

The Effects of Emotional Happiness on Aging Preparation

Hae-ok Jung, Jung-ae Kim *

Hotel Culinary Department, Chodang University, Korea

hojung@chodang.ac.kr

Nursing Department, Chodang University, Korea *

jjosha6615@naver.com

Abstract

This study was a cross-sectional descriptive study of the effects of emotional happiness on aging preparation for 45-60 year olds. Participants of this study were 312 volunteers and data was collected online, the collection period was from May 15, 2018 to May 31, 2018. The tools used in the research were the emotional happiness developed by Watson et al (1988) et al., the aging preparation developed by JH Lee (2009). Analysis was done using t-test, ANOVA, Pearson correlation, and regression by SPSS 18.0. As a result of the analysis, 84.0% of participants felt physically healthy and 89.8% felt mental health. The spouses of participants were physically 83.4% healthy and mentally 82.7% healthy. The correlation between emotional happiness, health cognition and aging preparation showed that physical health had a correlation with mental health ($r = .482, p < 0.01$) and emotional happiness ($r = .369, p < 0.01$), economic aging preparation ($r = .411, p < 0.01$), social aging preparation ($r = .119, p < 0.01$). Mental health was correlated with emotional happiness ($r = .491, p < 0.01$), economic aging preparation ($r = .411, p < 0.01$) and social aging preparation. Difference between emotional happiness and retirement preparation according to presence or absence of disease, emotional happiness ($t = -4.503, p < 0.01$) and economic aging preparation ($t = -4.960, p < 0.01$) were statistically significant. Emotional happiness affects the preparation of old age, emotional happiness affects to physical aging preparation under statistical significance ($F=25.191, p<0.01$), economic aging preparation ($F=1131.783, p<0.01$), and social aging preparation ($F=147.672, p<0.01$) which were sub components of aging preparation. Emotional happiness showed a 7.5% effect on the preparation of physical aging, 78.4% on economic aging preparation and 32.3% on social aging preparation. Based on the above results, it can be concluded that physical health and mental health are related to emotional happiness, economic aging preparation, and social aging preparation. And also these results can be inferred that the illness causes emotional less feeling of happiness and economic difficulty. Based on the results of this study, emotional well - being influences the retirement preparation significantly at statistical significance. Therefore, if the concept of emotional happiness is introduced to the old-age preparation program, it will be more client centered program.

Keywords: Emotional happiness, Physical aging preparation, Economical aging preparation, Social aging preparation

1. Introduction

Recently, Korea has entered into a rapidly aging society. According to the National Statistical Office, Korea is expected to enter the super aged society in 2026 [1]. Old age is a natural phenomenon that comes to everybody and old age is the completion period of life that finishes his life happily and meaningfully. On the one hand, it is also the time when physical, psychological, and social changes are experienced. Like this, aging society in general will undergo various changes [2-4]. In particular, the elderly are likely to worry about changes in physical functioning, financial difficulties, and social ties without systematic preparation. The life of old age is greatly influenced by the manner and attitude of life before old age. Therefore, the national preparation for a happy old age needs to plan what is appropriate for their attitude and manner of life. In other words, examining their own thoughts and preparations about retirement preparation is very necessary to prepare for them [5-6].

Aging preparation means 'to prepare for old age'. In other words, it can be seen as a plan to prepare resources and skills necessary for the life of old age and to enjoy happy old age life. Aging preparations are variously defined according to the academic field and research perspectives. Generally, it is common to contain not only economic preparations but also physical and emotional preparations. There have been a lot of researches on successful retirement, and it is stressed that a successful retirement life requires advance preparation in terms of various aspects of life besides economic aspects. In the study of retirement preparation area, Yang and Hong [7] approached the aged preparations of middle aged rural women in terms of physical preparation, emotional preparation, economic preparation, and leisure preparations. In 2009, Bae (2012) divided aging preparations into physical, economic, emotional, and leisure preparations [8]. In addition, Kim (2012) divided into physical, economic, social, and emotional areas. Based on the above research, the preparation of old age can be composed of physical, economic, and social aging preparations [9].

First of all, regarding the preparation for physical aging, most people change their health after the middle age. For example, after middle age, there are various diseases that may occur during the age of the year including sexually transmitted diseases such as hypertension, metabolic diseases, chronic diseases and diabetes. The preparation of physical aging can be regarded as a result of what activities have been done regularly for health care in the middle age that cause a sudden physical change [10-11].

Second, economic aging preparation means the preparation of a stable living cost that can keep everyday life smooth when the income source is lost after retirement. For example, public pension, personal pension, national pension, retirement pension, and other income means that the society lacking social security system is more important in the preparation of old age. In fact, when people go to old age, their income is lost due to physical aging, labor degradation, and retirement, making it difficult to maintain the daily life of old age smoothly. Economic retirement preparation is a factor affecting overall family relations, friendship, health, leisure, and social activities in general [12-13].

Third, social aging preparations are closely related to economic aging preparation. Recently, the connection between the elderly and the children has weakened due to the nuclear family, and emotional ties between the parents and the children have been neglected. As a result, the increase of the elderly living alone causes problems that are alienated from society. Aguilera Velasco María de los Angeles, et al., emphasize that friendship and social group exchanges are crucial to successful retirement planning [14]. In addition,

Kajko-Mattsson Mira (2008) et al, argues that social retirement is determined by the type of personality in middle age [15]. A study by Diener (1995) reported that those who maintain intimate social relationships show higher happiness than those who do not [16]. In other studies, however, there were many reports that factors that determine happiness were related to sociodemographic characteristics, but were generally weak. It is safe to see that emotional happiness affects the preparation of old age, but it can not necessarily be included in social aging preparation. Based on the above literature review, it can be divided into physical, economic, and social aging preparations. This aging preparation has some correlation with emotional happiness, and how emotional happiness affects aging preparation has not yet been studied in detail.

2. Research Method

2.1. Research design

This study was a cross-sectional descriptive research study on the effects of emotional happiness on aging preparation for 45-60 year olds in Korea.

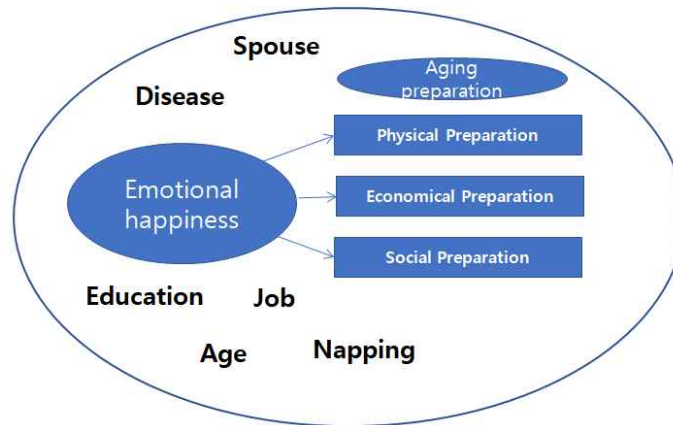


Figure 1. The effects of emotional happiness on aging preparation

2.2. Research tool

2.2.1. Aging preparation

The aging preparation tool was divided into physical, economic, and social aging preparations by referring to the items revised by Lee Jung Hwa [17] by referring to the items of previous studies on retirement preparation. Physical, economic and social retirement preparation was 'How are you preparing for old age?' The question is composed of 17 sub questions in total, with 4 points likerts. 1 point was 'not at all', 2 points were 'not so', 3 points were 'yes', and a point was 'very agree'. The higher the score, the higher the level of aging preparation. The physical aging preparations were 'regular exercise at regular intervals (more than 5 times a week, more than 30 minutes each time)', 'take a supplement of health supplements', 'maintain normal weight', 'Eating more than five kinds of fruits and vegetables every day', 'avoiding smoking and drinking', and 'receiving regular health checkups'. The reliability of the physical aging preparation tool was measured as Cronbach's alpha = .62. The economic retirement preparation consists of five items: 'I have the economic advantage to enjoy leisure life in old age', 'I prepare my finance so that I can receive service for old age', 'I can procure the living expenses of old age independently' And 'Raising the proficiency to work even in the old age'. The reliability of economic aging preparation was Cronbach's alpha = 0.68. The social aging preparation consists of five items: 'to participate in social activities such as volunteer activities for aging', 'to prepare for leisure activities and hobbies for aging', 'to attend frequent meetings with friends' 'I try to maintain a good relationship with my spouse or family', 'I have friends and neighbors to work together in old age'. The reliability of the social aging preparation tool was Cronbach's alpha = .69.

2.2.2. Emotional happiness

The emotional well-being questionnaire (Positive and Negative Affect Schedule: PANAS) was developed by Watson, Clark, and Tellegen [18] has reconstructed this to suit Korean situation. This questionnaire consists of 10 items related to positive emotion and 10 items representing negative emotion. This is done by eliminating the center-of-center bias. It was mainly written in 5 likerts in a way that determines the mood of self in daily life. The reliability of emotional happiness is Cronbach's alpha = .915.

3. Result

3.1. General characteristics

The frequency of the general characteristics of the participants was analyzed (Table 1). As a result of the analysis, 124 persons (39.7%) were the most among 56-60 year olds, 112 persons (35.9%) were between 45-50 years old, and 75 persons (24.4%) were between 51-55 years old. There were 178 women (57.1%) and 134 men (42.9%) in the gender. There were 270 (86.5%) of the current occupations and 42 (13.5%) of those who did not. The education level was 272 (87.2%) at university graduation and 40 (12.8%) at high school graduation. Religion was followed by 112 (35.9%) Protestant, 72 non-religious, 66 Catholic (21.2%), Buddhist 54 (17.3%) and others 14 (4.5%). Marriages were married 254 (84.6%), unmarried 24 (7.7%), divorced 14 (4.5%), widowed 6 (1.9%) and separated 4 (1.3%). 216 people (69.9%) perceive their physical health as 'good', 50 people (16.0%) perceived it as 'not good', and 44 people (14.1%) as 'very good'. 216 people (69.9%) perceive their physical health as 'good', 50 people (16.0%) perceived it as 'not good', and 44 people (14.1%) as 'very good'. There were 190 (60.9%) people who recognized their mental health level as 'good', 64 (20.5%) who recognized 'not good', followed by 42 (13.5%) who recognized it as "very good". 194 (62.2%) of the respondents perceived that their spouses' physical health as 'good', 42 people (13.5%) perceived it as 'not good', 64 people (20.5%) were in the order of 'very good'. As a result of the analysis of current illnesses, Of the total 164 participants, 120 (38.5%) were without disease. Of the people currently suffering from the disease, 120 (38.5%) had the highest hypertension. There were 22 gastrointestinal diseases (7.1%), 10 urinary incontinence (3.2%), 10 headache (3.2%), 8 thyroid disease (2.6%), 6 anemia (1.9%), osteoporosis 6 (1.6%), liver disease 4 (1.3%), kidney disease 2 (0.6%), lung disease 2 (0.6%) and fracture 2 (0.6%).

Table 1. General Characteristics

Variable	Type	N(%)	Variable	Type	N(%)
Age	45-50	112(35.9)	Marriage	Married	254(84.6)
	51-55	75(24.4)		Single	24(7.7)
	56-60	124(39.7)		Separate	4(1.3)
				Devoice	14(4.5)
Job	Yes	270(86.5)		Widow	6(1.9)
	No	42(13.5)	Religion	Protestant	112(35.9)
Nap	Yes	96(30.8)		Catholic	66(21.2)
	No	216(69.2)		Buddhist	54(17.3)
Gender	Male	134(42.9)		Others	8(2.6)
	Female	178(57.1)		None	72(23.1)
Education	High school	40(12.8)	Physical Health Status	Very bad	0(0.0)
	College	272(87.2)		Bad	50(16.0)
				Good	218(69.9)
				Very good	44(14.1)

Disease	Hypertension	38(12.2)	Psychiatric	Very bad	0(0.0)
	Heart	10(3.2)	Health	Bad	32(10.3)
	DM	16(5.1)	Status	Good	218(69.9)
	Pulmonary	2(0.6)		Very good	62(19.9)
	Kidney	2(0.6)	Spouse	Very bad	4(1.3)
	GI	22(7.1)	Physical Health	Bad	64(20.5)
	Liver	4(1.3)	Status	Good	190(60.9)
	Thyroid	8(2.6)		Very good	42(13.5)
	Cancer	6(1.9)	Spouse	Very bad	0(0.0)
	Osteoporosis	9(1.9)	Psychiatric	Bad	42(13.5)
	Fracture	16(5.1)	Health	Good	194(62.2)
	Joint	120(38.5)	Status	Very good	64(20.5)
		14(4.5)			

3.2. Relationship between health cognition, emotional happiness, and aging preparation

The correlation between emotional happiness including health cognition and aging preparation was analyzed (Table 2). The results of the analysis showed that the physical health they perceive was mental health ($r = .482$, $p < 0.01$), emotional happiness ($r = .369$, $p < 0.01$), economic aging preparation ($r = .411$, social aging preparation ($r = .119$, $p < 0.01$) showed a correlation with statistical significance. The mental health that they perceive was statistically significant in terms of emotional happiness ($r = .491$, $p < 0.01$), economic aging preparation ($r = .411$, $p < 0.01$), social aging preparation ($r = .223$, $p < 0.01$) with statistical significance. There was no correlation between mental health, emotional happiness, and aging preparation of spouse at statistical significance level. The correlation between emotional happiness was positively correlated with physical aging preparation ($r = .209$, $p < 0.01$) and social aging preparation ($r = .337$, $p < 0.01$). It was shown that the economic aging preparation has a correlation with the social aging preparation under statistical significance ($r = .435$, $p < 0.01$).

Table 2. Relationship between health cognition, emotional happiness, and aging preparation

Variables	1	2	3	4	5	6	7	8
Physical Health	1	.482**	.009	.008	.369**	.055	.411**	.119**
Psychiatric Health		1	-.096	-.096	.491**	.068	.517**	.223**
Spouse Physical Health			1	1.00**	-.082	-.043	-.092	-.022
Spouse Psychiatric Health				1	.147	.454	.105	.696
Emotional Happiness					1	.274**	.886**	.568**
Physical Aging Preparation						1	.209**	.337**
Economical Aging Preparation							1	.435**
Social Aging Preparation								1

**The correlation coefficient is significant at 0.01 level (both sides).

*The correlation coefficient is significant at 0.05 level (both sides).

3.3 Differences between emotional happiness and aging preparation according to general characteristics

T-test was conducted to confirm the difference between emotional happiness and aging preparation according to general characteristics (Table 3). The presence of illness, one of the general characteristics, showed significant differences in emotional happiness ($t=-4.503$, $p<0.01$) and economic aging preparation ($t=-4.960$, $p<0.01$) at statistical significance, but there was no difference between the preparation of physical aging and the preparation of social aging ($p>0.05$). As a result of analyzing the difference according to whether or not to live with the spouse, emotional happiness ($t=2.952$, $p<0.05$), physical aging preparation ($t=1.128$, $p<0.05$), and economic aging preparation ($t=2.193$, $p<0.05$) were statistically significant. The difference according to the level of education was not found to be statistically significant ($p>0.05$). Emotional happiness ($t=-3.932$, $p<0.01$), economic aging preparation ($t=-2.207$, $p<0.05$) and social aging preparation ($t=-2.145$, $p<0.05$) differed with statistical significance depending on nap status. ANOVA analysis was conducted to determine whether there was a difference between emotional well-being and retirement preparation according to age. As a result of the analysis, it was found that there was a statistically significant difference only in preparation for physical aging ($F=5.720$, $p<0.05$).

Table 3. Differences between emotional happiness and aging preparation according to general characteristics

Variables		Emotional happiness	Physical Preparation	Economical Preparation	Social Preparation
		M(SD)	M(SD)	M(SD)	M(SD)
Disease	Yes	3.435(.482)	2.653(.631)	3.455(.621)	2.852(.382)
	No	3.691(.497)	2.685(.389)	3.820(.649)	2.922(.442)
	T(p)	-4.503(.000)**	-.506(.613)	-4.960(.000)**	-1.476(.141)
Spouse	Yes	3.569(.494)	2.680(.566)	3.630(.644)	2.896(.391)
	No	3.339(.510)	2.583(.446)	3.569(.494)	2.784(.477)
	T(p)	2.952(.003)*	1.128(.029)*	2.193(.029)*	1.757(.080)
Job	Yes	3.435(.482)	2.653(.631)	3.455(.621)	2.852(.382)
	No	3.691(.497)	2.685(.389)	3.820(.649)	2.922(.442)
	T(p)	-4.503(.000)**	-.506(.613)	-4.960(.000)**	-1.476(.141)
Education	High school	3.602(.469)	2.707(.355)	3.662(.589)	2.900(.330)
	College	3.524(.507)	2.659(.573)	3.586(.665)	2.876(.417)
	T(p)	.918(.359)	.509(.611)	.684(.494)	.344(.731)
Napping	Yes	3.378(.453)	2.6019.370)	3.474(.609)	2.805(.323)
	No	3.603(.509)	2.694(.612)	3.650(.669)	2.912(.435)
	T(p)	-3.732(.000)**	-1.383(.168)	-2.207(.028)*	-2.145(.033)*
Age	45-50	3.490(.498)	2.548(.412)	3.517(.710)	2.898(.404)
	51-55	3.573(.523)	2.642(.455)	3.671(.611)	2.864(.469)
	56-60	3.550(.044)	2.785(.677)	3.621(.056)	2.871(.033)
	T(p)	.723(.486)	5.720(.004)*	1.385(.252)	.207(.613)

** . P<0.01, ** . P<0.05

3.4. Effects of emotional happiness on the preparation of aging.

Regression analysis was conducted to confirm the effect of emotional happiness on aging preparation (Table 4). As a result, emotional happiness affects to physical aging preparation under statistical significance ($F=25.191$, $p<0.01$), economic aging preparation ($F=1131.783$, $p<0.01$), and social aging preparation ($F=147.672$, $p<0.01$) which were sub components of aging preparation. Emotional happiness showed a 7.5% effect on the preparation of physical aging, 78.4% on economic aging preparation and 32.3% on social aging preparation.

Table 4. Effects of emotional happiness on the preparation of aging

Independent	Dependent	Non-standardized coefficients		β	t	p	Statistics
		B	SD				
Emotional happiness	Constant	1.605	.213	-	7.522	.000	R=.274, R2=.075,
	Physical	.300	.060	.274	5.019	.000**	Modified R2=.072,
							F=25.191, p=.000
	Constant	-.489	.123	-	-3.984	.000	R=.886, R2=.785,
	Economical	10156	.034	.886	33.642	.000**	Modified R2=.784,
							F=1131.783, p=.000
	Constant	1.255	.135	-	9.293	.000	R=.568, R2=.323,
	Social	.460	.038	.568	12.152	.000**	Modified R2=.320,
							F=147.672, p=.000

** $P<0.01$, ** $P<0.05$

4. Conclusion

This study is a cross-sectional descriptive research study on the effects of emotional well-being on retirement preparation for 45-60 year olds. There were 312 voluntary participants in the study, and data were collected online with structured questionnaires. The data collection period was from May 15, 2018 to May 31. The tools used in the research were the emotional happiness developed by Watson et al., [18] and the aging preparation developed by JH Lee [17]. 39.7% of participants were the among 56-60 year olds, 35.9% were between 45-50 years old, and 24.4% were between 51-55 years old. And women were 57.1%, men were 42.9% in the gender. There were 86.5% of the current occupations. The education level was 87.2% at university. 84.6% were unmarried status. This study was conducted online and voluntarily participated in the questionnaire. It was distributed to the researchers' acquaintances and was over 50 years old, but the majority had a workplace. When interpreting the results, it should be referred to the general characteristics as above.

As a result of the analysis, 69.9% perceive their physical health as 'good', and 14.1% as 'very good'. Therefore, 84% of the participants in this study were aware that they were physical healthy. And 69.9% answered that mental health is good, and 19.9% answered that they are very good. Therefore, 89.8% of them perceived themselves to be mentally healthy. 83.4% of the spouse 's physical health was good and 82.7% of the mental health was good. Physical health did not differ much from spouse, but mental health tended to be

perceived as higher than spouse. 38.5% of people who have no illness and 38.5% of people who have illness are presently ill. The most common diseases were hypertension (38.5%) followed by gastrointestinal diseases (7.1%), urinary incontinence (3.2%), headache (3.2%), thyroid disease (2.6%), anemia 1.6%), liver disease (1.3%), kidney disease (0.6%), lung disease (0.6%) and fracture. These results suggest that hypertension, gastrointestinal diseases and urinary incontinence are the most common diseases among middle-aged people over 50 years of age. The correlation between emotional happiness, health cognition and aging preparation showed that physical health had a correlation with mental health ($r = .482, p < 0.01$) and emotional happiness ($r = .369, p < 0.01$), economic aging preparation ($r = .411, p < 0.01$), social aging preparation ($r = .119, p < 0.01$). mental health was correlated with emotional happiness ($r = .491, p < 0.01$), economic aging preparation ($r = .411, p < 0.01$) and social aging preparation. Based on the above results, it can be concluded that physical health and mental health are related to emotional happiness, economic aging preparation, and social aging preparation.

As a result of analyzing the difference between emotional happiness and retirement preparation according to presence or absence of disease, emotional happiness ($t = -4.503, p < 0.01$) and economic aging preparation ($t = -4.960, p < 0.01$) were statistically significant.. These results can be inferred that the illness causes emotional less feeling of happiness and economic difficulty. As a result of the regression analysis that emotional happiness affects the preparation of old age, emotional happiness affects to physical aging preparation under statistical significance ($F=25.191, p<0.01$), economic aging preparation ($F=1131.783, p<0.01$), and social aging preparation ($F=147.672, p<0.01$) which were sub components of aging preparation. Emotional happiness showed a 7.5% effect on the preparation of physical aging, 78.4% on economic aging preparation and 32.3% on social aging preparation. As mentioned above, emotional happiness affects the preparation of physical aging, economic aging preparation and social aging preparation which are sub - factors of aging preparation. In addition, emotional happiness has a high correlation with physical and mental health as inferred from the above. Happiness is the goal of life for all, including age, nationality, and living standards [16]. In 2000, Seligman and Csikzentmihalyi emphasized the importance of positive psychology and began discussing emotional well-being [19]. In recent years, emotional happiness refers to the perceived happiness of an individual as an overall emotion experienced by an individual in own life [16]. it is a tendency to interpret happiness and well-being as the same concept [20]. Diener (1984) expressed emotional well-being as 'regular, cognitive, and emotional', and [19] called it 'a general assessment of the quality of life of individuals according to the criteria they choose.' As such, it can be considered as a measure of how well people evaluate their life overall [21]. When people are old, they are in financial difficulty because you retire your job, and you are ready for physical degeneration. As a result, many researchers have been discussing the preparation of retirement as 'physical aging preparation', 'economic aging preparation' and 'social aging preparation'. Thus this study was started to find the connection point with the preparation of the old through the review of literature on emotional happiness. Biologically, the elderly are designated as 65 years old, and most of them are retirement in social life. The results of this study were as follows. The first, the middle-aged people felt that their spouses did not feel much differently from themselves physically, but their spouses were mentally unhealthy. The second, common diseases of the middle-aged people were hypertension, gastrointestinal diseases and urinary incontinence, The third, emotional happiness has a high correlation with physical and mental health. The fourth, physical health and mental health are related to economic aging preparation, and social aging preparation. The fifth, the illness causes emotional less feeling of happiness and economic difficulty. The sixth, emotional happiness affects the preparation of physical aging, economic aging preparation and social aging preparation which are sub - factors of aging preparation.

References

- [1] Korean Statistical Information Service, 2015.
- [2] E. Helmes, J. Brown, Does Exercise in older Adults Predict problem Solving? The Role of Personality, *Advances in Aging Research*, 5(2), 2016.
- [3] Alfredo Granani, Sarita Mac Cornick, Veronica Chominski, Samuel Marcis Ribeiro de Noronha, Silvana Aparecida Alves Correa de Noronha, Lydia Masako Ferreira, Review of Major Theories of Skin Aging , *Advances in Aging Research*, 3(4), 2014.
- [4] Rolando C. Esteban, Thinking about Aging: Experience, Identity and Meaning among an Elderly Population in the Philippines, *Advances in Aging Research* 4(5) 2015.
- [5] María de los Ángeles Aguilera, José de Jesús Pérez, Diemen Delgado, Mónica Contreras, Martín Acosta, Blanca Elizabeth Pozos, Educational Preparation of Older Adults and Their Families for Retirement, *Advances in Applied Sociology*, 3(6), 2013.
- [6] Jordi Fernández- Castro, Joaquín T. Limonero, Maria Pau González- Olmedo, Rosa Serrano, Victoria López, Tatiana Rovira, Early Retirement Intention in Workers from the Industry and Service Sectors: Influence of the Perception of Benefits from Retiring or from Continuing to Work, *Open Journal of Social Sciences*, 3(4), 2015.
- [7] SM Yang, SJ Hong, The Later Preparation and Its Related Variables in the Middle' Rural Women, *Journal of Korea Home Economics Association*, 20(6), 2002.
- [8] MJ Bae, Perception of Preparation for their old age and Successful Aging by degree of facts on Aging among adults, *Senior Welfare*, 58, 2012.
- [9] HJ Kim, The effects of Middle Aged recognition towards Later life on preparation behavior for their old age and moderate effect of knowledge about policy for elderly people, *Korean Social Welfare Survey*, 32, 2012.
- [10] Monica E. Liubicich, Daniele Magistro, Filippo Candela, Emanuela Rabaglietti, Silvia Ciairano, Physical Activity and Mobility Function in Elderly People Living in Residential Care Facilities. "Act on Aging": A Pilot Study, *Advances in Physical Education*, 2(2), 2012.
- [11] Hiroe Sugimoto, Shinichi Demura, Yoshinori Nagasawa, Age and Gender-Related Differences in Physical Functions of the Elderly Following One-Year Regular Exercise Therapy, *Health*, 6(8), 2014.
- [12] Abia Elisabeth Achancho, An Assessment of Pension Insurance on the Socio-Economic Life of the Retired Population in Buea-Cameroon, *Open Journal of Social Sciences*, 4(4), 2016.
- [13] Michael Herrmann, The Economic Challenges of Population Aging in Emerging Markets, *Modern Economy*, 5(2), 2014.
- [14] Aguilera Velasco María de los Angeles, María de Lourdes Marrero Santos, Martín Acosta Fernández, Teresa Margarita Torres López, Strategies of Awareness of the Retirement in Employees of a Mexican Company, *Open Journal of Social Sciences*, 6(6), 2018.
- [15] Kajko-Mattson Mira, Anna Hauzenberger, Ralf Fredriksson, Eliciting Theory about a Retirement Process, *Journal of Software Engineering and Applications*, 1(1), 2008.
- [16] Diener, E., Sapyta, J. J., & Suh, E. Subjective well-being is essential to well-being. *Psychological Inquiry*, 9, 33-37, 1998.
- [17] JH Lee, Gwangju Jeonnam Middle-aged Age, Recognition of the Elderly and Physical, Economic and Social Retirement Preparation, *Journal of the Korean Society of Community Life*, 20 (2), 275-289, 2009.
- [18] Watson D., Clark, I. S., & Tellegan. A. Development and validation of brief measures of positive and negative affect: The PANAS scales, *Journal of Personality and Social Psychology*, 54(6), 1063-1070, 1988.

- [19] Seligman, M. E. P., & Csikszentmihalyi, Positive Emotions, Resilience and Psychosomatic Health: Focus on Hellenic Army NCO Cadets. *American Psychologist*, 55, 5-14, 2000.
- [20] Yaoyao Wei, Yian Xie, Yuxiang Hong, Study of Quantitative model for Maslow's View of Humanity Happiness, *Open Journal of Social Sciences*, 4(4), 2016.
- [21] Veenhoven, R, Question on Happiness, Classical Topics, Perhamon Publishing corporation, 1991.