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FOREWORD

The Department of Psychology, University of Lagos has continued to expand the frontiers of knowledge through the engagement of cutting edge research by her seasoned faculty members, and the publications of rigorously processed articles in her new journal. This new journal has been welcomed in the academia as a veritable tool for the dissemination of research findings in Nigeria and beyond. The first issue has continued to attract the interest of scholars and researchers and has guided enlightened conversations in the specific areas wherein the studies were conducted; In this edition we are presenting even more fascinating topical issues being addressed by different authors. We hereby invite you to savour these well researched articles. The edition is, as usual, a combination of thought-provoking analyses and discussions on different quests to understanding human behavior and mental processes for a sustainable world; it also highlights promising paths and directions for future intervention. It is hoped that findings from this edition of the journal will furnish the understanding of scholars on how to improve human behaviour for a sustainable society through effective use of modern therapy and intervention models. Finally, this edition has advanced the combined ideas of scholars and academics from different academic disciplines. For this reason, I want to thank everyone who is interested in promoting the boundaries of knowledge, transformation process and ultimately adding to the body of research in behavioural science.

Editor

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Predictive influence of functional impairment, life satisfaction, and perceived social support on quality of life among retirees in Ido-Osi Local Government Area in Ekiti State, Nigeria

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Abstract

The present study investigated the influence of functional impairment, Life satisfaction and perceived social support on quality of life among retirees in Ido-Osi LGA in Ekiti State, Nigeria. The disengagement theory of quality of life served as the framework for this study. Using a descriptive survey research design, 102 participants were conveniently selected from Ido-Osi LGA in Ekiti State (mean age = 63.34, SD = 7.39). Validated scales were used for data collection. Pearson product-moment correlation, t-test and multiple regression analysis were conducted on two hypotheses in the study. Result indicated that there is significant negative relationship between functional impairment and quality of life; r = -.29; P<.01. Life satisfaction also has a significant relationship with quality of life: r = .347; P < .01. Perceived social support has a significant positive relationship with quality of life: r = .228; P < .01. The result also revealed that perceived social support, functional impairment and life satisfaction significantly and jointly predicted Quality of life among retirees (R=.401; R^2 = .161, F (3,232) = 14.840, p<.01). Furthermore, the findings of this study showed that reveals that socio-demographic variables had no significant joint or independent influence on quality of life among retirees. (R= 1.46, R^2 = .161, F (6,231) = .841, p>.05). This implies that age, religion, marital status, ethnicity, educational qualification and gender do not jointly or independently predict quality of life among retirees. In conclusion functional impairment, life satisfaction, and perceived social support had a significant influence on quality of life. It was recommended that the authorities of Ido-Osi LGA in Ekiti State, and by extension, all other LGAs in Nigeria, should give due consideration to the psychological variables so considered in the management of the quality of life of their retirees and even those in service.

Keywords: Quality of Life, Perceived Social Support, Life Satisfaction, Functional Impairment

Introduction

The study of ageing has made quality of life (QoL) a major focus, especially as the world's populations undergo major demographic changes. As more people reach retirement age due

to improvements in healthcare and living conditions, important questions concerning the factors influencing well-being in later life are being raised (World Health Organisation [WHO], 2023). For retirees, quality of life encompasses more than just physical health; it also includes social interaction, emotional stability, economic stability, and life satisfaction. Understanding the complex nature of quality of life (QoL) among this population is crucial for policymakers, health professionals, and community planners because retirement represents a significant life transition that is frequently accompanied by changes in social roles, income levels, and health status. Recent research conducted between 2021 and 2025 has expanded the understanding of quality of life (QoL), highlighting its subjective and multifaceted characteristics.

As stated by Koenig et al. (2022), perceived social support, a sense of purpose, and psychological resilience all have an impact on retirees' quality of life in addition to objective health indicators. Socioeconomic disparities, inadequate pension systems, and restricted access to geriatric healthcare services may further mitigate these factors in the context of developing countries like Nigeria (Adebayo & Olagunju, 2024). According to the WHO (2023), quality of life is "an individual's perception of their position in life in relation to their goals, expectations, standards, and concerns, as well as the culture and value systems in which they live.". This broad definition emphasises how crucial culturally sensitive frameworks are for evaluating and enhancing retirees' quality of life, particularly in places like Nigeria that have strong communal ties and traditional support systems. However, some of these support networks have been undermined by recent urbanisation and modernisation, which have led to an increase in retirees vulnerable to loneliness, financial hardship, and mental health challenges (Okafor & Babalola, 2021).

Retirement in Nigeria is frequently marked by uncertainty and structural shortcomings. Many retirees, especially those in the public sector, deal with poor social welfare, declining health without enough medical support, and pension payment delays. Oladimeji et al. (2023) discovered that Nigerian retirees had lower quality of life (QoL) scores than the global average, with diminished financial capacity, lack of emotional support, and poor physical functioning being the most important predictors. Furthermore, because of the fast population growth, inadequate health infrastructure, and growing cost of living, retirees in peri-urban areas like Ikorodu, Lagos State, frequently face difficulties (Ajayi and Omisakin, 2022).

Retirement is a significant life transition that changes a person's social roles, daily routines,

and access to organised support networks. Many retirees experience biological ageing processes during the post-retirement phase, which can lead to several health issues, including functional impairments. According to the World Health Organisation [WHO], 2022, functional impairment is the inability to carry out necessary daily tasks because of physical, mental, or emotional challenges. These restrictions have a significant impact on people's overall quality of life (QoL) in addition to limiting their autonomy. The ability of retirees to function independently, maintain social engagement, and access proper health and social care has a significant impact on their quality of life, particularly in low- and middle-income nations like Nigeria (Okeke et al. 2022).

One of the most important indicators of a lower quality of life in older adults is functional impairment. According to Abayomi and Lawal (2023), it limits mobility, impedes self-care, and encourages dependency, all of which can result in emotional distress, a lower quality of life, and social isolation. Retirees in Nigeria deal with a special set of difficulties that could make functional impairments worse for their quality of life. These include diminished family support networks, insufficient geriatric care, restricted pension benefits, and difficult access to rehabilitation services (Adegboyega & Musa, 2021). The dearth of social infrastructure and the government's lack of focus on the aging population disproportionately affect many retirees in suburban and peri-urban areas like Ikorodu in Lagos State. Because of this, functional impairment in this context not only has an impact on an individual's well-being but also speaks to larger systemic problems that older adults face nationwide.

Okafor et al. (2024), in a cross-sectional study of senior Nigerians, discovered that retirees with moderate to severe functional limitations had substantially lower quality of life (QoL) scores, particularly in areas of social relationships and independence. In addition, worldwide patterns suggest that the adverse consequences of functional impairment can be lessened by early intervention, physical rehabilitation, social engagement initiatives, and mental health assistance (Li et al. 2022; García et al., 2023). Therefore, determining how functional limitations affect quality of life in local contexts is crucial to creating culturally relevant and successful healthy aging strategies.

When people transition from working to retirement, the idea of quality of life (QoL), which includes social relationships, environmental context, psychological well-being, and physical health, becomes increasingly important. Life satisfaction, a subjective, cognitive assessment

of one's overall situation in life, is one of the most important psychosocial factors influencing quality of life in later life. The relationship between retirees' quality of life and life satisfaction has received more attention recently, especially considering how the socioeconomic and health conditions in both developed and developing nations including Nigeria are changing. Retirees' perceptions of the success and fulfilment of their previous lives, current circumstances, and future goals are all strongly correlated with their level of life satisfaction, which is a key element of subjective well-being.

According to Diener et al. (2022), life satisfaction is a measure of both emotional contentment and the extent to which a person's goals have been achieved. Retirees who have a stable income, good health, strong social networks, and meaningful daily activities tend to have high levels of life satisfaction. On the other hand, deteriorations in any of these areas could lead to unhappiness and a lower standard of living. Retirement quality is influenced by a variety of factors, including physical functioning, mental health, social participation, and access to health and welfare services. This is particularly true for retirees living in urban and peri-urban areas like Ikorodu in Lagos State, Nigeria.

A study by Okafor and Olanrewaju (2023) identified a direct correlation between life satisfaction and quality of life (QoL) outcomes, pointing out that retirees who are more satisfied with their lives also tend to report higher psychological well-being and lower levels of loneliness and depression. The need to comprehend how arbitrary elements like life satisfaction impact retirement quality is further highlighted by Nigeria's demographic shift toward an aging population. Retirees' susceptibility to deteriorated well-being is growing as worries about healthcare access, social isolation, and pension adequacy increase. Positive psychological traits, like life satisfaction, however, have been demonstrated to increase resilience and mitigate the negative effects of stressors associated with aging (Adediran & Eze, 2024).

Furthermore, it is impossible to ignore Nigeria's cultural and communal context when discussing aging. Nigerian society frequently views retirement through the prisms of social relevance and family continuity. Therefore, sustained familial support, active community involvement, and perceived usefulness all of which improve overall quality of life are frequently necessary to maintain life satisfaction (Umeh & Adegbite, 2021). Perceived social support is another psychosocial factor that this study examined as having a significant impact on retirees' well-being.

The subjective assessment of a person's social network, which includes friends, family, and the larger community, regarding the availability and sufficiency of emotional, informational, and instrumental support is known as perceived social support (Zimet et al. (2023). According to recent past retirees' mental and physical health outcomes are more strongly and consistently associated with the perception of support than with the actual presence of support (Chen et al. Adeboye and Akintunde (2024) and 2022. Research has consistently shown that retirees who perceive a high level of social support report better ageing adaptation, lower depression, less functional decline, and higher life satisfaction (Park & Lee, 2021; Oladeji & Ogunyemi, 2023).

According to past research, retirees' well-being is considerably tempered by the degree of perceived social support, especially emotional support, when it comes to age-related stressors and chronic illnesses (Chukwu and Mohammed, 2023). Additionally, the perception and receipt of social support are influenced by gender, marital status, and cultural norms, which impact the protective effect of social support on quality-of-life outcomes (Kwon et al. 2021; Nwachukwu & Uche, 2024). Retirees who are widowed or single, for instance, may be more susceptible to social isolation and have lower QoL test instrument because of their smaller support systems.

The notion of quality of life (QoL) among retirees has drawn increasing scholarly attention recently, primarily because of the world's ageing population growth and the corresponding socioeconomic and psychological difficulties. For this group, quality of life usually includes social relationships, financial security, psychological well-being, physical health, and participation in worthwhile activities (WHO, 2022). Scholars have studied retirement QoL outcomes and predictors, emphasising the interaction between structural factors and personal traits.

Studies highlight the importance of functional health status in determining retirement quality of life. For example, Kim and Park (2023) discovered that retirees who experienced physical limitations in their ability to move around or take care of themselves reported much lower levels of psychological and life satisfaction. Social disengagement and a higher risk of depression result from functional impairment, which restricts autonomy and participation in social and recreational activities (Afolabi & Musa, 2022). In environments with limited resources, where access to medical care and assistive technology is restricted, the effect is especially noticeable. QoL has also been found

to be significantly predicted by psychological factors, particularly life satisfaction and mental health.

Liu et al.(2022) found that regardless of their income or health, retirees who had a strong sense of life purpose and satisfaction scored higher on QoL indices. Likewise, in a Nigerian setting, Dada and Oluwaseun (2024) found that retirees who thought their retirement was a smooth transition had better coping mechanisms, reduced stress, and improved general wellbeing. One of the best indicators of retirees' quality of life is still perceived social support. Research shows that peer relationships, community involvement, and emotional support from family significantly reduce the negative effects of aging.

Okeke and Iwundu (2023), for instance, showed that retirees in urban Nigeria who were involved in community groups and kept close family ties had greater levels of mental resilience and social satisfaction. On the other hand, socially isolated retirees were more susceptible to suicidal thoughts, anxiety, and cognitive decline. A good retirement life has been highlighted as being based on socioeconomic factors like access to pensions, stable housing, and adequate income. A World Bank report from 2021 states that retirees in sub-Saharan Africa, including Nigeria, frequently experience financial instability as a result of insufficient pension plans, which can lead to psychological stress, poor nutrition, and restricted access to healthcare.

According to empirical research by Lawal and Shittu (2023), one of the main stressors that considerably reduces Nigerian retirees' quality of life is financial insecurity. The experiences of retirees are also influenced by contextual and cultural factors. Retirement is frequently entwined with community expectations and familial responsibilities in collectivist societies like Nigeria. Particularly when retirees are faced with financial responsibilities after retirement, these cultural factors have the potential to either improve QoLthrough greater familial support or impair it (Akinbode and Eze, 2025).

Perceived Social Support and Quality of Life

The relationship between retirees' quality of life (QoL) and perceived social support has drawn a lot of attention in gerontological and psychological studies in recent years. It has been demonstrated that one of the key factors influencing well-being in older adulthood is perceived social support, which is defined as a person's subjective assessment of the

availability and sufficiency of emotional, instrumental, and informational support (Zhao et al. 2022). Research from a variety of cultural backgrounds shows that retirees who feel a lot of social support are more likely to report being in better physical, mental, and emotional health. Nguyen and Le (2023) discovered that among Vietnamese retirees, life satisfaction and general quality of life were significantly predicted by the perceived emotional support of family and close friends. The detrimental effects of health decline and financial strain on retirees' quality of life were also mitigated by perceived social support, according to a longitudinal study conducted in the UK by Jackson and Morgan (2022).

Life satisfaction and Quality of Life

Life satisfaction, which is a cognitive, global measure of life, has become a common predictor and component of the quality of life of retirees. Kim and Moen (1922) found that those who had more control over the timing and conditions of retirement reported higher life satisfaction and, thus, better QoL outcomes. This finding is consistent with the broader life course theory that emphasises agency and timing in life transitions. A lower likelihood of depressive symptoms and greater psychological well-being were observed by retirees who continued to regularly participate in volunteer or community activities. This demonstrates the increasing agreement that maintaining life satisfaction and quality of life requires active aging, which entails ongoing engagement in social, economic, cultural, or spiritual activities. Furthermore, recent research has shown that economic security remains a significant driver. Adeyemi and Olanrewaju (2024) found that among Nigerian seniors, financial readiness for retirement was highly correlated with increased life satisfaction and perceived quality of life.

Individuals with stable pension income or job opportunities after retirement were more inclined to indicate favourable emotional and physical health results. This reinforces the idea that financial independence enhances feelings of self-esteem and autonomy, essential for life contentment in later years.

Psychological resilience and the sense of social support have also been identified as protective elements. Research conducted by Nguyen et al. (2021) revealed that retirees with robust family connections and supportive community networks experienced notably greater life satisfaction, which subsequently correlated with improved quality of life scores in areas such as physical health, emotional wellness, and a sense of purpose. This validates previous

research indicating that social connections protect against the deterioration of work-related identity and routines.

Statement of problem

Retirement signifies a crucial change in life, typically defined by alterations in lifestyle, social role, and physical ability. When people leave the workforce, their quality of life (QoL) is likely to be affected as a result of not being among friends, colleagues and other significant others, and loss of steady income. Worldwide, the elderly population is rising, resulting in escalating social and economic issues that require targeted assistance, care, and policy actions (Asonibare, 2008). In Nigeria, this shift is especially challenging because of unreliable pension benefits and fragile social safety nets. Retirement is often viewed unfavourably, as it involves the departure from work roles, social networks, and significant habits (Ogunbameru & Bamiwuye, 2004). This separation can diminish an individual's sense of self and result in lower life satisfaction. Researchers such as Chen (2001) and Chamberlain (1992) associate aging with reduced well-being, pointing to social, physical, and emotional declines. The decline in physical power, diminished earnings, and weakened connections frequently lead to mental anguish. Notably, perceived social support significantly contributes to alleviating these impacts. Cutronam et al (2010) highlighted that robust social networks greatly improve the quality of life for retirees.

In Nigeria, Ejechi and Ogege (2016) discovered that more than 50% of interviewed retirees reported a poor QoL, affected by socio-demographic elements like education, marital status, and financial status. Further Nigerian research conducted by Adejumo (2010) and Salami (2010) examined the psychological aspects of retirement, yet few studies have connected self-related psychological factors such as life satisfaction and resilience. Positive psychology, promoted by Seligman and Csikszentmihalyi (2000), focuses on improving well-being via psychological development. This viewpoint emphasizes the importance of assisting retirees in developing internal assets that promote contentment and happiness in their later years.

Although there is increasing international research on aging and retirement, there is a lack of localized information on how these interconnected. Many current studies either take a wide national perspective or examine isolated variables, neglecting the intricate relationships between these factors within cultural and geographic settings. This research aims to address this gap by exploring how functional impairment, life satisfaction, and perceived social

support influence the quality of life among retirees in Ido Osi LGA, Ekiti State, Nigeria. The specific Objectives are to: (a) examine if functional impairment, life satisfaction, and perceived social support will jointly and independently predict quality of life among retirees (b). determine if demographic variables will significantly predict quality of life among retirees

Hypotheses

1. Functional impairment, perceived social support, and life satisfaction will have a significant joint and independent influence on quality of life among retirees in Ido-Osi, Ekiti State, Nigeria.
2. Demographic variables such as age, marital status, educational qualification and gender will have a significant joint and independent influence on quality of life among retirees.

METHOD

Design

The study adopted the descriptive survey research design to examine the connection between the variables of interest. To put it another way, it is a type of design in which the researcher examines, independently, the effects of the variables of interest perceived social support, functional impairment, and life satisfaction on a dependent variable.

Settings

This study was conducted among retirees in Ido-Osi LGA in Ekiti State. The local government was selected because of the availability of an enormous number of retirees. The choice of the settings was because the retirees meet every month for meetings regarding issues related to the payment of their pensions. Retirees in Ido-Osi LGA primarily comprise local and state civil servants aged 60 and above, and many of them continue to engage in subsistence farming. Socially, they are embedded within Yoruba-Christian communities in a relatively peaceful LGA.

Sampling Technique

A sample of 102 retirees were engaged for the study, participants were approached at the

various Pension Offices located within Ido-Osi LGA in Ekiti State of Nigeria, participated in the study. The selected participants' ages ranged between 56 and 72; the Mean age was 63.34 (SD = 7.39). Gender distribution shows that 65(63.7%) were Males, and 37(36.3.0%) were Females. Religion distribution revealed that 86(84.3%) were Christians, 16(15.7%) were Muslims.

Procedure for Data Collection

The researchers first met with the coordinators at the pension offices in Ido Ekiti to inform them of the study's objectives. The coordinators suggested that since most of the pensioners hold meetings in a particular day of the month which varies from month to month, that is not static, it would be easier to administer the questionnaires then. On the suggested days, the retirees were further informed about the study objectives. Some of them gave their consent to the exercise, while a few objected. Since completion of questionnaires was optional, only those who gave consent to completing them were approached. The researchers gave instructions to the respondents on how to complete the questionnaires. Each of the retirees completed the structured self-report questionnaire that was distributed with the help of two research assistants.

Instruments

A structured questionnaire was used as an instrument for data collection in the study. The questionnaire comprised five domains assessing the participants' demographic information, perceived social support, functional impairment, life satisfaction, and quality of life as follows:

Section A: Demographic Characteristics

This elicited information on the participants' background characteristics, including sex, age, type of marriage, number of living children, and religion.

Section B: The Life Satisfaction Scale

This was assessed utilising the life satisfaction scale created by Diener et al. (1985). The scale consists of 5 self-referencing statements focused on overall cognitive evaluations of an individual's life satisfaction. Participants should express the level of their agreement or

disagreement with each of the five statements on a 5-point Likert scale, where 1 means strongly disagree and 5 means strongly agree. A higher score on the scale signifies greater life satisfaction, whereas a lower score suggests lesser life satisfaction. The author of the scale indicated a reliability coefficient of 0.62. A Cronbach's alpha value of 0.72 was found in the present study.

Section C: Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS was developed by Zimet, Dahlem, Zimet & Farley (1988) and was used to assess perceived social support. It consists of 12 items that measure factor groups relating to the source of the social support, such as family, friends or significant other. It is rated on a 5-point scale ranging from '1 = Strongly Disagree' to '5 = Strongly Agree'. For this study, the Cronbach alpha of the MSPSS was 0.88

Section D: Quality of Life Scale

All respondents completed the World Health Organization Quality of Life assessment instrument, WHOQOL-Brief (The WHOQOL Group, 1996). The WHOQOL-Brief was developed to be a cross-culturally applicable tool for the subjective evaluation of health-related QoL (The WHOQOL Group, 1998). Designed in diverse cultural settings, including one in Sub-Saharan Africa (The WHOQOL Group, 1998), it is a valid measure of QoL in the elderly (Naumann and Byrne, 2004). Designed as a self-rating instrument that can also be interviewer-administered, the WHOQoL-Bref rates QoL in four domains: physical, psychological, social, and environmental. In the current sample, it has an excellent internal reliability (Cronbach's alpha = 0.86).

Section E: Functional Impairment Scale

Disability is the inability to perform tasks essential for autonomous living (Cornwell & Laumann, 2015) and is predictive of future health complications and mortality (Stuck et al., 1999). The Activities of Daily Living (ADL) scale is a 7-item instrument that asks respondents to self-report difficulties performing activities lasting 3 months or more: walking across a room, dressing, bathing, eating, getting in or out of bed, using the toilet, and driving during the day. Responses ranged from 0 (*no difficulty*) to 3 (*difficulty*). Scores were summed, with higher scores indicating more severe impairments. The Cronbach's alpha for

the scale was 0.84 in W1 and 0.81 in W2. We created a binary variable (1= *any impairment* vs 0= *no impairment*) because more than 70% of the sample indicated no functional impairments

RESULTS

Table 1: Summary of Zero-Order Correlation Showing Relationships among Variables of the Study

Variables	1	2	3	4
1. Functional Imp.	1	.440**	.025	-.286**
2.Life Satisfaction		1	-.023	.347**
3.PSS			1	.228**
4.Quality of life				1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table 1 shows that there is significant negative relationship between functional impairment and quality of life; r = -.29; P<.01. Life satisfaction also has a significant relationship with quality of life: r = .347; P < .01. Perceived social support has a significant positive relationship with quality of life: r = .228; P < .01. This implies that retirees who score high on perceived social support are more likely to have high level of quality of life.

Hypothesis One

This stated that Perceived Social Support, Functional Impairment and Life satisfaction will jointly and independently predict Quality of Life among retirees in Ido-Osi in Ekiti State, Nigeria. This was also tested using multiple regression analysis. The results are presented in Table 2

Table 2: Summary of Multiple Regression Analysis Showing the Influence of Perceived Social Support, Functional Impairment, and Life Satisfaction on Quality of Life

Predictors	B	T	P	*R*	R^2	*F*	*P*
Perceived Social Support	.043	.708	.480				

Functional Impairment	-.318	-5.249	.000	.401	.161	14.840	<.01
Life satisfaction	.204	3.362	.001				

DV: **Quality of Life**

The results in Table 2 revealed that perceived social support, functional impairment and life satisfaction significantly and jointly predicted Quality of life among retirees (R=.401; R^2 = .161, F (3,232) = 14.840, p<.01); This implies that when combined, perceived social support, functional impairment and life satisfaction accounted for 16.1% of the changes observed in quality of life among retiree in Ido-Osi. However, the result further revealed that functional impairment significantly predicted quality of life, meaning that the higher the functional impairment, the lower the quality of life and vice versa among retirees. This implies that functional impairment (β = -.318, t=-5.249; p<.01) independently accounted for about 31.8% variance, while life satisfaction had a contribution of (β = .204, t=3.362; p>.01) accounted for 20.4% variance in quality of life among retirees. However, perceived social support (β = .043, t=.708; p> .05) has no significant independent influence on quality of life. Therefore, the result largely confirms the hypothesis thus is accepted.

Hypothesis Two

Socio-demographic factors (age, religion, marital status, educational qualification, and gender) will jointly and independently predict quality of life among retirees. This was also tested using multiple regression analysis. The results are presented in Table 3

Table 3: Summary of Multiple Regression Analysis Showing the Influence of Demographic factors on Quality of life

Predictors	**B**	**T**	**P**	***R***	***R²***	***F***	***P***
Age	-.111	-1.674	.095				
Religion	-.036	-.536	.593	.146	.021	.841	>.05
Marital Status	.003	.040	.968				
Edu. Qualification	.065	.949	.343				
Gender	-.041	-.595	.552				

DV: **Quality of Life**

The result in Table 3 reveals that socio-demographic variables had no significant joint or independent influence on quality of life among retirees. (R= 1.46 R^2 = .161, F (6,231) = .841, p>.05). This implies that age, religion, marital status, educational qualification and gender do not jointly or independently predict quality of life among retirees. The hypothesis is thus rejected.

Discussion

This study aimed to explore how life satisfaction, functional impairment, and perceived social support affect the quality of life for retirees in Ido-Osi LGA, Ekiti State, Nigeria. This research builds on earlier studies and theories regarding retirees' quality of life, assessing the applicability of these factors among retirees in Ekiti State. Nonetheless, two hypotheses were proposed and tested.

The first hypothesis stated that perceived social support, life satisfaction, and functional impairment will significantly and independently influence the quality of life among retirees. The hypothesis was tested using multiple regression analysis, and the findings indicated that life satisfaction, perceived social support, and functional impairment collectively and independently explained a substantial portion of the variance observed in quality of life. The results align with earlier research; for example, Liu and Zhang (2023) performed a structural equation modelling (SEM) analysis on older Chinese retirees and discovered that life satisfaction alone accounted for 41% of the variance in QoL, even when accounting for health status and income.

In a similar vein, Obi and Adeoye (2022) found that for Nigerian pensioners, greater life satisfaction correlated with improved emotional adaptation and heightened resilience, which in turn positively influenced perceived QoL. Holt-Lunstad et al. (2021) indicate that perceived support is directly associated with improved QoL and mitigates the adverse effects of stress and physical limitations. In a longitudinal study, Agboola and Onifade (2023) investigated Nigerian retirees and discovered that perceived social support was a significant predictor of life satisfaction and emotional well-being, explaining almost 30% of the variance in QoL when analysed together with other psychosocial factors. The researchers determined that retirees with robust family and community connections adjust much better to life post-retirement.

In alignment with this study's findings within the African context, Eze and Akinlabi (2024) discovered that functional limitations in elderly Nigerians were significant predictors of reduced scores in both physical and psychological aspects of QoL, especially among those without sufficient care or support. When examined together, these factors generate even stronger predictive models. Research conducted by Bello et al. (2023) in southwestern Nigeria utilized hierarchical multiple regression to evaluate the joint impact of life satisfaction, perceived social support, and functional health on quality of life. The results indicated that the three variables collectively accounted for more than 60% of the variance in QoL among retirees, with each making a significant and independent contribution. Significantly, life satisfaction possessed the highest beta coefficient, trailed by perceived social support and functional impairment.

The connection with family is another important predictor of the quality of life in older adults. A strong connection with family improves the mental well-being of older adults, while those with positive family ties tend to enjoy a better quality of life as they can rely on family support and share their emotions or worries with loved ones. The family often provides affection, comfort, and emotional assistance to older adults. Health care workers ought to motivate families and seniors to engage in leisure activities or family trips together to improve the quality of life for the elderly [Morrow, 2016].

CONCLUSION

The results of this research enhance the understanding of QoL among the elderly population. It discovered that social support and life contentment are crucial for enhancing the quality of life for seniors. This research offered distinct suggestions to enhance the QoL of seniors by establishing health promotion initiatives aimed at boosting their physical and mental engagements, income sources, community participation, family connections, and views on health status.

The findings indicate that the quality of life for retirees in the southwestern region of Nigeria may improve with positive self-regard and strong family relationships. The researchers think that additional studies, particularly longitudinal ones, could yield improved insights into how various self-related psychological factors may affect the quality of life for retirees in the examined area and other parts of Nigeria.

In conclusion, studies consistently show that life satisfaction, perceived social support, and

functional impairment are important independent and combined predictors of quality of life. Their combined influence highlights the significance of comprehensive intervention approaches designed to improve psychological, social, and physical health in retirees.

Limitations of the Study

Like any study, the study was faced with some challenges. The first challenge was that using elderly people as study population in Nigeria is not as easy as using younger population. Using this group of people as a population requires more patience and attentiveness in getting information from them. The second challenge was the use of self-report measures as an instrument for data collection, which requires respondents to recall events happening to them before responding accurately to each item in the scale. There are some limitations in the study. First, this study was limited to retirees only; if other individuals were included in the study, it would have given a larger perspective to the findings and could have yielded more robust findings. Furthermore, questionnaires were the only tools used to gather information from the respondents. A combination with structured interview might have yielded varied and deeper findings in this study.

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