life. This is a very promising observation, as this shows that the shift to retirement has been successful to a great extent among this group. The extremely high rating of how

participants characterize their life as a retiree ($M = 4.27$) with a relatively low standard deviation ($SD = 0.69$) indicates a high level of positive attitude towards life in retirement.

Equally, the fact that the satisfaction with oneself as a retired person is high ($M = 4.15$) shows that the respondents have adapted to their new identity and role as retired people, and do not feel that they have lost much of self-worth and role when they no longer work. The slightly low, yet still high, score on enjoyment of life after retirement ($M = 3.97$) and the increased variability ($SD = 0.82$) indicate that most of the retirees have an enjoyable life, but the level of that enjoyment is a greater variation rather than a greater rating of their life overall or their own satisfaction. This trend shows that there is a difference between having a good life and being content with oneself as a retired person, and having fun in real life. Other participants might consider that their life after the working years is good and that they are content with the adaptation but may find that on a daily basis, they become more or less entertained depending on the activities or health, among other factors.

These results have a few significant implications to the quality of life in retirement. First, the overall quality of life score ($M = 4.13$) is very high, which proves that retirement may be a good and even rewarding stage of life despite negative stereotypes, which tend to represent retirement as the stage of loss or deterioration. The high scores in the three dimensions indicate that the participants have discovered meaning, satisfaction, and pleasure in their lives after work.

Second, the high self-satisfaction as retirees indicates successful psychological adjustment to retirement. This indicates that majority of the respondents have formed positive identity of retirement and do not emphasize themselves merely based on their professional positions in the past. This change will be essential to mental health and well-being because people who have difficulties developing a positive retirement identity can feel depressed or lose their sense of direction.

Third, the fact that the enjoyment variability is a bit higher than overall life assessment and self-satisfaction indicates a significant subtlety. Although participants in general regard their retirement life in a positive way and feel good about themselves as retirees, the reality of day-to-day enjoyment might be more variable, including health conditions, activities available, social life, and personal conditions. It implies that to stay at a high level of life quality does not only mean that one has a positive attitude and a successful identity shift, but that they also have access to pleasant activities and experiences. The standard deviations are relatively low in all items (between 0.69 and 0.82), which suggests that there is a high degree of consistency among the participants, that is, the high quality of life is not achieved by a few particularly lucky retirees. This general favorable evaluation indicates that the determinants of good living that were found in this research, including physical well-being, family assistance, income sufficiency, and social involvement are typically good and operational across the majority of the participants. It is important to understand such trends in quality-of-life measurement since it validates the fact that with the basic needs and support structures in place, retirement can be a satisfying and rewarding period of life.

This research demonstrates that the quality of life in retirement is high because there are high and positive rates of the descriptions of life as retirees and how participants rated their satisfaction with themselves as retirees. This trend is supported by the fact that retirement may be linked with enhanced well-being, since most core areas of life tend to get better upon leaving the workplace. Recent retirees in Finland described changes in overall quality of life as significantly attributable to better coping and more satisfaction with leisure time, and further contributed by social relationships and perceived income adequacy. The factors contribute to the explanation as to why retirement life is rated positively by many retirees (Gu, 2025). Moreover, Gusilar (2025) discovered that older adults in South Korea who had retired had a high level of life satisfaction associated with health-related and psychosocial resources including health conservation, self-efficacy, social activity, and family relationships, which endorses the notion that retirees were likely to report improved life evaluation and self-satisfaction when they have these supports.

Equally, results in this research indicate that post-retirement enjoyment, despite remaining high, had the lowest mean and the greatest variance indicating that day-to-day enjoyment varies more among individuals than general life evaluation or self-satisfaction. This is in line with findings that retirement is more advantageous when social ties are preserved or enhanced. Settels and Bockerman (2025) discovered that the more involvement in the social

network grows with retirement, the more the retirement is related to a more positive quality-of-life transition, and the reverse is also true, the less involvement in the social network grows with retirement, the worse the outcomes in quality-of-life are observed. This aids in explaining that even in the context where quality of life is generally high, enjoyment can be varying, retirees with more or growing social ties can have more stable enjoyment, whereas those with weakening social ties can have less stable enjoyment in everyday retirement life.

Problem 6. Are the participants' physical status, social support, income adequacy and participation in social and spiritual activities significantly associated with their quality of life?

H01: The challenges encountered by the retired employees have no significant relationship in improving the quality of life.

Table 6.

The participants Physical Status, Social Support, Income Adequacy and Participation in Social and Spiritual Activities and their quality of life.

		Mean	R-value	p-value	Interpretation
Physical Status	Quality of Life	3.317	0.459	<0.000	Significant
Social Support		3.995	0.382	<0.000	Significant
Income Adequacy		3.433	0.509	<0.000	Significant
Social and Spiritual Activities		3.848	0.525	<0.000	Significant

Table 6 presents the associations between participants' physical status, social support, income adequacy, and participation in social and spiritual activities with their quality of life. The results revealed that all four independent variables were significantly associated with quality of life ($p < 0.000$). The strongest correlation was observed with participation in social and spiritual activities ($r = 0.525$, $p < 0.000$), indicating a moderate positive relationship with quality of life. This was followed by income adequacy ($r = 0.509$, $p < 0.000$), also showing a moderate positive correlation. Physical status demonstrated a moderate positive association ($r = 0.459$, $p < 0.000$). The weakest, though still significant, correlation was found with social support ($r = 0.382$, $p < 0.000$), reflecting a weak to moderate positive relationship with quality of life. All correlation coefficients were positive, indicating that higher levels of physical status, social support, income adequacy, and participation in social and spiritual activities were associated with higher quality of life among retired employees.

The findings prove that the quality of life in retirement is multidimensional and may be affected by a number of interacting factors. The statistical significance of the four variables indicates that physical health, social relationships, financial resources and meaningful activities are all significant factors that can determine the quality of life experienced by retirees. Strong to moderate ($r = 0.382$ to $r = 0.525$) correlations show that each of the factors contributes to the quality of life in some meaningful way, but none of them alone is a sufficient determinant of quality of life.

The most critical correlation with social and spiritual activities ($r = 0.525$) indicates that it is especially crucial to remain occupied with meaningful activity during retirement. The finding underscores that how retirees spend their time and their ability to get a sense of purpose and connection are critical issues that affect their overall well-being. The equally high correlation with income adequacy ($r = 0.509$) lends credence to the inherent value of financial security in facilitating a good quality of life. Adequate income does not only satisfy the basic needs, but it also prepares the resources to be involved in the activities and be independent. Physical status also had significant correlation ($r = 0.459$) that physical health and functional ability are some of the primary pillars of quality of life, as they allow the retiree to be independent and active. Interestingly, social support had the lowest

correlation ($r = 0.382$), although it was found to be statistically significant. This does not imply that social support is not important, but it simply indicates that quality of support can be a significant determinant of quality of life, as opposed to the presence of social support; or other factors may have a more pronounced direct impact on quality of life.

A number of implications can be drawn based on these findings as far as quality of life in retirement is concerned. First, the fact that the four variables are significantly positively related implies that no single factor causes quality of life but rather quality of life is the product of the combination of several dimensions of well-being. This holistic approach implies that interventions or support programs to retirees must consider a number of areas and are not limited to a single aspect.

Second, the especially close connection to social and spiritual practices emphasizes the essential role of active and meaningful engagement and purpose in retirement. This observation implies that assisting the retirees to spend their time constructively, either by community service, spiritual activities, or leisure activities, or by social relationships is perhaps one of the best means of improving the quality of their life. The close correlation to income adequacy solidifies that financial security is a basic one, which can grant retirees the ability to fulfill their needs, decrease stress levels, and engage in activities which provide satisfaction.

Third, the moderate relationship with physical status highlights the significance of reducing physical disability and ensuring health as physical disability can have a great impact on quality of life. The fact, though, that the correlation is not stronger, indicates that even retirees who have some health issues may have a good quality of life as long as other conditions, including social activity and economic stability are in place. Fourth, though the social support exhibited the least correlation, the statistical significance confirms that relationships and support systems are still relevant. The comparatively lower correlation could mean that the availability of support is not as significant factor as the utilization of such support, or that the quality of support is more significant than its quantity. The fact that all the correlations are positive suggests that any improvement of any of these areas might contribute to a better quality of life. The knowledge of these associations is important as it shows that the quality of life in retirement depends on the ability to maintain balance in various areas in life. Retirees who are physically healthy have a sufficient income, feel socially engaged, and are engaged in meaningful activities are most likely to enjoy a high quality of life. On the other hand, shortages in one or more of these domains can undermine overall well-being, although other domains could be strong.

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