



**SELF-EFFICACY AND LIFE SATISFACTION AS PREDICTORS OF ADJUSTMENT
AMONG RETIRED AND RETIRED RE-EMPLOYED ELDERLY**

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Abstract: Retirement may transform one's self-image of being a productive, contributing, useful member of society to one that is far less desirable. In addition to financial costs, retirement carries with it social & psychological costs in terms of loss of independence, identification and direction thus making these senior citizens vulnerable to maladjustment. This study attempted to investigate the relationship of this retirement context and adjustment in light of certain psychological factors on 136 retired and retired re-employed elderly(men & women, age 58-68 years).Generalized Perceived Self Efficacy scale, Satisfaction with life scale and Old age adjustment inventory were used to obtain data from retirees on their adjustment, self-efficacy and life satisfaction. Self-efficacy was found to be positively correlated to a greater life satisfaction and adjustment among elderly .Further analyses of data revealed differences in adjustment levels of elderly whereas, retired and retired re-employed elderly were not found to differ with respect to their satisfaction with life. Though limited in its area and sample this study gave significant findings with their clinical and social implications to be taken care of when dealing with this sensitive population.

- **Keywords:** Self-efficacy, Adjustment, Satisfaction with life and Elderly

Old age is characterized by poor adjustment and many stereotypes such as deterioration in physical, mental and intellectual capacities mostly due to unfavorable social attitudes of comparatively younger generation and ailing physical health. Greying itself may have detrimental significance in one's life and when it is seen and evaluated in context of retirement from active work life can even be more devastating to oneself. Retirement may lead elderly to far less desirable member of one's own family and eventually to society. It not only cuts finance but costs to social and psychological identity where elderly finds themselves in dilemma of being acceptable or not, seeking directions and identification with this new change. This is the time when many people begin a search for meaning in their lives .Thus, retirement is frequently identified as a risk marker of psychological maladjustment that concerns both themselves as well as future generations. They might start asking "What have I done with my life?", "Has my being



here made a difference?" These changes in thoughts, feelings, and behaviour in old or retirement age prompt these senior citizens to respond constructively or drastically. They are exposed to certain challenges in forms of uncertainty, reluctance to change, disturbed time schedules, lesser physical energy, changing roles, low self-esteem, lesser familial and societal acceptance, etc. Shagun et.al. (2017) linked self-esteem and well-being of elderly to social deviation, independence, willingness to work, loneliness they perceive while being with family or in old age homes. The most important criterion of good adjustment in old age is the degree of self-satisfaction or happiness. E.B. Hurlock coined three 'A's of happiness i.e., acceptance, affection and achievement and certain conditions that prove that happiness in old age is characterized by continued activity, while unhappiness is influenced by disengagement, either voluntary or involuntary. Havighurst (1952) also stated that "Persons with an active, achieving and outward directed life style will be best satisfied with a continuation of this style into old age with only slight diminution. Other persons with a passive, dependent, home centered life style will be best satisfied with disengagement."

Relationships between life satisfaction and situations, characteristics, and activates of the retired have been of great interest to social scientists for the past many decades. Social science researchers have defined the concept of life satisfaction as "an assessment of the overall conditions of existence as derived from a comparison of one's actual achievements (George & Bearnon, 1980)". Satisfaction with one's life implies contentment with or accepting one's life circumstances. Among the different criteria and life norms like economic, health, marital, social, etc. satisfaction with or in job is an important dimension when we want to look into the lives of these aged. Shin and Johnson (1978) considers life satisfaction as " a global assessment of a person's quality of life according to his chosen criteria". Whereas, Myers & Diener (1995) refuted that "satisfaction is less a matter of getting what you want than wanting what you have". The underlying assumption is that to understand the individual's experiential quality of well-being, it is recommended to examine directly how a person feels about life cognitively and hedonically in the context of his standards and choices.

Self-efficacy pertains to a sense of control over one's environment and behavior. Self-efficacy beliefs are cognitions that determine whether health behavior change will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and failures. Self-efficacy is the individuals' assessment of their capabilities to organize and execute actions required to achieve successful levels of performance (Bandura, 1986). Self-efficacy makes a difference in how people feel, think and act.

Self-efficacy affects behavior of the individual in different ways: First, self-efficacy influences choice of behavior. People are likely to engage in tasks in which they feel competent and confident and avoid those in which they do not. Second, self-efficacy may help to determine how



much effort people will expand on an anxiety and how long will they persevere. Third, self-efficacy beliefs influence individuals' thought patterns and emotional reactions. People with high self-efficacy choose to perform more challenging tasks; they set for themselves higher goals and stick to them. People with low self-efficacy may believe that things are tougher than they really are a belief that may foster stress and narrow vision of how best to go about a problem. The fourth important determinant of self-efficacy is the perception of the individual's physiological state. In the animated state, people might feel strong and develop their self-efficacy, while in the depressed state, people might be vulnerable which might in turn diminish their self-efficacy.

Adjustment is adaptive response to a new situation or a new perception of a situation. Adjustment, because it is a response to change, may also usefully be thought of as a constant process. Adjustment can be described as the end –product of the process of adjusting. The person who is adjusted today is capable of being less adjusted, maladjusted, or even not adjusted tomorrow. The person who is not adjusted today may be more adjusted, or even adjusted tomorrow. In short, because adjustment is an ongoing process, there are no guarantees that the adjusted person will be adjusted for life. How adjusted we are on a given day depends on the complex interplay of many different things ranging from our genetic inheritance to our life experiences to acts of nature.

Since, traditionally, Indian family life bears gerontocratic influence the researchers, were interested to appraise and understand the adjustment problems of the retired old men and women in light of significant variables like Self-efficacy & Satisfaction with life. The study was taken up with the following objectives:

OBJECTIVES

- To compare the adjustment levels of retired and retired re-employed elderly.
- To find out the difference between self-efficacy of retired & retired re-employed elderly.
- To find out the difference between satisfaction with life of retired & retired re-employed elderly
- To understand the relationship of self-efficacy with adjustment in elderly.
- To understand the relationship of self-efficacy with satisfaction with life in elderly



METHODOLOGY

■ **SAMPLE**

136 retired and retired re-employed men & women (age 58-68 years) from Khurja, Meerut & NCR region were selected. The method of sampling was purposive-cum stratified.

TOOLS

- **Generalized Perceived Self-efficacy scale.** Jerusalem and Schwarzer originally developed the German version of this scale in 1981, first as a 20-item version and later as a reduced 10-item version (Jerusalem & Schwarzer, 1992). The scale consists of 10-items and four responses / choices were provided for each item. It has been used in numerous research projects, where it typically yielded internal consistencies between $\alpha = .75$ and $.91$. This scale is not only parsimonious and reliable; it has also proven valid in terms of convergent and discriminate validity.
- **Shamshad-Jasbir Old-age Adjustment Inventory (SJOAI).** Shamshad Hussain and Jasbir Kaur (1995). The inventory consists of 125 statements divided into 6 main areas of adjustment.
- **Satisfaction with Life scale by Ed Diener, et.al.** The scale consists of five statements to be responded on seven point scale and is objectively scored.



Areas	Retired		Retired Re-employed		t
	Mean	SD	Mean	SD	
Health	13.32	1.10	18.32	1.11	4.46*
Home	16.41	3.33	15.88	3.17	0.55
Social	15.70	0.78	16.58	1.75	0.23
Marital	14.32	3.33	13.61	1.10	0.42
Emotional	17.50	3.35	14.7	6.33	3.25*p<0.01
Financial	13.32	1.10	14.67	1.11	0.86
Overall Adjustment	90.57	9.89	93.76	12.63	1.64

TABLE 1 Mean scores of retired and retired re-employed elderly on different areas of Adjustment.

*** p<0.01**

From table 1 it is evident that among six areas of adjustment inventory significant differences were seen only on health and emotional levels between retired and retired re-employed elderly. On overall adjustment level and areas such as home, social, marital and financial levels difference between these two groups is not significant. There can be various other factors which determine and influence the adjustment levels owing to physical characteristics and psychological constituents, but in particular health and emotional aspect has been found to be associated with poor adjustment levels between two groups of elderly. The retired elderly are better adjusted in area of their physical health than retired re-employed, whereas, retired re-employed were seen better in regulating their emotions, they are able to manage conflicts and emotional problems more than their counterparts who face and perceive difficulty in handling conflicts and emotional problems. The result is in line with what Mayer & Salovey and Salovey et. al., reported “the intelligent use of the emotions is considered essential for one’s physical and psychological adaptation”. In an Indian study, Shannz & Chandrakant (2012), with same adjustment inventory observed significant difference in overall adjustment level between two age groups 60-70 and 70 years and above, and a significant difference was also observed between male and female elderlies. Elderly male were better adjusted than their counterparts with a conspicuous difference in areas of health, home, social, marital and finance.

**TABLE 2 No. of retired and retired re-employed elderly on different Self efficacy levels.**

Self-Efficacy	High f	Low f	Total n=136
Retired	36	32	68
Retired Re- employed	51	17	68
Total	87	49	136

$$X^2 = 7.17, p < 0.01$$

From Table 2 it is conspicuous that there is a significant difference in the self-efficacy of retired and retired re-employed elderly where re-employed elderly are more in number with higher self-efficacy levels. Perhaps re-employed elderly have a better sense of accomplishments in terms of use of their skills, abilities and enhanced adjustment in their work and social life.

TABLE 3 No. of retired and retired re-employed elderly on different levels of Satisfaction with Life.

Satisfaction with Life	High f	Low f	Total n=136
Retired	48	20	68
Retired Re- employed	43	25	68
Total	91	45	136

$$X^2 = 0.83$$

Findings in the above table reveal that retired and retired re-employed elderly do not possess any significant difference in their satisfaction with life levels, where most of these elderly have high satisfaction levels, which might be explained in terms of their low expectations and more meaningful insight towards life. Radhey Shyam & Yadav S. (2005) in their study on the aged determined certain predictors of life satisfaction such as social support, family support, lower expectations, financial support and satisfying relationships.

TABLE 4 Frequencies of elderly on Adjustment and Self-efficacy levels

	Adjustment Levels	High f	Low f	Total n = 136
Self-Efficacy	High	67	20	87
	Low	26	23	49
Total		94	42	136

$$X^2 = 9.251, p < 0.01$$

It was hypothesized that there will be no difference in self-efficacy and adjustment of elderly but results in table no.4 clearly refuted this hypothesis as a significant difference is observed between self efficacy and adjustment levels of these elderly. Elderly people with high self efficacy levels showed significantly higher adjustment levels as compared to elderly with low self efficacy levels who showed lower adjustment levels. Thus qualitatively it can be interpreted that higher self efficacy leads to better adjustments in life and this view gains support from the above table where almost half the number (67)of elderly examined were high on self efficacy as well as adjustment. This result further gains support from what Tripathi & Asthana (2015) in their study on 45 retired males and females showed a positive relationship between self efficacy and mental health, where adjustment is a significant indicator of mental health.

TABLE 5 Frequencies of elderly on Satisfaction With Life and Self-efficacy levels.

	Satisfaction with Life	High f	Low f	Total n = 136
Self-Efficacy	High	62	25	87
	Low	29	18	49
Total		91	45	136

$$X^2 = 4.82, p < 0.05$$

The table no.5 shows the relation between self efficacy and satisfaction with life among the elderly and the obtained results once again proved that higher self efficacy levels leads to greater satisfaction with life. Thus, the self belief to be able to do things better and in effective ways add more meaning to doing consequently, leading to greater satisfaction in lives of these elderly.



CONCLUSION

With increased life expectancy our developing world has lesser space and time for certain sections of the society. In the present study we marked our concern with our greying population be it active workforce or enjoying retirement privileges. Precisely the traditional care and concern to these elderly is at risk as cultural and societal norms and values are being getting sacrificed to materialistic means. Though small in sample the present study revealed that emotional and physical health of elderly persons need to be taken care of with utmost care as this section feels somewhat neglected and marginalized due to increased pace of the society. To be active and engaged in work responsibilities make these elderly feel an efficient contributor to the society, with a feeling of worthiness and a sense of accomplishment. Satisfaction with life did not turn out to be an indicator of something that could relate to active or passive work life. Definitely, elderly high on self efficacy level showed better adjustment because having high self efficacy itself refers to an individual's belief in his capabilities to exert control over different aspects of their lives. Finally, higher self efficacy levels resulted in higher satisfaction with life among these elderly as, efficacy beliefs shape individual's resultant expectations, where they think optimistically about their efforts to produce favourable outcomes and are always motivated. Here it is rightful to quote Matthew Scult et.al(2015) who developed Healthy Aging Mind Body Intervention(MBI) program specifically to meet the needs of older, they proposed that "as the number of older population increases, demand grows for effective, accessible, preventive care options as does the need to understand factors that promote mental health and physical health in older populations".

The major limitations of the study were lack of a control group against age, limited geographical area and sample size. Future studies are required to be carried out on larger samples with more related variables so that these vulnerable elderly can be benefited with strong recommendations.

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