

# Post Retirement Syndrome: A Psycho-Social Perspective of the Retired Community of Pakistan

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## ABSTRACT

**Background:** Retirement is a major life shift that can have a deep impact on both psychological and social well-being. With the rise in the aging population, the difficulties experienced by retirees, particularly in developing nations like Pakistan, are still underexplored. This study examined the psycho-social determinants that contributed to post-retirement depression and well-being in Pakistan.

**Methods:** The cross-sectional study was conducted at People's University of Medical & Health Sciences, The University of Modern Sciences, and Liaquat University of Medical & Health Sciences, where participants aged 60 and above and had undergone statutory retirement from white-collar occupations were included in the study. Data were gathered from January 1, 2023, to June 31, 2023, utilizing a structural questionnaire based on a consecutive sampling technique and validated instruments, such as the Patient Health Questionnaire-9 (PHQ-9) and the Geriatric Depression Scale (GDS). The sample size was calculated using OpenEpi software version 3.0.0, with a 95% confidence interval, resulting in a total of 192 participants. A Chi-square test was performed to determine the statistical significance of the data. The level of significance was set at  $p < 0.05$  using SPSS version 20.

**Results:** A strong association was found between depression levels and socio-demographic characteristics such as marital status, family structure, and time since retirement. Among widowed individuals, 56.4% experienced mild depression, while 21.8% faced moderate depression, and 21.8% had moderately severe depression. Participants from nuclear families showed a higher prevalence of depression, with 62.1% experiencing mild depression and 20.7% moderate depression. For retirees who had been retired for more than five years, 36.5% showed moderate depression, and 36.5% had moderately severe depression. Furthermore, retirees from non-authoritative jobs had a higher rate of depression, with 38.2% reporting moderate depression and 16.4% moderately severe depression. Statistical significance was found for marital status, family structure, nature of retiring job, and time since retirement ( $p < 0.05$ ).

**Conclusion:** The study explored the psychological burden which was associated with retirement in Pakistan. Social support networks, mental health awareness, and governmental initiatives such as structured pension schemes and post-retirement engagement opportunities, were seen to be essential to improve the quality of life for retired individuals.

**Keywords:** Retirement, Psychology, Social, Social Adjustment, Mental Health, Sociocultural Factors.

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## INTRODUCTION

The aging population is increasing regularly worldwide, with the ratio of older adults expected to rise significantly by the year 2050. In Pakistan, retirement is a critical phase of life that is often accompanied by psychological and social challenges<sup>1</sup>. Unlike developed countries, where retirees get benefits from well-structured pension systems and special opportunities for post-retirement employment. Many Pakistani retirees face financial instability and distress in their emotions<sup>2</sup>.

Retirement can be a very rewarding phase for some, i.e., providing opportunities for luxury and personal growth, while there is also a group of retirees who face social isolation, economic dependence, and psychological grief<sup>3,4</sup>. Studies on post-retirement life indicate towards several factors that influence satisfaction such as marital status, family structure, pre-retirement occupation, and financial security. In Pakistan, there is limited research on these determinants in-depth, particularly on the mental well-being<sup>5</sup>.

The theories on psychosociology suggest that depression in older people can be a result of lack of social support and coping mechanisms<sup>6</sup>. And these conditions are then further elevated due to economic instability as elders have to rely on family support<sup>7</sup>. The absence of policies that can ensure financial security and mental healthcare increases the vulnerability of retirees to psychological disorders<sup>8</sup>. Given the rise in elderly population and limited systems for post-retirement support in Pakistan, there was a pressing need to understand the factors contributing to post-retirement depression<sup>9</sup>. Identification of these factors can guide the policy makers in formulating effective interventions for the improvement of the well-being of retirees<sup>10</sup>.

This study aimed to assess the psycho-social determinants that contributed to post-retirement depression and well-being in Pakistan. This study also proposed policy recommendations for the improvement of retirees' mental well-being and quality of life.

## METHODS

The cross-sectional study was conducted at

People's University of Medical & Health Sciences, The University of Modern Sciences, and Liaquat University of Medical & Health Sciences, to analyze the psycho-social factors which were directly associated with depression in post-retirement individuals. The study population consisted of individuals who were over 60 years old, underwent statutory retirement from white collar jobs, and were visiting psychiatry clinics regarding mood-related problems.

Total number of participants was 192, gathered through consecutive sampling technique, taking place from January 1, 2023, to June 31, 2023, [Approval reference: [MS/37/IMCH]]. Inclusion criteria demanded individuals who had taken retirement from formal employment and were not engaged in post-retirement jobs. Individuals were excluded if they had impaired cognitive competence, organic brain diseases or other severe psychiatric disorders. Data from individuals with post-retirement employment were recorded side by side for another study.

Socio-demographic data were noted using a semi-structured questionnaire that captured variables such as age, gender, marital status, family structure, and nature of pre-retirement occupation. Patient Health Questionnaire-9 (PHQ-9) was used to assess the depression levels and Geriatric Depression Scale (GDS) was used for the assessment of additional psychopathological factors. Age was represented as mean and standard deviation while other categorical variables were represented as proportions. Severity of depression was compared across various demographic groups using the Chi-square test. The sample size was calculated using OpenEpi software version 3.0.0 with a confidence interval of 95%.

## RESULTS

The study included 192 retired individuals aged 60 years and above, who had undergone statutory retirement from white-collar occupations. The participants were recruited from various psychiatry clinics, with data collected between January 1, 2023, and June 31, 2023.

**Table 1: Sociodemographic Profiles of Study Participants (N=192)**

Characteristics	N (%)
<b>Age in Years (Mean ± SD)</b>	65.3 ± 2.86
<b>Gender</b>	
Male	115(59.9)
Female	77(40.1)
<b>Marital Status</b>	
Married	91(47.4)
Single	25(13)
Widow	55(28.6)
Divorce	21(10.9)
<b>Family Style</b>	
Combine family	75(39.1)
Nuclear	117(60.9)
<b>No. of Children</b>	
No children	38(19.8)
1-2	57(29.7)
3-4	77(40.1)
5-6	20(10.4)
<b>Type of Family</b>	
Nuclear	53(27.6)
Joint	139(72.4)
<b>Nature of Retiring Job</b>	
Authoritative	82(42.7)
Non-Authoritative	110(57.3)
<b>Time Since Retirement</b>	
<5 Years	96(50)
>5 Years	96(50)

**Table 1:** Presents the sociodemographic characteristics of the study participants. The data includes the distribution of participants by age, gender, marital status, family structure, number of children, type of family, nature of retiring job, and time since retirement. The mean age of participants is 65.3 years (SD = 2.86). Most participants were male (59.9%), married (47.4%), and from nuclear families (60.9%). A majority had retired from non-authoritative jobs (57.3%) and had been retired for more than 5 years (50%).

**Table 2: Mean Scores of GDS and PHQ (N=192)**

Type of Scale	Mean ± SD	Median (Min, Max)
<b>PHQ</b>	8.8±3.8*	8(2,16)
<b>GDS</b>	7.7±2.91*	7(3,15)

\*Not normally distributed

**Table 2:** Provides the mean scores and distribution of scores for depression as assessed by the Patient Health Questionnaire-9 (PHQ) and the Geriatric Depression Scale (GDS). The mean PHQ score was 8.8 (SD = 3.8), with a median score of 8 (ranging from 2 to 16), indicating varying levels of depression severity. Similarly, the GDS mean score was 7.7 (SD = 2.91), with a median of 7 (ranging from 3 to 15), showing a mild to moderate level of depressive symptoms in the participants. Both scales did not follow a normal distribution, as indicated by the asterisk.

**Table 3: Association of Depression with Different Characteristics of Study Population (N=192)**

Patient Health Questionnaire						
Characteristics		Minimal Depression or None	Mild Depression	Moderate Depression	Moderately Severe Depression	P-value*
Gender	Female	11(14.3)	37(48.1)	17(22.01)	12	>0.05
	Male	15(13)	51(44.3)	37(32.2)	12(10.4)	
Marital Status	Married	26(28.6)	41(45.1)	24(26.4)	0	<0.001
	Single	0	6(24)	13(52)	6(24)	
	Widow	0	31(56.4)	12(21.8)	12(212.8)	
	Divorce	0	10(47.6)	5(23.8)	6(28.6)	
Type of Family	Joint	19(25.3)	15(20)	30(40)	11(14.7)	<0.001
	Nuclear	7(6)	72(62.1)	24(20.7)	13(11.2)	
Nature of Retiring Job	Non-Authoritative	18(16.4)	32(29.1)	42(38.2)	18(16.4)	<0.001
	Authoritative	8(9.8)	56(68.3)	12(14.6)	6(7.3)	
Time Since Retirement	<5 Years	18(18.8)	53(55.2)	19(19.8)	6(6.3)	<0.001
	≥5 Years	8(8.3)	35(36.5)	35(36.5)	18(18.8)	
Geriatric Depression Scale						
		Normal		Depression		
Gender	Female	22(28.6)		55(71.4)		>0.05
	Male	38(33)		77(67)		
Marital Status	Married	48(52.7)		43(47.3)		<0.001
	Single	0		25(100)		
	Widow	12(21.8)		43(78.2)		
	Divorce	0		21(100)		
Type of Family	Joint	27(36)		48(64)		>0.05
	Nuclear	33(28.5)		83(71.5)		
Nature of the Retiring Job	Non-Authoritative	31(28.2)		79(71.8)		>0.05
	Authoritative	29(35.4)		53(64.6)		
Time since retirement	<5 Years	25(26)		71(74)		>0.05
	≥5 Years	35(36.5)		61(63.5)		

**Table 3:** Analyzes how depression extent evaluated through PHQ and GDS affects several sociodemographic features. Marital status and type of family in combination with retiring job nature and time since retirement were found to influence depression severity according to PHQ results. Single individuals as well as widowed individuals alongside those coming from nuclear families and those who retired from non-authoritative professions after less than five years showed more severe depression symptoms. Levels of depression between male and female participants shared no meaningful statistical relationship ( $p > 0.05$ ).

The GDS findings demonstrate that depression rates between married groups differ from single, divorced or widowed groups since married persons experience lower depression levels. The statistical analysis revealed that none of the variables including gender, family type, retiring occupation and retirement period influenced depression levels significantly ( $p$  values greater than 0.05). Chi-Square/Fisher's Exact Test revealed statistical significance when the  $p$ -value reached less than 0.05.

## DISCUSSION

The findings of this study indicated that retirement phase significantly effects the psychological well-being of individuals due to several socio-demographic factors playing a critical role. A noteworthy number of participants showed the signs of depression, with the higher percentage seen in nuclear families, widowed or divorced individuals and those who are retired from non-authoritative positions<sup>11</sup>. The study aligns with the previous research suggesting that social connection and economic stability play vital roles in well-being of individuals after retirement<sup>12</sup>. In Pakistan, since pension systems are limited, retirees often face financial insecurity that elevate the psychological distress. Unlike developed nations where there are structured systems for retirees, the Pakistani healthcare sector give minimal funds for elderly care, that further complicates post-retirement adaptation<sup>13</sup>. Marital status was also a significant determinant of mental health outcomes because it is seen that single and widowed individuals faced higher levels of depression. This supports the existing literature in which it is stated that social support, particularly from spouses and close family members reduces the post-retirement stress<sup>14</sup>. Similarly, structure of family was also a crucial factor, with retirees living in nuclear family exhibited higher depression rates compared to those in joint family systems. This suggest that generational support among individuals play a protective role against psychological stress<sup>15</sup>.

The study also found that depression rates were greater among those who had been retired for more than five years. This highlighted the importance and necessity of ongoing psychological care after retirement<sup>16</sup>. Moreover, better coping mechanisms were displayed by those individuals who had been in authoritative positions, maybe as a result of their better financial stability and stronger professional networks<sup>17</sup>. The cultural norms that surround aging and retirement are also important factors. In many Pakistani households, older people are often expected to rely on their young family members which leads to the thought of being

worthless, especially among those who have held high responsibility jobs in the past<sup>18</sup>. The shift from being active professionally to passive retirement life can lead towards significant identity conflicts and emotional pain. Furthermore, the condition becomes worse due to the lack of post-retirement activities which highlights the need of community-based programs that encourage social interaction among retirees<sup>19</sup>.

Healthcare accessibility is yet another subject of concern. Many retired people lack the financial resources to get access to the adequate mental health services in Pakistan, mainly because the public health funding for geriatric care is extremely low<sup>20</sup>. Depression and other mental health concerns often remain underdiagnosed due to the societal illiteracy around mental illness. As a result, many individuals turn to traditional healing practices or try to suppress their symptoms without seeking medical attention. Integrating mental health awareness campaigns and public health initiatives can be essential for addressing the gap<sup>21</sup>.

The role of secondary employment in reducing post-retirement misery is also worth discussing. According to studies from developed countries, it is indicated that retirees who engage in part-time work or any other temporary work after retirement experience better psychological outcomes<sup>22</sup>. In Pakistan, however, limited opportunities for bridge employment prevent retirees from playing an active role in society. Encouraging flexible work policies for elders and volunteerism can be proven as an effective strategy to improve retirees' mental health outcomes<sup>23</sup>. Gender differences also play an important role in adapting to retirement. This study found that female retirees showed more depressive symptoms than male retirees. This can be an effect of social norms, where women are expected to be more dependent on family members and often experience limited financial independence<sup>24</sup>. After retirement, this dependency can make women vulnerable to depression. Women have also been seen to face additional stressors related to the caregiving responsibilities that further affect their

psychological well-being<sup>25</sup>.

Future research should further explore the interventional strategies that would address the retirement-related mental distress, including cognitive-behavioral therapy (CBT), social support programs, and economic planning initiatives, which are tailored to the requirements of the aging population of Pakistan.

## CONCLUSION

This study showed the defective perception of retired people in Pakistan. It shows the attitudinal insulence of the community towards retired persons. The caregiver and the family have shown marked agitation towards the subjects. Many patients have been severely neglected at their family level as well as society. Significant proportions of the subjects have children living abroad. Par excellence transdisciplinary health care system of the 1st world countries (high- and middle-income countries), this study shows remarkable concerns at the failure of the health system in dealing with elderly patients in Pakistan.

## LIST OF ABBREVIATIONS

**CBT:** Cognitive-Behavioral Therapy  
**PHQ-9:** Patient Health Questionnaire-9  
**GDS:** Geriatric Depression Scale

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## CONFLICT OF INTEREST

None

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## ETHICAL APPROVAL

The ethical approval for the current study was obtained from the Institutional Review Board at the Medical Superintendent of Indus Medical College Hospital, Tando Muhammad Khan (Reference number of MS/37/IMCH).

## AUTHORS' CONTRIBUTIONS

All authors contributed equally as per ICMJE.

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