Sosiohumaniora: Jurnal Ilmu-ilmu Sosial dan Humaniora
ISSN 1411 - 0903 : eISSN: 2443-2660
Vol. 26, No. 2, July 2024: 246 - 258

INFLUENCE OF SOCIAL SUPPORT, SELF-EFFICACY, AND FINANCIAL STRESS ON QUALITY OF LIFE OF RETIRED AND NON-RETIRED ELDERLY IN TIDORE KEPULAUAN CITY

Nurgaip Latuconsina*, Diah Krisnatuti, Irni Rahmayani Johan
Department of Family and Consumer Sciences, Faculty of Human Ecology
IPB University, Bogor 16680, Indonesia
Corresponding Author's Email: latuconsinanurgaip@apps.ipb.ac.id

ABSTRACT
Elderly are frequently encountered with various problems such as low social support, self-efficacy, and financial stress, affecting quality of life. Therefore, this research aimed to analyze the influence of social support, self-efficacy, and financial stress on the quality of life of the elderly in Tidore Kepulauan. A cross-sectional research design was used, and data were obtained from interviews with 200 retired and non-retired elderly respondents. The data analysis also used descriptive and inference methods using the SPSS 25.0 program. The results showed that the majority of elderly retirees received high levels of social support, while 60% of non-retired elderly experienced low social support. This research further revealed that eight out of ten had moderate self-efficacy. Financial stress for all elderly was low because social and financial support was high. The quality of life of the retired elderly was better than that of their counterparts due to their high income. Elderly employment, years of education, and income positively correlated with quality of life, suggesting that higher education and income led to better quality of life. Additionally, the regression test results showed that social support had a significant positive effect, and financial stress had a substantial negative impact on the quality of life of retired and non-retired elderly. This implied that higher social support and lower financial stress led to higher quality of life for both groups.

Keywords: Elderly, Financial Stress, Self-Efficacy, Social Support, Tidore Kepulauan.

PENGARUH DUKUNGAN SOSIAL, EFIKASI DIRI DAN STRES KEUANGAN TERHADAP KUALITAS HIDUP LANSIA PENSIUNAN DAN NON PENSIUNAN DI KOTA TIDORE KEPULAUAN

ABSTRAK
Lansia kerap diperhadapkan pada berbagai permasalahan seperti rendahnya dukungan sosial, self efficacy dan financial stress yang mempengaruhi kualitas hidupnya. Penelitian ini bertujuan untuk menganalisis pengaruh dukungan sosial, self efficacy, financial stress terhadap kualitas hidup lansia di Pulau Tidore. Penelitian ini menggunakan desain cross sectional study. Data dikumpulkan dari hasil wawancara kepada 200 responden lansia pensiunan dan non pensiunan. Analisis data meliputi analisis deskriptif dan inferensia menggunakan program SPSS 25.0. Hasil penelitian menunjukan bahwa dukungan sosial yang diperoleh oleh mayoritas lansia pensiunan terkategori tinggi. Sementara itu, enam dari sepuluh lansia non pensiunan memiliki dukungan sosial yang rendah. Delapan dari sepuluh lansia pensiunan dan lansia non pensiunan mempunyai self efficacy terkategori sedang. Financial stress seluruh lansia pensiunan dan non pensiunan terkategori rendah. Kualitas hidup lansia pensiunan lebih baik dari lansia non pensiunan. Pekerjaan, lama pendidikan dan pendapatan lansia berkorelasi positif signifikan dengan kualitas hidup lansia, artinya semakin baik tingkat pendidikan dan pendapatan lansia, semakin baik pula kualitas hidupnya. Hasil uji regresi menunjukan bahwa dukungan sosial positif signifikan dan financial stress negatif signifikan berpengaruh terhadap kualitas hidup lansia penisunan dan non pensiunan. Artinya semakin tinggi dukungan sosial dan semakin rendah *financial stress* akan semakin tinggi kualitas hidup lansia pensiunan dan non pensiunan.

Kata kunci: dukungan sosial; financial stress; lansia; self efficacy; Tidore Kepulauan

INTRODUCTION

Elderly are part of the human life cycle consisting of individuals over 60 years old with various health and socio-economic problems (Zamudio-Rodríguez, Dartigues, Amieva, & Pérès, 2021). The human life cycle is a complex process that includes a series of physical, psychological, and social adjustments that older adults find difficult to overcome without the support of others (Ahmed-Mohamed, Fernandez-Mayoralas, Rojo-Perez, Forjaz, & Martinez-Martin, 2013).

Data shows that the world's elderly population increases yearly, with those over 60 growing faster (Zamudio-Rodríguez et al., 2021). The

DOI: https://doi.org/10.24198/sosiohumaniora.v26i2.50445
Submitted: 10 October 2023, Accepted: 30 July 2024, Publish: 01 August 2024

number of elderly is projected to double between 2020 and 2050. Globally, there were 727 million individuals aged 65 years or older in 2020, which is expected to exceed 1.5 billion by 2050 (United Nations, 2019).

Indonesia reflects this trend of an increasing elderly population. Over the last five decades (1971–2020), the percentage of elderly in Indonesia has doubled from 4.96% in 1971 to 9.92% or 26.82 million in 2020 (BPS-Statistical Indonesia 2020). This upward trend appears in various provinces including North Maluku. The number of elderly in North Maluku also increases annually, particularly in Tidore Kepulauan City (BPS-Statistics of Tidore Kepulauan Municipality, 2015).

The increasing number annually requires attention and care to ensure that quality of life is guaranteed (Satya, Soemanto, & Murti, 2019). Numerous elderly find it difficult to adapt to the aging process which affects the overall happiness by experiencing feelings of loneliness, frustration, depression, and loss of self-confidence (Sari, Lestari, Putra, & Nashori, 2018). Quality of life is defined as an individual's perception of life in the cultural context and value system related to life expectancy and comprises physical, psychological, social, and environmental health (Rahmadhani & Wulandari, 2019). The overall happiness of elderly is influenced by various factors including psychological health, social relationships, and the environment (Kiik, Sahar, & Permatasari, 2018).

Support from family and relatives is a form of social support that contributes significantly to the quality of life of the elderly (Farriol-Baroni, González-García, Luque-García, Postigo-Zegarra, & Pérez-Ruiz, 2021). Elderly living with families receive high levels of social support (Charles & Arockiam, 2020). A supportive family environment enhances self-efficacy and overall happiness for elderly (Hutagalung, Haryanto, & Fauziningtyas, 2020). Social support also significantly influences the satisfaction and quality of life of elderly (Şahin, Özer, & Yanardağ, 2019). Another factor thought to affect the overall happiness of elderly is self-efficacy, defined as an individual's self-confidence in the ability to organize and execute actions to influence life events (Kadarwati, Soemanto, & Murti, 2017). Elderly with strong self-efficacy exhibit psychological maturity when facing various challenges including financial stress.

Elderly generally do not work and are vulnerable to experiencing financial limitations. This triggers financial and psychological stress, such as anxiety and worries, which also affects quality of life and life satisfaction in general (Kamberi, Martinovic, & Verkuyten, 2015). Financial stress is related to psychological factors such as depressive symptoms or negative effects (Chou, Chi, & Chow, 2004). Personal financial difficulties greatly influence financial stress (Lajuni, Bujang, Karia, & Yacob, 2018). The financial stress faced by elderly differs between retired and non-retired individuals. Significant differences in stress levels arise due to the certainty of financial resources. Furthermore, non-retired elderly experience more significant depression due to decreased work productivity and income. Those receiving old-age benefits or pensions have more secure financial resources, although the amount may be less adequate than elderly not receiving a pension (Parasari & Lestari, 2015). The most prominent factors of post-power syndrome retried elderly include the loss of social contact with co-workers, positions, dignity, a sense of reasoning, and the loss of income source (Rahmat and Suyanto, 2016). This condition affects elderly in general, including the individuals in Tidore Kepulauan City.

The number of elderly aged 60 years and above in Tidore Kepulauan is 9,159 or 7.89% of the total population. The total workforce in Tidore Kepulauan aged 15–75 years is 48,883 individuals, implying that elderly group who are still actively working is projected to be 50% of the total population (BPS-Statistics Tidore Kepulauan, 2022). The various employment statuses in Tidore Kepulauan include retired civil servants, Indonesian national army personnel, police officers, farmers, fishermen, and traders. Certain elderly still work as farmers, fishermen, and traders, while others select to stop working and enjoy old age. The condition is thought to cause differences between retired and non-retired elderly in the context of social support, self-efficacy, and financial stress, which also affect quality of life.

Research on the quality of life of the elderly has been carried out by several previous publications. Ahmed-Mohamed et al. (2013) examined the influence of social support on the quality of life of the elderly in Iran. Furthermore, Alam Yusuf & Laely Ramadani (2020) explored financial stress which affected quality of life of elderly retirees. Arini, Hamiyati, & Tarma (2016) further investigated the influence of social support on elderly in Surabaya nursing homes. Asebedo (2016) explored aspects of self-efficacy and financial stress in elderly retirees while Cahya, Harnida, & Indrianita (2017) examined the

relationship between social support and quality of life of elderly in Surabaya. Daengthern, Thojampa, Kumpeera, Wannapornsiri, & Boonpracom (2020) also investigated overall happiness in relation to the activities of elderly in Thailand. However, no research has examined the correlation and influence of social support, self-efficacy, and financial stress on quality of life of elderly. The differences in these variables between retired and non-retired elderly have also not been investigated. Based on the discoveries, this research aimed to analyze the correlation and influence of social support, self-efficacy, and financial stress on quality of life of retired and non-retired elderly.

MATERIAL AND METHOD

A cross-sectional research design was used and conducted in Tidore Kepulauan City with Goto and Tomalou Villages representing Tidore and South Tidore Districts.

Data collection was also conducted from October to December 2022, obtained through face-to-face interviews using a questionnaire for 200 respondents who were elderly aged 60 years and above. Respondents consisted of 100 retired and non-retired elderly each. The sample was determined using a probability-simple random sampling method by collecting data on all retired and non-retired individuals in the sub-district. Furthermore, simple random results led to 50 retired and non-retired elderly respondents each being selected from the total population.

The variables measured included the characteristics of elderly, social support, self-efficacy, financial stress, and quality of life, along with the dimensions as shown in Table 1. Social network structure including size, frequency of contact, and closeness of family as well as friends evolved as an important factor for measuring social support (Ahmed-Mohamed et al, 2013). Self-efficacy represented a key factor in the source of human action (human agency) when an individual thinks, believes, and feels influences of every human agency (Bandura 1997). Financial stress signified a negative effect of poor financial management (Thomas Garman et al., 1996) and a

Table 1. Data Sources

Variable	Score	Category	Reference
Characteristic	**Elderly**		
Age	Ratio (Year)	1. Young Elderly (60-69 years) 2. Middle Elderly (70-79 years) 3. Old Elderly (80+ years)	
Gender	Nominal	[0] Male [1] Female	
Job	Nominal	[0] Non-Retired [1] Retired	
Years of education	Ratio	6 years (SD) 9 years (SMP) 12 years (SMA) 16 years (PT)	(Badan Pusat Statistical Indonesia 2020, 2020)
Marital Status	Nominal	[0] Not married [1] Married	
Status of residence	Nominal	[0] Not your own house [1] My Own House	
Income Per Month	Ratio	(IDR per month)	
Social Support	**Ordinal**	**Index**	
Attention Love and affection Solution to problem Build social interaction	[1] Strongly disagree [2] Don't agree [3] Agree [4] Strongly agree	Low: < 60 Currently: 60-79 High: 80-100	**Ahmed- Mohamed *et al.* (2013)**
Self-efficacy	**Ordinal**	**Index**	
Initiative Effort Persistence	[1] Strongly disagree [2] Don't agree [3] Agree [4] Strongly agree	Low: < 60 Currently: 60-79 High:80-100	**Bosscher dan Smit (1998)**
Financial stress	**Ordinal**	**Index**	
Affective reactions Interpersonal behavior Physiological response	[1] Strongly disagree [2] Don't agree [3] Agree [4] Strongly agree	Low: < 60 Currently: 60-79 High: 80-100	**Heo *et al.* (2020)**
Quality of Life of Elderly	**Ordinal**	**Index**	
Physical condition Psychological condition Social relation Living environment	[1] Strongly disagree [2] Don't agree [3] Agree [4] Strongly agree	Low: < 60 Currently: 60-79 High: 80-100	***World Health Organization* (1998)**

psychophysiological response to perceptions of imbalance, uncertainty, and risk in the areas of financial resource management and decision-making (Heo et al. (2020). Furthermore, quality of life of elderly was influenced by various factors including physical and psychological health, social relationships, as well as the environment (Kiik et al. 2018).

Subsequently, the score for each variable was transformed into an index score to obtain minimum and maximum values of 0 and 100. This was carried out to equalize the units for the comparison of data categorization for each variable to be uniform (Puspitawati & Herawati, 2018). The percentage index was further calculated using the formula.

Table 2. Variables, Dimension, Amount Item, and Measurement Instrument

Variable and Dimension	Amount Item	Crombach Alpha	Measurement Instrument
Social Support			
Attention	12	0.709	Duke-UNK *Functional*
Love and affection	3	0.709	**Social** support
Solution to problem	4	0.709	**Ahmed-Mohamed *et al.***
Build social interaction	4	0.709	**(2013)**
Self-efficacy			
Initiative	3	0.765	General Self-Efficacy Scale
Effort	5	0.765	**Bosscher dan**
Persistence	4	0.765	**Smit (1998)**
Financial stress			
Affective reactions	8	0.666	APR Financial Stress
Interpersonal behavior	4	0.666	Scale
Physiological response	7	0.666	**Heo *et al.* (2020)**
Kualitas Hidup Lansia			
Physical condition	7	0.743	WHO QOL BREEF,
Psychological condition	6	0.743	**World Health**
Social relation	3	0.743	**Organization**
Living environment	8	0.743	**(1998)**

This research used four variables with 14 dimensions and 79 items. The number of items for each variable and the reliability coefficient values are shown in Table 2. Data were processed using Microsoft Excel and SPSS 25.0 for Windows programs with descriptive and inference data analysis methods. The descriptive analysis included frequency, average, standard deviation, as well as minimum and maximum values. The inferential analysis also included the Pearson correlation, difference, and multiple linear regression tests. Multiple linear regression tests were conducted to analyze the influence of respondent characteristics, social support, financial stress, and self-efficacy on quality of life of elderly with the following model.

$$Y = a + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8 + \beta_9 X_9 + \beta_{10} X_{10}$$

Note :

- Y = Quality of life
- a = Regression constant
- β = Regression coefficient
- X_1 = Gender
- X_2 = Age
- X_3 = Job
- X_4 = Education Year
- X_5 = Marital Status
- X_6 = Status of residence
- X_7 = Income Per month
- X_8 = Social support
- X_9 = *Self-efficacy*
- X_{10} = *Financial stress*

$$Index = \frac{Obtained\ Value - Minimum\ Value}{Maximum\ Value - Minimum\ Value}\ x\ 100$$

Where:

Obtained Value represented the total score value for each respondent.

Minimum Value denoted the lowest total score that the respondent should be able to obtain.

Maximum Value signified the highest score a respondent should be able to attain.

Higher index values of social support, self-efficacy, and quality of life led to a better value of these variables. However, a higher value of the financial stress index resulted in a worse value of the variable. The achieved index was subsequently categorized according to class and based on the cut-off value into three groups namely low, medium, and high. In this research, the cut-off categorization referred to Puspitawati & Herawati (2018), where a score below 60 was categorized as low, a score of 60–80 was considered medium, and 80–100 represented high.

RESULTS AND DISCUSSION

Elderly Characteristic

The results showed that around two-thirds of retired (69%) and non-retired (66%) individuals were in the young elderly category as shown in Table 3. There were more female elderly than male, both among retired (79%) and non-retired (57%). Most retired (90%) and non-retired (88%) seniors were married. Additionally, a majority of

retired (92%) and non-retired (88%) seniors had personal houses to live in. Based on education level, more than half of retired elderly (61%) possessed a bachelor's degree (S1), while three-quarters of non-retired (73%) only had an elementary school education.

regulations required civil servants to have a bachelor's degree. The years of education and income of retired elderly were higher than those of non-retired individuals. Elderly with a high level of education tend to have a high socio-economic status, and vice versa (Rutledge, 2018).

Table 3. Distribution of Respondents Based on Age, Education, Residence Status, Marital Status, and Monthly Income.

Category	Retired		Non-Retired	
	Amount (n)	(%)	Amount (n)	(%)
Age				
Young elderly (60-69 years)	69	69	66	66
Middle elderly (70-79 years)	31	31	33	33
Old elderly (≥ 80 years)	0	0	1	1
Min-Max (year)	61-74		60-85	
Average ± SD (year)	68,18 ± 2,583		69,94 ± 1,683	
Difference Test Result	0,285 (p<0,05)			
Years of education (year)				
Elementary school (6 years)	0	0	73	73
Junior high school (9 years)	4	4	19	19
Senior high school (12 years)	14	14	5	5
DI/DII/DIII (13-15 years)	19	19	3	3
Bachelor's degree (16 years)	61	61	0	0
Magister (20 years)	2	2	0	0
Min-Max (tahun)	9-20		6-15	
Average ± SD (year)	15,05 ± 1,961		10,5 ± 1,723	
Difference Test Result	**0,000**** (p<0,05)			
Gender				
Male	21	21	43	43
Female	79	79	57	57
Marital status				
Married	90	90	88	88
Not Married	10	10	12	12
Status residence				
Owned a house	92	92	88	88
Do not owned a house	8	8	12	12
Income Per Month (IDR)				
IDR 1.000.000 – IDR 3.000.000	0	0	61	61
IDR 3.000.000 – IDR 5.000.000	89	89	32	32
IDR 5.100.000 – IDR 7.000.000	9	9	5	5
> IDR. 7.000.000	2	2	2	2
Min-Max IDR)	3.590.000-8.000.000		1.000.00-7.500.000	
Average ± SD (IDR)	4.380.100±929.200		2.852.500±1.294.459	
Difference test result	**0,000**** (p<0,05)			
Total	100	100	100	100

Both retired and non-retired seniors were predominantly young. There were more elderly women and married individuals due to the higher female population (BPS, 2022). The women generally had personal places to live in because the productive years were oriented towards building a house. Owning a house was considered a part of prestige among the community of Tidore. Retired seniors had higher levels of education because the civil servant recruitment process and

The results of the difference test showed that the length of education of retired elderly was significantly different from the non-retired group (p 0.000**, p<0.05). This implied that the education was higher than the non-retired group. Based on monthly income, six out of ten non-retired group had incomes ranging between IDR 1,000,000 and IDR 3,000,000 per month while the majority of retired individuals had incomes ranging between IDR 3,100,000 and IDR

5,000,000. The results of the difference test further showed that the income between retired and non-retired elderly was significantly different with a p-value of 0.000** (p<0.05).

love and affection (63.22), and problem-solving (60.75). Furthermore, the dimension of building social interactions was the lowest value (59.08), as shown in Table 4.

Table 4. Distribution of Respondents Based on Social Support Variables, Self-Efficacy, Financial Stress, and Quality of Life for Elderly.

Variable	Min-Max	Average ± SD	Category (%)		
			Low (<60)	Currently (60-80)	High (>80)
Social Support					
Retired	40,58-84,06	66,11 ± 5,98	7	91	2
Non retired	40,58-82,61	57,81 ± 13,81	60	39	1
Difference test result			**0,000*** (*p*<0,05)**		
Self-Efficacy (Total)					
Retired	38,89-86,11	70,27 ± 8,82	8	80	12
Non retired	50,00-88,89	70,11 ± 7,19	6	83	11
Difference test result			0,085 (*p*<0,05)		
Financial Stress					
Retired	3,33-5,00	32,55 ± 11,31	100	0	0
Non retired	18,33-56,67	39,78 ± 6,06	100	0	0
Hasil Uji Beda			**0,000* (*p*<0,05)**		
Quality of Life					
Retired	51,39-87,50	66,41 ± 6,82	14	82	4
Non retired	33,33-77,78	54,19 ± 12,85	55	45	0
Difference test result			**0,000** (*p*<0,05)**		

Higher levels of education further led to better income. This was evidenced in retired seniors having higher incomes due to old age benefits after stopping work. The outcome was also supported by the children of retired seniors who were working and providing financial assistance to the parents. Additionally, the level of expenditure for retired elderly was lower because the previously dependent children became independent and earned income.

Retirees with a high level of education experienced better living conditions (Amaike, 2013). Retired elderly also had higher incomes than non-retired counterparts, which significantly reduced the worry about financial problems (Hira & Mugenda, 1998).

Social Support, Self-Efficacy, Financial Stress and Quality of Life of Retired and Non-Retired Elderly

Social Support

The total social support received by retired elderly (91%) was categorized as medium, while non-retired (60%) was considered low. This implied that retired elderly received optimal social support from family, friends, relatives, and neighbors compared to non-retired counterparts. When sorted according to the average value per dimension, the highest average value on the social support variable received by retired elderly was in the dimension of attention (70.9), followed by

Based on the dimensions, the highest average value of the social support index for non-retired elderly was found in the love and affection dimension (63.67) and the problem-solving dimension (61.42). The lowest average value of the social support index for non-retired elderly was in the attention (55.92) and the social interaction dimensions (55.58). The difference test results in total social support showed a significant difference between social support of retired and non-retired elderly p 0.000** (p<0.05). The test results showed significant differences between retired and non-retired elderly in the attention (p 0.000**) and the social interaction dimension (p 0.05*).

The level of attention, love, and affection as a form of social support from family, relatives, and children to retired elderly was high. This was due to the strong traditions of Tidore community in the traditional rules and etiquette. Children regularly visited elderly, and parents in Tidore generally lived with the youngest. The visitation had become a tradition or unwritten rule in the social system of Tidore community. Additionally, it was also caused by the behavior of retired elderly when still actively working.

Social care between families in Tidore was tied to sociocultural traditions, giving retired seniors a highly respected position in the family and society.

This implied that retired elderly received attention and felt more love as well as affection from family and relatives but were more closed in terms of social interactions. Social support was significantly different as retired elderly received higher social assistance, specifically from family, to ensure the needs were met (Fardila, Rahmi, & Putra, 2014). Retired elderly also had special privileges, better social support, psychological well-being, and better quality of life when compared to non-retired counterparts (Charles & Arockiam, 2020). Social support was defined as the presence of trusted, understanding, attentive, and loving individuals such as children, relatives, family, and community members. This support was essential for elderly to live the rest of the lives and remain active despite the limitations (Santoso, 2019).

Self-Efficacy

The average total self-efficacy value for elderly was 70.27, exceeding non-retired with 70.11, as shown in Table 4. Eight out of ten retired and non-retired elderly exhibited good self-efficacy, suggesting a positive self-perception in the abilities. When examined across different dimensions, both groups did not significantly differ.

In detail, retired elderly showed the highest self-efficacy levels in the initiative (71.88) and persistence dimensions (70.00) with slightly lower scores in the effort dimension (69.80). The lowest self-efficacy value according to dimensions for retired elderly was the effort dimension, while the persistence dimension was for non-retired counterparts. However, non-retired elderly exhibited the highest average self-efficacy scores in the initiative (72.44) and effort (69.86) dimensions, with a lower score in the persistence dimension (68.66). This implied that retired elderly with experience were more willing to complete a job while non-retired counterparts were more enthusiastic about adapting to various new things and had better initiative. However, non-retired elderly had higher efforts than retired individuals. Despite these differences, self-efficacy of retired and non-retired elderly did not show significant variation (p 0.085, $p<0.05$) across the three dimensions.

Both retired and non-retired elderly exhibited similar levels of self-efficacy. Pajares et al. (2006) asserted that self-efficacy could yield diverse behaviors among individuals with equivalent abilities as it influenced decision-making, objectives-setting, problem-solving, and perseverance. Non-retired seniors tended to harbor greater optimism and confidence in the financial status (Hira and Mugenda 1998). Retired and non-retired seniors felt assured of the physical capabilities when undertaking tasks. Many elderly particularly working men visited the nutmeg and clove gardens with some even maintaining a weekly harvesting routine. This resilience among Tidore elderly population reflected the enduring spirit and resilience. According to Bredland et al. (2018), retired men's preferences for physical activity were influenced by gender identity, social roles, as well as the physical and social environment, providing several clues regarding the facilitation of physical activity.

In essence, both retired and non-retired elderly showed comparable levels of initiative, effort, and perseverance in navigating life's challenges. The self-efficacy influenced the decision-making and problem-solving methods, mirroring the shared determination to overcome obstacles (Pajares, Valiante, & others, 2006). Non-retired seniors were more optimistic and confident considering the financial situation to be better (Hira & Mugenda, 1998).

Financial Stress

The total level of financial stress among both retired and non-retired elderly was categorized as low. When examining the dimensions, retired seniors experienced the highest financial stress in physiological reactions (47.37), followed by affective reactions (34.50), and the lowest in interpersonal behavior (29.67). However, for non-retired elderly, the highest stress dimensions were affective (40.21) and physiological reactions (40.79), with interpersonal behavior being the lowest (36.92). The difference test results suggested a significant contrast in financial stress levels between retired and non-retired seniors ($p = 0.000^{**}$, $p<0.05$), as detailed in Table 3.

Retired seniors and non-retirees did not experience financial stress due to adequate income and support from the working children. Financial stability was a common trait among elderly in Tidore, where income from nutmeg and clove plantations served as additional support. This supplementary income ensured financial security and reduced stress levels of elderly in Tidore. According to Kim and Um (2020), anxiety due to financial problems decreased when elderly possessed certain assets. Financial stress appeared as anxiety about increasing debt, decreasing assets, and readiness to face old age.

Elderly retirees who lose financial resources due to retirement would experience financial stress (Topa & Valero, 2017), while proactive financial planning alleviated stress associated with aging (Asebedo, 2016). Significantly, non-retired elderly exhibited more concern about financial matters compared to retired counterparts (Hira & Mugenda, 1998).

Quality of Life for Elderly

The data analysis results from Table 5 showed that the majority of retired elderly (82%) had moderate quality of life while over half of non-retired individuals (55%) fell into the low category. In terms of dimensions, the retired group scored highest in social relations (75.33) and living environment (69.79), followed by psychological condition (64.38), with physical condition ranking lowest (60.42). However, social relationships (55.56) scored highest, and residential environments (53.42) scored lowest for non-retired seniors. The disparity in quality of life between retired and non-retired elderly was highly significant (p = 0.000**, p<0.05), with differences evident across all dimensions (p = 0.001**, p<0.05).

World Health Organisation Quality of Life (WHOQOL) defined quality of life as a multifaceted concept influenced by physical health, psychological condition, personal beliefs, social interactions, and the environment (Lucas-Carrasco, 2012). Quality of life of elderly was greatly influenced by the physical health domain (Supriani, Kiftiyah, & Rosyidah, 2021).

In Tidore, the diligent habits of the indigens contributed to quality of life of elderly. Both retired and non-retired seniors historically engaged in gardening and planting cloves as well as nutmeg, which fostered physical condition into old age. According to Oliveira et al. (2019), active elderly groups tended to exhibit better physical condition and higher overall happiness with fewer symptoms of anxiety and depression.

Tidore possessed a beautiful and nurturing living environment where elderly were cared for by children, enhancing the overall happiness. Although retired elderly generally enjoy a higher quality of life compared to non-retired counterparts, settling for relaxation and spiritual activities. According to Talarska et al. (2018), the highest score for quality of life of elderly in Poland was in the psychological and environmental domains and the lowest score was in the physical condition. The results were consistent with Shrestha et al. (2018), confirming that elderly in Nepal had good environmental, physical, and psychological quality because elderly lived with the families.

Table 5. Correlation Test Results Between Elderly Characteristics, Social Support Variables, Self-Efficacy, Financial Stress, and Elderly Retired Quality of Life.

Variables	Correlation Coefficients			
	Social Support	*Self-Efficacy*	*Financial Stress*	Quality of Life of Elderly
Gender (Female = 0, Male = 1)	-0,023	0,018	-0,033	-0,020
Age (year)	0,037	0,113	-0,0122	0,092
Years of Education (year)	0,180	-0,049	0,019	**0,197***
Marital status (not married = 0, married = 1)	0,143	-0,070	-0,023	0,143
Status Residence (Do not owned a House = 0, Owned a house =1)	0,047	0,025	-0,018	0,039
Income per month (IDR)	**0,4284****	-0,075	**-0,216***	**0,318***

Note: * = significant at p<0,05; ** = significant at p<0,01

Table 6. Correlation Test Results Between Elderly Characteristics, Social Support Variables, Self-Efficacy, Financial Stress, and Non-Retired Elderly Quality of Life.

Variables	Correlation Coefficients			
	Social Support	*Self Efficacy*	*Financial Stress*	Quality of Life of Elderly
Gender (Female = 0, Male = 1)	-0,036	**0,218***	0,091	0,116
Age (year)	-0,0196	0,060	0,118	-0,103
Years of education (year)	0,108	-0,088	-0,223	0,079
Marital status (not married = 0, married = 1)	0,161	0,050	-0,120	0,129
Status Residence (Do not owned a House = 0, Owned a house =1)	0,009	-0,021	-0,007	0,094
Income per month (IDR)	0.090	**0,236***	0,133	0,150

Note: * = significant at p<0,05; ** = significant at p<0,01

Correlation between Variables

The results in Table 5 showed that the gender of elderly retirees was significantly correlated with self-efficacy. This implied that female elderly retirees had higher self-efficacy compared to male. The gender relationship between elderly

accounted for 21.8%. The income of retired elderly was positively and significantly correlated with self-efficacy, suggesting that higher income led to greater self-confidence in living lives.

The social support that elderly received had a significant impact on quality of life (Cahya et al., 2017). Family social support had a positive correlation with quality of life of elderly (Mulyati et al. 2018).

Table 7. Multiple Linear Regression Quality of Life of Retired Elderly

Variables	Quality of Life of Elderly		
	Unstandardized Coefficient (β)	Standardized Coefficient (β)	Sig.
Constant	5,922		0,681
Gender (Female = 0, Male =1)	-0,456	-0,018	0,754
Age (year)	0,090	0,003	0,542
Years of education (year)	0,155	0,026	0,686
Status Marital Not married = 0, married =1)	1.940	0,049	0,364
Status residence (Do not owned a House = 0, Owned a house =1)	0,593	0,015	0,779
Income (IDR)	6,401	0,064	0,318
Social support (Index)	0,811	0,619	**0,000****
Self-Efficacy (Index)	0,096	0,054	0,320
Financial Stress (Index)	-0,416	-0,321	**0,000****
R^2	0,753		
Adjusted R^2	0,729		
F	30,562		
Sig	**0,000****		

Table 6 showed a significant correlation between the education level of non-retired elderly and quality of life, implying that higher education levels led to better quality of life. There was also a significant positive relationship between income, social support, and quality of life for elderly. This implied that higher income among non-retired elderly led to better social support from family, relatives, and friends, contributing to improved quality of life. However, the income of non-retired elderly was negatively correlated with financial stress, showing that higher income reduced financial stress levels.

The income of non-retired elderly was negatively correlated with financial stress. This implied that non-retired elderly with high incomes experienced reduced financial stress levels. However, non-retired elderly with decreasing income levels were more inclined to experience financial stress. There was a strong positive relationship between social support and quality of life of elderly. The relationship between social support and quality of life of retirees was found to be positive. This suggested that increased social support led to a higher quality of life (Charles & Arockiam, 2020). The most dominant factor related to quality of life of elderly was family support. The social support that elderly received was closely related to quality of life. Elderly needed support from the families to achieve a significant quality of life (Indrayani & Ronoatmodjo, 2018).

The social interaction of elderly in Tidore was very good due to the socio-cultural system or community traditions that strongly maintained ties of friendship. This communal bond was evident during family celebrations, including the entire nuclear family and relatives from the lineage. According to Lewis and Buffe (2020), a sense of attachment to a community strengthened over time or a private home became the primary place where an individual could age in place.

The Influence of Characteristics, Social Support, Self-Efficacy, and Financial Stress on Quality of Life of Elderly

Based on the results in Table 7, self-efficacy characteristics of retired elderly had a significant positive effect on quality of life ($p = 0.000$). This showed that the variables in the model influenced quality of life of elderly by 39.6%. The remaining 60.4% was influenced by other variables outside the research. Social support ($\beta = 0.344$; $p = 0.000$) had a significant positive effect on quality of life of retired elderly. This implied that every one-unit increase in social support increased quality of life by 0.334 units, assuming the other dependent variables were constant. The analysis also showed that financial stress ($\beta = -0.420$; $p = 0.000$) had a significant negative effect on quality of life. The results further suggested that a one-unit decrease in financial pressure increased the quality of life by 0.420 units.

Table 8. Multiple linear regression quality of life of non-retired elderly

Variable	Quality of Life of Elderly		
	Unstandardized Coefficient (β)	Standardized Coefficient (β)	Sig.
Constant	30,911		0,114
Gender (Female = 0, Male =1)	2,132	0,128	0,138
Age (year)	0,031	0,012	0,892
Years of education (year)	-0,154	-0,044	0,608
Status Marital (Not married = 0, married =1)	0,393	0,017	0,838
Status residence (Do not owned a House = 0, Owned a house =1)	2,417	0,097	0,250
Income (IDR)	1,088	0,148	0,089
Social support (Index)	0,392	0,344	**0,000****
Self-Efficacy (Index)	0,091	0,114	0,207
Financial Stress (Index)	-0,253	-0,420	**0,000****
R^2	0,396		
Adjusted R^2	0,336		
F	6,558		
Sig	**0,000****		

The results in Table 8 showed that the self-efficacy characteristics of non-retired elderly had a significant positive effect on the quality of life (p = 0.000). This suggested that the variables in the model influenced quality of life of elderly by 75.3%. The remaining 24.7% was influenced by other variables outside the research. Social support (β = 0.619; p = 0.000) had a significant positive effect on the quality of life of non-retired elderly. The results suggested that every one-unit increase in social support increased quality of life of non-retired elderly by 0.619 units, assuming other dependent variables were constant. The analysis also showed that financial stress (β = -0.321; p = 0.000) had a significant negative effect on quality of life of non-retired elderly. This suggested that a one-unit decrease in financial pressure increased quality of life by 0.321 units.

Quality of life of both retired and non-retired elderly was significantly influenced by social support and financial stress. This showed that the quality of life of the groups in Tidore Kepulauan depended on aspects of social and financial support. The level of quality of life in Tidore Kepulauan was greatly influenced by the social and cultural system of Tidore individuals, who were very caring, considerate, and responsible for taking care of elderly. The principle adopted was that caring for elderly parents brought blessings into the world. This belief was based on various life experiences, where individuals who took care of the parents enjoyed good fortune, a good social position, and honor.

The quality of life of elderly in Tidore Kepulauan was influenced by high income and social support. Income had a very significant positive effect on quality of life of elderly. This correlated with the research conducted by Moalemi, Eri, Sheykholeslami, Sadegh Ghelichi, & Malvandi (2019), confirming that income level influenced quality of life variables including physical and psychological factors, social relationships, and the environment elderly lived. Elderly who received social support from family, relatives, and friends

had good quality of life and did not feel lonely. Frequent visits from family and relatives prevented feelings of isolation (Daengthern et al., 2020). However, quality of life of elderly was influenced by several elements, including social interaction factors and family function as stated by Masithoh, Kulsum, Parastuti, & Widiowati, (2022), psychological factors (Mahadewi & Ardani, 2018), and family support (Indrayani & Ronoatmodjo, 2018). The physical factors of elderly were the dominant factors related to quality of life (Rohmah, Anis, & Bariyah, 2012).

Self-efficacy played a crucial role in achieving a person's success. Success and prosperity could be achieved with a sense of optimism when facing life's challenges, such as adversity, frustration, and social injustice. Self-efficacy defined as an individual's confidence in the ability to perform tasks had a significant positive effect on quality of life of elderly in Iran. Higher self-efficacy corresponded to better quality of life for elderly (Smallhorn-West et al., 2020).

Financial stress experienced by elderly was inversely proportional to the quality of life. This implied that higher levels of financial stress resulted in a lower quality of life, and vice versa (Huang, Ghose, & Tang, 2020). Elderly who lacked sufficient funds to meet the daily needs experienced financial stress. Lower economic and

financial stress levels also corresponded to a higher quality of life (KIM & UM, 2020).

CONCLUSION

In conclusion, this research found that there were more elderly female respondents than males with a majority in the age group of 60–69 years. These individuals predominantly owned the residences and were married. The years of education and income of retired elderly were higher than the counterparts. Retired elderly received high levels of social support. Both the retired and non-retired groups had medium levels of self-efficacy. Financial stress for both groups was also categorized as low with quality of life of retired elderly being better than non-retired.

Elderly female retirees showed positive correlations between education and income with social support and quality of life. This implied that elderly female retirees with higher levels of education and income received higher levels of social support and enjoyed better quality of life. Employment, years of education, and income of both retired and non-retired elderly were significantly positively correlated with financial stress. This suggested that higher education and income levels among elderly were associated with lower financial stress.

Social support had a significant positive effect, while financial stress had a significant negative effect on quality of life of retired and non-retired elderly. This implied that higher social support and lower financial stress led to higher quality of life for both groups.

This research recommended increasing income and social support by establishing creative hubs for elderly as places for meetings, discussion, and creating products for sale. Enhancing self-efficacy among elderly could be achieved through mindfulness practices. Both the retired and non-retired groups could reduce financial stress through effective financial management.

ACKNOWLEDGMENTS

The author is grateful to the City Government of Tidore Kepulauan for providing research funding.

REFERENCES

Ahmed-Mohamed, K., Fernandez-Mayoralas, G., Rojo-Perez, F., Forjaz, M. J., & Martinez-Martin, P. (2013). Perceived Social Support of Older Adults in Spain. Applied Research in Quality of Life, 8(2). https://doi.org/10.1007/s11482-012-9184-8

Alam Yusuf, B., & Laely Ramadani, M. (2020). Risk factor analysis stress in retirement. Proceedings Series on Health & Medical Sciences, 1. https://doi.org/10.30595/pshms.v1i.30

Amaike, B. (2013). Education as a correlate of life satisfaction among formal sector retirees in Lagos State, Nigeria. Etude de La Population Africaine, 27(2 SUPPL.). https://doi.org/10.11564/27-2-487

Arini, D., Hamiyati, H., & Tarma, T. (2016). Pengaruh Dukungan Sosial Keluarga Terhadap Kualitas Hidup Lansia di Panti Werdha Ria Pembangunan Jakarta Timur. JKKP (Jurnal Kesejahteraan Keluarga Dan Pendidikan), 3(2), 68–73. https://doi.org/10.21009/jkkp.032.04

Asebedo, S. D. (2016). Three Essays on Financial Self-efficacy Beliefs and the Saving Behavior of Older Pre-retirees.

Badan Pusat Statistical Indonesia 2020. (2020). Statistik Indonesia: Statistical Yearbook Of Indonesia 2020. Statistik Indonesia 2020, 1101001.

Badan Pusat Statistik. (2015). Proyeksi Penduduk Kabupaten_Kota Tahunan 2010-2020 Provinsi Maluku Utara.

Badan Pusat Statistik. (2022). Kota Tidore Kepulauan Dalam Angka 2022. 2022.

BPS. (2015). Proyeksi Penduduk Kabupaten/Kota Provinsi Maluku Utara.

Cahya, E., Harnida, H., & Indrianita, V. (2017). Hubungan Dukungan Sosial Dengan Kualitas Hidup Lansia Di Posyandu Lansia Wiguna Karya Kebonsari Surabaya. Jurnal Keprawatan Dan Kebidanan, 0231.

Charles, S., & Arockiam, K. (2020). Perceived social support and quality of life of pensioners. Journal of Xi'an University of Architecture & Technology, XII(III).

Chou, K. L., Chi, I., & Chow, N. W. S. (2004). Sources of income and depression in elderly Hong Kong Chinese: Mediating and moderating effects of social support and financial strain. Aging and Mental Health, 8(3). https://doi.org/10.1080/13607860410001669741

Daengthern, L., Thojampa, S., Kumpeera, K., Wannapornsiri, C., & Boonpracom, R. (2020). Factors affecting quality of life and

longevity in the elderly people in Phrae City, Thailand. Asian Pacific Island Nursing Journal, 5(2). https://doi.org/10.31372/20200502.1081

Fardila, N., Rahmi, T., & Putra, Y. Y. (2014). Hubungan dukungan sosial keluarga dengan kesiapan menghadapi pensiun pada pegawai negeri sipil. Jurnal Riset Aktual Psikologi UNP, 5(2).

Farriol-Baroni, V., González-García, L., Luque-García, A., Postigo-Zegarra, S., & Pérez-Ruiz, S. (2021). Influence of social support and subjective well-being on the perceived overall health of the elderly. International Journal of Environmental Research and Public Health, 18(10). https://doi.org/10.3390/ijerph18105438

Hayulita, S., Bahasa, A., & Sari, A. N. (2018). Faktor Dominan Yang Berhubungan Dengan Kualitas Hidup Lansia. Afiyah, 5(2).

Hira, T. K., & Mugenda, O. M. (1998). Predictors of financial satisfaction: Differences between retirees and non-retirees. Journal of Financial Counseling and Planning, 9(2).

Huang, R., Ghose, B., & Tang, S. (2020). Effect of financial stress on self-rereported health and quality of life among older adults in five developing countries: A cross sectional analysis of WHO-SAGE survey. BMC Geriatrics, Vol. 20. https://doi.org/10.1186/s12877-020-01687-5

Hutagalung, M. O., Haryanto, J., & Fauziningtyas, R. (2020). Pemberdayaan Keluarga Meningkatkan Self Efficacy dan Kualitas Hidup Lansia di Puskesmas Oebobo Kupang. Indonesian Journal of Community Health Nursing, 5(2). https://doi.org/10.20473/ijchn.v5i2.20989

Indrayani, & Ronoatmodjo, S. (2018). Faktor-Faktor Yang Berhubbungan dengan Kualitas Hidup. Jurnal Kesehatan Reproduksi, 9(1).

Kadarwati, Soemanto, R., & Murti, B. (2017). The Influence of Family Support, Social Capital, Self Efficacy, Education, Employment, Income, and Residential Status on the Quality of Life among the Elderly in Salatiga, Central Java. Journal of Epidemiology and Public Health, 02(01), 58–69. https://doi.org/10.26911/jepublichealth.2017.02.01.06

Kamberi, E., Martinovic, B., & Verkuyten, M. (2015). Life Satisfaction and Happiness Among the Roma in Central and Southeastern Europe. Social Indicators Research, 124(1). https://doi.org/10.1007/s11205-014-0783-7

Kiik, S. M., Sahar, J., & Permatasari, H. (2018). Peningkatan Kualitas Hidup Lanjut Usia (Lansia) Di Kota Depok Dengan Latihan Keseimbangan. Jurnal Keperawatan Indonesia, 21(2). https://doi.org/10.7454/jki.v21i2.584

KIM, J.-J., & UM, K.-H. (2020). A Study on the Effects of Economic and Financial Stress on the Satisfaction of Living for the Elderly. International Convergence Management Association, 8(1). https://doi.org/10.20482/jemm.2020.8.1.29

Lajuni, N., Bujang, I., Karia, A. A., & Yacob, Y. (2018). Religiosity, Financial Knowledge, And Financial Behavior Influence On Personal Financial Distress Among Millennial Generation. Jurnal Manajemen Dan Kewirausahaan, 20(2). https://doi.org/10.9744/jmk.20.2.92-98

Lucas-Carrasco, R. (2012). The WHO quality of life (WHOQOL) questionnaire: Spanish development and validation studies. Quality of Life Research, 21(1). https://doi.org/10.1007/s11136-011-9926-3

Mahadewi, G. A., & Ardani, G. A. I. (2018). Hubungan Tingkat Depresi dengan Kualitas Hidup pada Lansia di Panti Sosial Werdha Wana Seraya Denpasar Bali. E-Jurnal Medika, 7(8).

Masithoh, A. R., Kulsum, U., Parastuti, F., & Widiowati, I. (2022). Hubungan Interaksi Sosial Dan Fungsi Keluarga Dengan Kualitas Hidup Pada Lansia Di Posyandu Seroja Desa Sambiyan Rembang. Jurnal Ilmu Keperawatan Dan Kebidanan, 13(1). https://doi.org/10.26751/jikk.v13i1.1320

Moalemi, S., Eri, M., Sheykholeslami, A. S., Sadegh Ghelichi, A., & Malvandi, A. (2019). Quality of Life and Some Related Factors of Elderly People in Turkmen County, Iran. Journal of Clinical and Basic Research, 3(3), 25–32. https://doi.org/10.29252/jcbr.3.3.25

Pajares, F., Valiante, G., & others. (2006). Self-efficacy beliefs and motivation in writing

development. Handbook of Writing Research, 30(4).

Panc, T., Mihalcea, A., & Panc, I. (2012). Self-efficacy survey: A new assessment tool. Procedia - Social and Behavioral Sciences, 33. https://doi.org/10.1016/j.sbspro.2012.01.248

Parasari, G. A. T., & Lestari, M. I. (2015). Lansia Di Kelurahan Sading Journal of Psikologi Udayana, 2(1), 68–77.

Puspitawati, H., & Herawati, T. (2018). Metode penelitian keluarga - - Google Books. In IPB Press.

Rahmadhani, S., & Wulandari, A. (2019). Gambaran Kualitas Hidup Lansia di Desa Bhuana Jaya Tenggarong Seberang. Jurnal Kesehatan Pasak Bumi Kalimantan, 2(2).

Rohmah, I. N., Anis, & Bariyah, K. (2012). Kualitas Hidup Lanjut Usia (Quality of Life Elderly). 120 Juli.

Rutledge, M. (2018). What Explains the Widening Gap in Retirement Ages by Education? Dlib.Bc.Edu, (18).

Şahin, D. S., Özer, Ö., & Yanardağ, M. Z. (2019). Perceived social support, quality of life and satisfaction with life in elderly people. Educational Gerontology, 45(1). https://doi.org/10.1080/03601277.2019.1585065

Santoso, M. D. Y. (2019). Dukungan Sosial Meningkatkan Kualitas Hidup Lansia : Review Article. Jurnal Kesehatan Mesencephalon, 5(1). https://doi.org/10.36053/mesencephalon.v5i1.104

Sari, D. M. P., Lestari, C. Y. D., Putra, E. C., & Nashori, F. (2018). Kualitas Hidup Lansia Ditinjau Dari Sabar Dan Dukungan Sosial. Jurnal Ilmiah Psikologi Terapan, 6(2). https://doi.org/10.22219/jipt.v6i2.5341

Satya, M. C. N., Soemanto, R., & Murti, B. (2019). Effect of Family Support and Peer Support on The Quality of Life of The Elderly: A Path Analysis Evidence from Jember, East Java. Journal of Health Promotion and Behavior, 4(3), 159–169. https://doi.org/10.26911/thejhpb.2019.04.03.01

Smallhorn-West, P. F., Garvin, J. B., Slayback, D. A., DeCarlo, T. M., Gordon, S. E., Fitzgerald, S. H., … Bridge, T. C. L. (2020). Coral reef annihilation, persistence and recovery at Earth's youngest volcanic island. Coral Reefs, 39(3). https://doi.org/10.1007/s00338-019-01868-8

Supriani, A., Kiftiyah, & Rosyidah, N. N. (2021). Analisis Domain Kualitas Hidup Lansia Dalam Kesehatan Fisik dan Psikologis. Journal of Ners Community, 12(1).

Topa, G., & Valero, E. (2017). Preparing for retirement: how self-efficacy and resource threats contribute to retirees' satisfaction, depression, and losses. European Journal of Work and Organizational Psychology, 26(6). https://doi.org/10.1080/1359432X.2017.1375910

United Nations. (2019). Population Division (2020). In World Population Ageing 2019.

Zamudio-Rodríguez, A., Dartigues, J. F., Amieva, H., & Pérès, K. (2021). A Literature Review of Healthy Aging Trajectories Through Quantitative and Qualitative Studies: A Psycho-Epidemiological Approach on Community-Dwelling Older Adults. Journal of Frailty and Aging, Vol. 10. https://doi.org/10.14283/jfa.202.