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"Unveiling the Golden Years": How Functional Impairment, Life Satisfaction, and Perceived Social Support Shape the Quality of Life Among Retirees in Ido-Osi Lga in Ekiti State, Nigeria

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Abstract
Research on quality of life has gained attention globally. There is however dearth of this research in Nigeria. The present study therefore investigated the influence of perceived social support, life satisfaction, and functional impairment 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 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 does not jointly or independently predict quality of life among retirees. In conclusion perceived social support, life satisfaction, and functional impairment had significant influence on quality of life. The authorities of Ido-Osi LGA in Ekiti State should give due consideration to the presents finding in the management of quality-of-life constructs/issues raised in this study.

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Introduction

Quality of life (QoL) has emerged as a central theme in aging research, particularly as global populations experience significant demographic shifts. With advancements in healthcare and living conditions, more individuals are living into retirement age, raising critical questions about the determinants of well-being in later life (World Health Organization [WHO], 2023) [53]. Among retirees, quality of life extends beyond mere physical health to encompass emotional well-being, functional independence, social

engagement, economic stability, and life satisfaction. As retirement marks a significant life transition—often accompanied by changes in social roles, income levels, and health status—understanding the multifaceted nature of QoL among this population is essential for policymakers, health professionals, and community planners.

Recent studies from 2021 to 2025 have broadened the conceptualization of QoL, emphasizing its subjective and multidimensional nature. According to Koenig *et al*. (2022) [30], quality of life among retirees is influenced not only by objective health indicators but also by perceived social support, a sense of purpose, and psychological resilience. In the context of developing nations such as Nigeria, these factors may be further moderated by socioeconomic inequalities, weak pension systems, and limited access to geriatric healthcare services (Adebayo & Olagunju, 2024) [1]. The WHO (2023) [53] defines QoL as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." This broad definition highlights the importance of culturally sensitive frameworks in assessing and improving QoL among retirees, especially in settings with strong communal ties and traditional support structures like Nigeria. However, recent urbanization and modernization have eroded some of these support systems, making retirees increasingly vulnerable to loneliness, financial hardship, and mental health challenges (Okafor & Babalola, 2021) [42].

In Nigeria, the retirement experience is often characterized by uncertainty and systemic inadequacies. Many retirees, particularly those in the public sector, face delays in pension payments, inadequate social welfare, and declining health without sufficient medical support. A study by Oladimeji *et al*. (2023) [46] found that Nigerian retirees reported lower QoL scores compared to global averages, with the most significant predictors being poor physical functioning, lack of emotional support, and diminished financial capacity. Furthermore, retirees in peri-urban areas like Ikorodu, Lagos State, often navigate unique challenges due to rapid population growth, limited health infrastructure, and rising living costs (Ajayi & Omisakin, 2022) [9].

Retirement is a major life transition that significantly alters an individual's daily routines, social roles, and access to structured support systems. For many retirees, the post-retirement phase is accompanied by biological aging processes that can precipitate various health challenges, including functional impairments. Functional impairment refers to limitations in performing essential daily activities due to physical, cognitive, or emotional difficulties (World Health Organization [WHO], 2022). These limitations not only affect individuals' autonomy but also play a pivotal role in determining their overall quality of life (QoL). For retirees, especially in low- and middle-income countries like Nigeria, QoL is strongly influenced by their ability to function independently, maintain social engagement, and access adequate health and social care (Okeke *et al*., 2022) [45]. Functional impairment has been identified as one of the leading predictors of diminished QoL among the elderly. It restricts mobility, hinders self-care, and fosters dependency, all of which can lead to emotional distress, reduced life satisfaction, and social isolation (Abayomi & Lawal, 2023) [31].

In Nigeria, retirees face a unique set of challenges that may exacerbate the impact of functional impairments on QoL. These include limited pension benefits, inadequate geriatric care, poor access to rehabilitation services, and weakening family support systems (Adegboyega & Musa, 2021) [4]. Many retirees in suburban and peri-urban communities, such as Ikorodu in Lagos State, are disproportionately affected due to the lack of social infrastructure and limited government attention to the aging population. As such, functional impairment in this context not only affects personal well-being but also reflects broader systemic issues affecting older adults in the country.

For instance, Okafor *et al*. (2024) conducted a cross-sectional study on elderly Nigerians and found that retirees with moderate to severe functional limitations reported significantly lower QoL scores, especially in domains related to independence and social relationships. Similarly, Akinola and Edet (2023) [12] found a strong negative correlation between limitations in instrumental activities of daily living (IADLs) and psychological well-being among older adults.

Furthermore, global trends indicate that early intervention, physical rehabilitation, social engagement programs, and mental health support can mitigate the negative effects of functional impairment (Li *et al*., 2022; García *et al*., 2023). Therefore, assessing the impact of functional limitations on QoL in local contexts is essential for developing effective, culturally appropriate strategies for healthy aging.

As individuals move from active employment into retirement, the concept of *quality of life (QoL)* becomes increasingly salient, encompassing physical health, psychological well-being, social relationships, and environmental context. One of the most significant psychosocial determinants of quality of life in later life is *life satisfaction*—a cognitive, subjective evaluation of one's life circumstances as a whole. The interplay between life satisfaction and quality of life among retirees has gained renewed attention in recent research, particularly in light of the evolving socioeconomic and health landscapes across both developed and developing countries, including Nigeria. Life satisfaction is a central component of subjective well-being and is closely linked with how retirees perceive the success and fulfillment of their past life, present state, and future expectations. According to Diener *et al*. (2022) [23], life satisfaction reflects not only emotional contentment but also the degree to which an individual's aspirations have been met. For retirees, high life satisfaction often emerges from adequate income security, good health, sustained social networks, and purposeful daily engagement. Conversely, declines in any of these domains may precipitate dissatisfaction and reduce overall quality of life.

For retirees, especially those in urban and peri-urban communities like Ikorodu in Lagos State, Nigeria, quality of life is shaped by a confluence of factors, including physical functioning, mental health, social participation, and access to health and welfare services. Recent studies (e.g., Okafor & Olanrewaju, 2023; Afolayan *et al*., 2022) [43] have highlighted that retirees with greater life satisfaction tend to report higher levels of psychological well-being and lower levels of depression and loneliness, thereby demonstrating a direct link between life satisfaction and QoL outcomes.

The demographic shift toward an aging population in Nigeria further underscores the need to understand how subjective factors like life satisfaction influence the quality of life in retirement. With growing concerns about pension adequacy,

healthcare access, and social isolation, retirees are increasingly vulnerable to diminished well-being. Yet, positive psychological assets—such as life satisfaction—have been shown to buffer the adverse effects of aging-related stressors and improve resilience (Adediran & Eze, 2024) [3]. Furthermore, the cultural and communal context of aging in Nigeria cannot be overlooked. Retirement in Nigerian society is often perceived through the lens of family continuity and social relevance. Therefore, maintaining life satisfaction is often contingent upon sustained familial support, active participation in community life, and perceived usefulness, which in turn enhances overall quality of life (Umeh & Adegbite, 2021) [52].

Another psychosocial factor considered to influencing retirees' well-being in this study, perceived social support has emerged as a central determinant. Perceived social support refers to an individual's subjective evaluation of the availability and adequacy of emotional, informational, and instrumental support from their social network, including family, friends, and the broader community (Zimet *et al*., 2023) [57]. Recent research highlights that the perception of being supported, rather than the mere presence of support, has a stronger and more consistent association with improved mental and physical health outcomes among retirees (Chen *et al*., 2022; Adeboye & Akintunde, 2024) [18, 2]. Studies have consistently demonstrated that retirees with high levels of perceived social support report greater life satisfaction, lower levels of depression, reduced functional decline, and better adaptation to aging (Park & Lee, 2021; Oladeji & Ogunyemi, 2023) [47]. In the Nigerian context, where retirement often occurs within systems that lack robust institutional safety nets, social support from informal networks becomes even more crucial (Akinyemi & Osasona, 2024) [13].

Recent findings suggest that the quality of perceived social support, particularly emotional support, significantly moderates the impact of age-related stressors and chronic conditions on retirees' well-being (Chukwu & Mohammed, 2023). Moreover, gender, marital status, and cultural expectations shape both the perception and receipt of social support, thereby affecting its protective role on quality-of-life outcomes (Kwon *et al*., 2021; Uche & Nwachukwu, 2024) [51]. For example, widowed or single retirees may be more vulnerable to social isolation and report lower QoL scores due to diminished support networks.

As the global population ages, especially in developing countries like Nigeria, the relevance of psychosocial resources such as perceived social support in promoting healthy and active aging becomes more pronounced. Consequently, there is a growing need to examine how these factors interact to influence retirees' subjective well-being.

Literature Review

The concept of quality of life (QoL) among retirees has received growing scholarly attention in recent times, largely due to global increases in aging populations and the associated socioeconomic and psychosocial challenges. Quality of life in this demographic typically encompasses physical health, psychological well-being, social relationships, financial security, and engagement in meaningful activities (WHO, 2022). Researchers have examined both the predictors and outcomes of QoL in retirement, highlighting the interplay between individual characteristics and structural conditions.

Several studies underscore functional health status as a critical determinant of QoL in retirement. For instance, Kim and Park (2023) [29] found that retirees with physical impairments in mobility or self-care reported significantly lower life satisfaction and psychological well-being. Functional impairment limits autonomy and participation in social and recreational activities, leading to social withdrawal and increased risk of depression (Afolabi & Musa, 2022) [7]. The effect is particularly pronounced in low-resource settings where access to healthcare and assistive devices is limited.

Psychological factors, especially life satisfaction and mental health, have also emerged as significant predictors of QoL. In a cross-national study, Liu *et al*. (2022) observed that retirees with a strong sense of life purpose and satisfaction scored higher on QoL indices, regardless of their income or health status. Similarly, Dada and Oluwaseun (2024) [21], in a Nigerian context, reported that retirees who perceived their retirement as a successful transition had better coping strategies, lower stress levels, and higher overall well-being.

Perceived social support remains one of the most consistent predictors of QoL among retirees. Studies reveal that emotional support from family, peer interactions, and community involvement substantially buffer the negative impacts of aging. For example, Okeke and Iwundu (2023) [44] demonstrated that retirees in urban Nigeria who maintained strong family ties and participated in community groups had higher levels of social satisfaction and mental resilience. Conversely, retirees experiencing social isolation were more vulnerable to anxiety, cognitive decline, and suicidal ideation.

Socioeconomic conditions such as income adequacy, housing stability, and access to pensions have been emphasized as foundational to quality retirement life. According to a World Bank report (2021), retirees in sub-Saharan Africa, including Nigeria, often face financial instability due to inadequate pension schemes, contributing to poor nutrition, limited healthcare access, and psychological stress. Empirical findings by Lawal and Shittu (2023) [31] confirm that financial insecurity is a major stressor that significantly lowers QoL in Nigerian retirees.

Cultural and contextual factors also shape retirees' experiences. In collectivist societies like Nigeria, retirement is often interwoven with family obligations and community expectations. These cultural dimensions can either enhance QoL—through increased familial support—or hinder it, especially when retirees are burdened with economic responsibility post-retirement (Akinbode & Eze, 2025) [11].

Related Studies

Perceived Social Support and Quality of Life

In recent years, the link between perceived social support and quality of life (QoL) among retirees has gained considerable attention in gerontological and psychological research. Perceived social support—defined as an individual's subjective evaluation of the availability and adequacy of emotional, instrumental, and informational support—has been shown to be a critical determinant of well-being in older adulthood (Zhao *et al*., 2022) [55].

Studies across different cultural contexts indicate that retirees who perceive high levels of social support tend to report better physical, emotional, and psychological health. For instance, Nguyen and Le (2023) [38] found that perceived emotional support from family and close friends significantly

predicted life satisfaction and overall QoL among retirees in Vietnam. Similarly, a longitudinal study by Jackson and Morgan (2022) in the United Kingdom highlighted that perceived social support buffered the negative effects of health decline and financial strain on retirees' QoL.

In the African context, recent studies emphasize the cultural nuances shaping retirees' experiences. Adebayo and Obot (2023) reported that in Nigeria, perceived support from extended family and religious networks was positively associated with QoL, particularly in urban settings like Lagos. The researchers noted that retirees who engaged regularly in social or faith-based activities maintained higher life satisfaction and better mental health compared to socially isolated peers. This aligns with findings by Eze and Okoye (2024) [25], who emphasized the role of communal ties and intergenerational relationships in supporting psychological resilience among Nigerian retirees.

Furthermore, the type and source of perceived support appear to moderate its impact. Emotional support (e.g., empathy, affection) has been found to be more strongly correlated with psychological aspects of QoL than instrumental support (e.g., financial or practical help). A meta-analysis by Chen *et al*. (2021) concluded that while both forms are important, perceived emotional support is a more consistent predictor of subjective well-being among older adults globally.

Gender and socioeconomic factors also influence how perceived support affects QoL. For example, Osei *et al*. (2022) found that female retirees in Ghana reported lower perceived support and poorer QoL outcomes than their male counterparts, largely due to economic insecurity and reduced access to social networks post-retirement. This highlights the intersectionality of social support, gender, and economic context in shaping retirement experiences.

Life satisfaction and Quality of Life

Life satisfaction, generally defined as a cognitive, global evaluation of one's life as a whole, has emerged as a consistent predictor and component of retirees' overall quality of life. Research by Kim and Moen (2022) [27] found that retirees who had greater control over the timing and conditions of their retirement reported higher levels of life satisfaction and, subsequently, better QoL outcomes. This finding aligns with the broader life course theory which emphasizes agency and timing in life transitions.

A 2023 longitudinal study by Chung *et al*. revealed that social engagement and purposeful activity post-retirement significantly contribute to both life satisfaction and perceived QoL. Retirees who maintained regular participation in community or volunteer activities reported higher psychological well-being and a lower risk of depressive symptoms. This underscores the growing consensus that active aging — involving continuous participation in social, economic, cultural, or spiritual affairs — is critical to sustaining life satisfaction and QoL.

Furthermore, economic security continues to be a major determinant in recent literature. According to Adeyemi and Olanrewaju (2024) [6], financial preparedness for retirement was strongly associated with higher life satisfaction and perceived QoL among Nigerian retirees. Those with consistent pension income or post-retirement employment opportunities were more likely to report positive emotional and physical health outcomes. This supports the notion that economic autonomy reinforces a sense of self-worth and independence, critical to life satisfaction in older age.

Psychological resilience and perceived social support have also emerged as protective factors. A study by Nguyen *et al*. (2021) [37] found that retirees with strong family ties and community support networks had significantly higher levels of life satisfaction, which in turn predicted better QoL scores on measures of physical health, emotional well-being, and life purpose. This confirms earlier findings that social connectedness buffers against the loss of work-related identity and routines.

Recent evidence has also pointed to the importance of health status and functional ability. Musa *et al*. (2025) [35] reported that among retirees in urban Nigeria, physical functioning and the ability to perform activities of daily living were direct predictors of QoL. Life satisfaction served as a mediating variable, suggesting that individuals who are physically capable may interpret their circumstances more positively, leading to greater life satisfaction and QoL.

Statement of problem

Retirement marks a pivotal transition in life, often characterized by shifts in lifestyle, social identity, and physical capacity. As individuals exit the workforce, they experience varying levels of quality of life (QoL), shaped by both personal and systemic factors. Globally, the aging population is increasing, presenting growing social and economic challenges that demand focused support, care, and policy interventions (Asonibare, 2008) [14]. In Nigeria, this transition is particularly difficult due to inconsistent pension benefits and weak social safety nets. Urban areas like Ikorodu in Lagos State exemplify these challenges, where retirees often grapple with economic hardship, limited healthcare access, and inadequate community support.

Retirement is frequently perceived negatively, as it entails separation from professional roles, social circles, and meaningful routines (Ogunbameru & Bamiwuye, 2004) [41]. This detachment can erode one's sense of identity and lead to decreased life satisfaction. Researchers like Chen (2001) [17] and Chamberlain (1992) [16] link aging with diminished well-being, citing social, physical, and emotional losses. The loss of physical strength, reduced income, and weakened social ties often result in psychological distress.

Importantly, perceived social support plays a crucial role in mitigating these effects. Cutrona, Russell, and Rose (2010) [20] emphasized that strong social networks significantly enhance retirees' QoL. In Nigeria, Ejechi and Ogege (2016) [24] found that over half of surveyed retirees experienced unsatisfactory QoL, influenced by socio-demographic factors such as education, marital status, and economic background. Additional Nigerian studies by Adejumo (2010) [5] and Salami (2010) explored the psychological dimensions of retirement, though limited research has integrated self-related psychological constructs like life satisfaction and resilience.

Positive psychology, as advocated by Seligman and Csikszentmihalyi (2000) [49], encourages enhancing well-being through psychological growth. This perspective underscores the need to help retirees build internal resources that foster fulfillment and satisfaction in later life.

Despite growing global research on aging and retirement, there is limited localized data on how these interrelated factors—functional impairment, life satisfaction, and perceived social support—collectively influence the quality of life of Nigerian retirees. Most existing studies either adopt

broad national scopes or focus on single variables, thereby overlooking the complex interactions among these determinants within specific cultural and geographic contexts.

This study, therefore, seeks to fill this gap by examining the influence of functional impairment, life satisfaction, and perceived social support on the quality of life among retirees in Ido-Osi LGA in Ekiti State**,** Nigeria.

Objectives of Study

1. To examine if functional impairment, life satisfaction, and perceived social support will jointly and independently predict quality of life among retirees
2. To 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 retiree in Ido-Osi, Ekiti State, Nigeria.
2. Demographic variables will have a significant joint and independent influence on quality of life among retirees.

Methodology

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 enormous number of retirees. The choice of the settings was because the retirees meet on a monthly basis for meetings regarding issues related to 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 convenient sample of 102 retirees, who were approached at the various Pension Offices located within Ido-Osi LGA in Ekiti State of Nigeria, participated in the study. The selected participants' age ranged between 56 and 72; Mean age was 63.34 (SD = 7.39). Their sex 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 in order 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, 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 consents to the exercise; while 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 included sex, age, type of marriage, number of living children, and religion.

Section B: The Satisfaction with Life Scale

This was measured using satisfaction with life scale developed by Diener *et al*. (1985) [22]. The scale comprises 5-item self-referencing statements on global cognitive judgments of one's life satisfaction. Respondents are expected to indicate how much they agree or disagree with each of the five items using a 5-point Likert scale that ranges from strongly disagree (1) to strong- ly agree (5). Higher score on the scale indicates higher life satisfaction, while lower score implies lower life satisfaction. Authors of the scale re- ported reliability coefficient of 0.62. A Cronbach's alpha coefficient of 0.72 was reported in the current study.

Section C: Multidimensional Scale of Perceived Social Support

(MSPSS; Zimet, Dahlem, Zimet & Farley, 1988) [56] 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'. Previous studies (Adejuwon, 2010), on a sample of the middle- aged working-class adult Nigerian population, have established the internal consistency (Cronbach's alpha) of MSPSS at 0.92. 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) [50]. 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 has been shown to be a valid measure of QoL in the elderly (Naumann and Byrne, 2004) [36]. 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 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 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) have no significant independent influence on quality of life. Therefore, 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*	R^2	*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 does not jointly or independently predict quality of life among retirees. The hypothesis is thus rejected.

Discussion

As recall the present study was conducted with the aim of investigating the influence of life satisfaction, functional impairment and perceived social support on quality of life among retirees in Ido-Osi LGA, Ekiti State, Nigeria. This study expands on previous research and theory on the quality of life among retirees, and by testing the generalizability of these influences among retirees in Ikorodu. However, two hypotheses were stated and tested.

The first hypothesis stated that Perceived Social support, life satisfaction, and functional impairment will have a significant joint and independent influence on quality of life among retirees. This hypothesis was tested using multiple regression analysis and the results revealed that life satisfaction, perceived social support, and functional impairment jointly and independently accounted for significant variance observed in quality of life. The findings are consistent with findings from previous studies, for instance, Liu and Zhang (2023) [33] conducted a structural equation modeling (SEM) analysis among older Chinese retirees and found that life satisfaction independently predicted 41% of the variance in QoL, even after controlling for health status and income. Similarly, Obi and Adeoye (2022) [39] reported that among Nigerian pensioners, higher life satisfaction was associated with better emotional adjustment and increased resilience, ultimately enhancing perceived QoL. According to Holt-Lunstad *et al*. (2021), perceived support is not only directly linked to better QoL but also moderates the negative effects of physical limitations and stress. In a longitudinal study, Agboola and Onifade (2023) [8] examined Nigerian retirees and found that perceived social support significantly predicted life satisfaction and emotional well-being, accounting for nearly 30% of the variance in QoL when modeled jointly with other psychosocial variables. The researchers concluded that retirees who maintain strong family and community ties fare significantly better in adjusting to life after retirement. Consistent with the findings of this study in the African context, Eze and Akinlabi (2024) found that functional limitations among elderly Nigerians significantly predicted lower scores in both physical and psychological dimensions of QoL, particularly among those lacking adequate care or support.

When analyzed jointly, these variables produce even more robust predictive models. A study by Bello *et al*. (2023) [15] in southwest Nigeria used hierarchical multiple regression to assess the combined influence of life satisfaction, perceived social support, and functional health on QoL. The findings revealed that the three variables together explained over 60% of the variance in QoL among retirees, with each contributing significantly and independently. Notably, life satisfaction had the strongest beta coefficient, followed by perceived social support and functional impairment.

The relationship with family is another key predictor of the QoL in older adults. A good relationship with family enhances the mental health of older adults, whilst older adults with good family relationship have a higher QoL since they may be able to depend on the family more and can express their feelings or concerns with significant others. The family is usually a source of love, warmth, and emotional support for the elderly. Health care personnel should encourage the family and elderly to participate in recreational activities or family vacations together in order to enhance the elderly's QoL [Morrow WR, 2016].

Conclusion

The findings from this study contribute to the knowledge regarding the QoL amongst the older adult population. It found that social support and life satisfaction are important for improving the QoL of the elderly. This study provided clear recommendations to increase the QoL of older adults by setting up health promotion programs to increase their physical and mental activities, the source of income, community involvement, family relationship, and perception of health status.

It can be concluded from the findings that quality of life among retirees in South-western part of Nigeria might be positively affected by having positive regards for themselves and having good relationship with family members. The researchers believe that further studies, specifically those longitudinal in approach, may provide better information on how other self-related psychological variables might influence quality of life among retirees in the studied region and other regions of Nigeria.

In summary, literature consistently demonstrates that life satisfaction, perceived social support, and functional impairment are significant independent and joint predictors of quality of life. Their integrative impact underlines the importance of holistic intervention strategies aimed at enhancing psychological, social, and physical well-being among 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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