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ORIGINAL RESEARCH

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## ANALYSIS OF FACTORS AFFECTING POST-POWER SYNDROME AND QUALITY OF LIFE IN THE ELDERLY

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### ABSTRACT

**Background:** Quality of life is the individual's perception of their place in life in the context of the cultural system and values in which they live, along with their goals, expectations, and worries. Retirement is an adaptable period that results in a change of role, changes in social interactions, and limited financial resources.

**Aim:** This study aims to analyze the factors that affect post power syndrome and quality of life of the elderly.

**Methods:** The design of this research was a correlation study with a cross-sectional approach. The population consisted of 44 retired elderly individuals. Purposive sampling was applied to the determined sample size. The independent variables were physiological stressors, psychological stressors and aging attitudes. The dependent variables were post-power syndrome and the quality of life of elderly people. The data were analyzed using Structural Equation Modeling- Partial Least Square (SEM-PLS) with a significance  $t$  statistic  $\geq 1.96$ .

**Results:** The findings showed all of the significant indicators measured to the variable factor. Physical stressor factors affect post-power syndrome with a  $t$  value of 2,366, and psychological stress factors affect post-power syndrome with a  $t$  value of 3,326. Aging behavior factors affects post-power syndrome with a  $t$  statistic of 5.296 and the post-power syndrome effect on the quality of life of the elderly has a  $t$  value of 7,689.

**Conclusion:** There were significant effects in relation to physiological stressor factors, psychological stress factors, and aging attitudes towards post-power syndrome. There was an influence of post-power syndrome on the quality of elderly life.

**Key words:** quality of life, post power syndrome, elderly.

## INTRODUCTION

Health contributes to quality of life. The true impact of health and sickness on the quality of life is known as (HRQoL); Health-Related Quality of Life.<sup>1</sup> Health-Related Quality of Life itself is just one dimension of the broader concept of quality of life.<sup>2,3</sup> It is defined as being related to the ideal level of mental, physical, role and social function, and includes health relations and perceptions, fitness, life satisfaction, and well-being.<sup>4</sup> Quality of life is the individual's perception of their place in life in the context of the cultural system and values in which they live, and their goals, hopes, and worries.<sup>5-7</sup> Quality of life is divided into two characteristics, namely objective as a standard of life and subjective as a life satisfaction.<sup>6,7</sup>

Retirement is an adaptable period that has resulted in a change of roles, changes in social interactions, and limited financial resources.<sup>8</sup> The retirement phase is not easy, especially if in the previous phase of life, someone has been in a powerful position. When retirement arrives, that place will be lost, therefore, the person will lose their identity and label.<sup>9</sup> Fear of retirement causes many people to experience serious problems both psychologically and physically, especially people who have ambition and desperately want a high position in their job.<sup>10</sup> Post-power syndrome is a psychological phenomenon that is less stable and appears when a person descends from a previously held position, characterized by feeling moody, sick, irritable and worthless.<sup>11</sup> The elderly who experience post-power syndrome will experience disappointment in their lives. The elderly feel the loss of the respect and praise that they had gained while in power. Losing

their job is what makes them stressed, as well as increasing anxiety and depression. For retirees who do not have good preparations in place for this, it is possible for them to experience psychological and social distress.<sup>12</sup>

According to Miller, the quality of life of the elderly is affected by age-related changes, negative functional consequences, and risk factors.<sup>13</sup> Risk factors are conditions that usually occur in the elderly, and have a significant disruptive effect on their function and health. The risk factors studied were physical stressors, psychological stressors and aging attitudes.<sup>13</sup> Physical stressors are all of the physical aspects of health including physical health and mobility as indicators of productivity and physical health.<sup>13,14</sup> Psychological stressors are about the ability of the elderly to gain confidence, self-control, how to overcome anxiety and the appearance of positive behavior with indicators of economic status, self-concept, sense of loss and life satisfaction.<sup>13,14</sup> The attitude of aging is a mental mechanism that evaluates and shapes personal views, colors feelings and determines behavioral trends related to past experiences, present circumstances, and future expectations with affective, cognitive and conative indicators.<sup>15</sup>

## METHODS

This study's design was a correlation study with a cross-sectional approach.<sup>16</sup> There were 44 elderly individuals with post-power syndrome that were recruited by way of a purposive sampling technique.<sup>17</sup> The independent variables of the research were physiological stressors

(productivity and physical health), psychological stressors (economic status, a sense of loss, self-concept, and life satisfaction) and aging attitudes (affective, cognitive, and conative). The dependent variable of the study was post-power syndrome, and the quality of life of the elderly.

The instruments used in this study were the physiological stressors modified from a WHOQOL-BREF questionnaire.<sup>18</sup> The other instruments involved was the psychological stressors questionnaire modified from *Geriatric Depression Scale 15 (GDS 15)* and *World Health Organization Quality of Life – BREF (WHOQOL-BREF)*.<sup>18</sup> The aging behavior questionnaire was modified from *Access Research Knowledge: Attitudes to Age and Ageing in The South of Ireland*. The quality of life questionnaire was modified from the *Quality of Life Index: Generic Version-III*.<sup>18</sup> The post-power syndrome questionnaire was modified from available elderly psychosocial conditions information.<sup>19</sup> The validity and reliability

of all of the instruments were examined in relation to 15 respondents before data collection went fully ahead. The result showed good validity and reliability with the alpha on interval 0,7361 – 0, 8912.

The data analysis was categorized into high, medium and low levels. The data was analyzed by Structural Equation Modeling- Partial Least Square (SEM-PLS) with a significance level *t* statistic  $\geq 1.96$ .<sup>20</sup> Ethical approval was obtained from the Ethics Committee of Faculty of Nursing, Universitas Airlangga in June 2016.

## RESULTS

### *Characteristics of the respondents*

The 44 respondents were recruited by age, last education status, marital status, pre-retirement post, religion, confidence, retirement preparation period, income and monthly average before and after retirement, activity and the type of work done after retirement.

**Table 1: Characteristics of the respondents with post-power syndrome.**

| Category                           | Frequency | Percentage (%) |
|------------------------------------|-----------|----------------|
| <b>Age:</b>                        | 13        | 29.55          |
| 55-59 years                        | 31        | 70.45          |
| 60-74 years                        |           |                |
| <b>Education:</b>                  | 4         | 9.09           |
| Junior high school                 | 36        | 81.82          |
| Senior high school                 | 4         | 9.09           |
| <b>Marital status:</b>             | 38        | 86.36          |
| Married                            | 1         | 2.27           |
| Divorced                           | 5         | 11.36          |
| Widower                            |           |                |
| <b>Position Before Retirement:</b> | 2         | 4.55           |
| Sergeant first class               | 8         | 18.18          |
| Chief of Sergeant                  | 3         | 6.82           |
| Major Sergeant                     | 4         | 9.09           |
| Assistant of Second Lieutenant     | 7         | 15.91          |
| Assistant of First Lieutenant      | 13        | 29.55          |
| Second Lieutenant                  | 3         | 6.82           |
| Captain                            | 2         | 4.55           |
| Major                              | 2         | 4.55           |

| Category  | Frequency | Percentage (%) |
|---|-----------|----------------|
| Lieutenant colonel  |           |                |
| <b>Earnings Before Retirement:</b>                            | 2         | 4.55           |
| < IDR 2.000.000   | 30        | 68.18          |
| IDR 2.000.000 – 3.000.000                                     | 12        | 27.27          |
| > IDR 3.000.000   |           |                |
| <b>Earnings After Retirement:</b>                             | 21        | 47.73          |
| < IDR 2.000.000   | 17        | 38.64          |
| IDR 2.000.000 – IDR 3.000.000                                 | 6         | 13.63          |
| > IDR 3.000.000   |           |                |
| <b>Undergoing preparation for retirement:</b>                 | 16        | 36.36          |
| Yes   | 28        | 63.64          |
| No  |           |                |
| <b>The average expenditure every month before retirement:</b> | 2         | 4.55           |
| < IDR 2.000.000   | 30        | 68.18          |
| IDR 2.000.000 – IDR 3.000.000                                 | 12        | 27.27          |
| > IDR 3.000.000   |           |                |
| <b>The average expenditure every month after retirement:</b>  | 27        | 61.36          |
| < IDR 2.000.000   | 11        | 25.00          |
| IDR 2.000.000 – IDR 3.000.000                                 | 6         | 13.64          |
| > IDR 3.000.000   |           |                |
| <b>Burden after retirement:</b>                               | 19        | 43.18          |
| Child   | 3         | 6.82           |
| Grandchild  | 22        | 50.00          |
| Wife  |           |                |
| <b>Activities after retirement:</b>                           | 18        | 40.91          |
| Still work  | 26        | 59.09          |
| No job  |           |                |
| <b>Type of work after retirement:</b>                         | 1         | 2.27           |
| Security  | 12        | 27.27          |
| Entrepreneur  | 5         | 11.36          |
| Total   | 44        | 100.00         |

Table 1 describes the characteristics of the respondents. In terms of age, most (70.45%) were age 60-74 years. The last level of education obtained was mostly (81.82%) that of senior high school graduate level. For marital status, 86.36% were married. The rank before retirement that had the highest percentage was second lieutenant, making up 29.55%. For earnings before retiring, 52.27% had an income > IDR 3.000.000. For income after retiring, nearly half (47.73%) were with an income of IDR 2.000.000. In terms of preparation for retirement, most (63.64%) had not undergone any

preparation. The average expenditure per month before retiring (68.18%) was between IDR 2.000.000 and IDR 3.000.000. The average expenditure per month after retirement with 61.36% was an expenditure that ranged from < IDR 2.000.000. When viewing the factor of dependents still around after retirement, half of the respondents had living spouses or partners. Regarding activities after retirement, 59.09% were no longer working. The employment after retirement with the highest percentage (27.27%) was entrepreneurship.

*Physiologic stressor factor*

**Table 2: Physiologic stressor factor of elderly with post power syndrome**

| Physiologic stressor factor | Category  |                |                |                | Σ  | %   |
|-----------------------------|-----------|----------------|----------------|----------------|----|-----|
|                             | Poorly    | Quite Good     | Good           | Very Good      |    |     |
|                             | Σ         | Σ              | Σ              | Σ              |    |     |
| Productivity                | 0<br>(0%) | 4<br>(9.09%)   | 23<br>(52.27%) | 17<br>(38.64%) | 44 | 100 |
| Physical Health             | 0<br>(0%) | 10<br>(22.73%) | 22<br>(50%)    | 12<br>(27.27%) | 44 | 100 |
| Average                     | 0<br>(0%) | 7<br>(15.91%)  | 23<br>(52.27%) | 14<br>(31.82%) |    |     |

Table 2 informs us that most of the elderly respondents (52.27%) were in the good category in terms of productivity, and had a good level of physical health. It can be

concluded that the elderly participants have a good degree of physical condition despite having post-power syndrome.

*Psychological stressor factor*

**Table 3: Psychological stressor factors in the elderly with post-power syndrome**

| Psychological stressor factor | Category    |                |                |               | Σ  | %   |
|-------------------------------|-------------|----------------|----------------|---------------|----|-----|
|                               | Less Stable | Quite Stable   | Stable         | Very Stable   |    |     |
|                               | Σ           | Σ              | Σ              | Σ             |    |     |
| Economic Status               | 0<br>(0%)   | 5<br>(11.36%)  | 36<br>(81.82%) | 3<br>(6.82%)  | 44 | 100 |
| Sense of Losing               | 0<br>(0%)   | 14<br>(31.82%) | 23<br>(52.28%) | 7<br>(15.90%) | 44 | 100 |
| Self concept                  | 0<br>(0%)   | 13<br>(29.54%) | 23<br>(52.28%) | 8<br>(18.18%) | 44 | 100 |
| Life Satisfaction             | 0<br>(0%)   | 12<br>(27.27%) | 27<br>(61.47%) | 5<br>(11.36%) | 44 | 100 |
| Average                       | 0<br>(0%)   | 11<br>(25%)    | 27<br>(61.47%) | 6<br>(13.53%) |    |     |

Table 3 informs us of the result that most of the respondents (82.82%) have a stable

economic status and stable level of life satisfaction (61.47%).

*Attitudes of Aging*

**Table 4: Attitudes towards aging in the elderly with post-power syndrome**

| Attitude of aging | Category       |                | Σ  | %   |
|-------------------|----------------|----------------|----|-----|
|                   | Adaptive       | Maladaptive    |    |     |
| Affective         | 36<br>(81.82%) | 8<br>(18.18%)  | 44 | 100 |
| Cognitive         | 38<br>(86.36%) | 6<br>(13.64%)  | 44 | 100 |
| Conative          | 30<br>(68.18%) | 14<br>(31.82%) | 44 | 100 |

| Attitude of aging | Category       |               | Σ  | %   |
|-------------------|----------------|---------------|----|-----|
|                   | Adaptive       | Maladaptive   |    |     |
| Average           | 35<br>(79.54%) | 9<br>(20.45%) | 44 | 100 |

The attitude towards aging is a mental mechanism that shapes views, feelings and determines behavioral trends related to past experiences, present circumstances, and future expectations.

Table 4 shows that most of the respondents have an adaptive aging attitude in relation to the affective (81.82%), cognitive (86.36%) and conative aspects (68.18%).

#### *Post Power Syndrome level in the elderly*

**Table 5: Post Power Syndrome Level in the elderly**

| Post Power Syndrome | Category        |                   |                  | Σ  | %   |
|---------------------|-----------------|-------------------|------------------|----|-----|
|                     | Light           | Medium            | Weight           |    |     |
|                     | Σ               | Σ                 | Σ                |    |     |
| Physical            | 14<br>(31.82%)  | 25<br>(56.82%)    | 5<br>(11.36%)    | 44 | 100 |
| Emotions            | 10<br>(22.73%)  | 25<br>(56.82%)    | 9<br>(20.45%)    | 44 | 100 |
| Behavior            | 11<br>(25%)     | 29<br>(65.91%)    | 4<br>(9.09%)     | 44 | 100 |
| Gratitude           | 7<br>(15.91%)   | 31<br>(70.45%)    | 6<br>(13.64%)    | 44 | 100 |
| Interest and talent | 10<br>(22.73%)  | 29<br>(65.91%)    | 5<br>(11.36%)    | 44 | 100 |
| Problem or stress   | 5<br>(11.36%)   | 34<br>(72.28%)    | 5<br>(11.36%)    | 44 | 100 |
| Average             | 8.4<br>(18.94%) | 28.83<br>(65.53%) | 6.77<br>(12.87%) | 44 | 100 |

Post-power syndrome is a symptom experienced by humans after an escape from power or after they have left work. From Table 5, we are informed that most of the respondent's level of post-power

syndrome is in the medium category. This can be seen from physical aspects, emotions, behavior, feelings of gratitude, interest and problems; all relevant aspects are in the medium category.

#### *Quality of life in the elderly*

**Table 6: Level of quality of life in elderly with post power syndrome**

| Quality of life        | Category     |                |               | Σ  | %   |
|------------------------|--------------|----------------|---------------|----|-----|
|                        | Low          | Medium         | High          |    |     |
|                        | Σ            | Σ              | Σ             |    |     |
| Health and Functioning | 0<br>(0%)    | 42<br>(95.45%) | 2<br>(4.55%)  | 44 | 100 |
| Socioeconomic          | 1<br>(2.27%) | 40<br>(90.91%) | 3<br>(6.82%)  | 44 | 100 |
| Psychology / Spiritual | 2<br>(4.54%) | 36<br>(81.82%) | 6<br>(13.64%) | 44 | 100 |

| Quality of life | Category     |                  |                | Σ  | %   |
|-----------------|--------------|------------------|----------------|----|-----|
|                 | Low          | Medium           | High           |    |     |
|                 | Σ            | Σ                | Σ              |    |     |
| Family          | 0<br>(0%)    | 40<br>(90.91%)   | 4<br>(9.09%)   | 44 | 100 |
| Average         | 1<br>(1.70%) | 39,3<br>(89.77%) | 3,7<br>(8.53%) | 44 | 100 |

The overall quality of elderly life in is the medium category. Table 6 informs us on the aspects of health and functioning aspect (95, 45%), the psychology or spiritual aspect (36 respondents at81, 82%) and the aspect of family obtained from most of the respondents with as many as 40 of the elderly responding positively (90. 91%). All of the aspects were in the medium category.

*Analysis of the measurement model (outer model)*

Partial Least Square (PLS) allows for the testing of a relatively complex set of relationships simultaneously.<sup>20</sup> The tests are conducted by testing the measurement model and structural model. The testing of the measurement models is used to ensure that the indicators that measure the latent variables are valid and reliable. Structural

model testing is used to know the significance of the relationship between the exogenous and endogenous factors, so that we can get the right model. The measurement model (outer model) is analyzed by testing the construct's validity and construct's reliability.<sup>20</sup> The purpose of the construct validity test is to know whether or not the indicator is valid in explaining the latent variable. The purpose of the construct reliability is to test the reliability of the latent variables. Testing of the construct validity done by performing a convergence test for validity, and a test of the influence of the indicator's significance. The convergent validity test results are obtained by looking at the value of the loading factor from the indicator to a latent variable, and testing the influence of the indicator's significance as described in Table 7.

**Table 7: The Results of Convergent Validity Construct Test**

| Latent variables        | Indicator           | Convergent Validity Test    |                   |             |
|-------------------------|---------------------|-----------------------------|-------------------|-------------|
|                         |                     | Loading value ( $\lambda$ ) | Value T-Statistic | Description |
| Physiological stressors | Productivity        | 0.697                       | 5.581             | Valid       |
|                         | Physical health     | 0.722                       | 4.735             | Valid       |
| Psychological stressors | Economic status     | 0.331                       | 1.750             | Valid       |
|                         | Sense of loss       | 0.560                       | 4.279             | Valid       |
|                         | Self concept        | 0.603                       | 3.898             | Valid       |
|                         | Life satisfaction   | 0.874                       | 21.446            | Valid       |
| Attitude of aging       | Affective           | 0.748                       | 5.979             | Valid       |
|                         | Cognitive           | 0.893                       | 23.920            | Valid       |
|                         | Conative            | 0.354                       | 2.071             | Valid       |
|                         | Physical            | 0.828                       | 20.819            | Valid       |
|                         | Emotion             | 0.887                       | 27.967            | Valid       |
| Post power syndrome     | Behavior            | 0.688                       | 5.557             | Valid       |
|                         | Gratitude           | 0.516                       | 4.600             | Valid       |
|                         | Interest and talent | 0.752                       | 9.939             | Valid       |
|                         | Problems / stress   | 0.437                       | 2.374             | Valid       |

| Latent variables | Indicator     | Convergent Validity Test    |                   |             |
|------------------|---------------|-----------------------------|-------------------|-------------|
|                  |               | Loading value ( $\lambda$ ) | Value T-Statistic | Description |
| Quality of life  | Health        | 0.785                       | 8.729             | Valid       |
|                  | Socioeconomic | 0.794                       | 14.356            | Valid       |
|                  | Spiritual     | 0.879                       | 17.462            | Valid       |
|                  | Family        | 0.801                       | 7.418             | Valid       |

The result of the research in Table 7 shows that the convergence test of validity was done by looking at the measurement of the loading factor's value. The measurement results found that many values of the factor loading indicators  $\geq 0.5$  and  $T$  statistics  $\geq 1.96$  indicate that the indicator is statistically significant in relation to factor-forming.

*Analysis of the structural model (Inner Model).*

Structural model analysis was conducted to examine the effect of the exogenous factors on the endogenous factors.<sup>20</sup> The value used as a reference was the  $T$ -table value (109,025 = 1,96). The exogenous factors have an effect on the endogen factor if the  $T$ -statistic value is bigger than the table value with a fault tolerance ( $\alpha$ ) = 5%. The result of the significance test has been explained in Table 8.

**Table 8: Results of Significance On the Structural Model Test**

| Path   | Coefficient parameter path | Test             |         | Influence   |
|--|----------------------------|------------------|---------|-------------|
|  |                            | The significance |         |             |
|  |                            | T-Statistic      | T-Table |             |
| (X1) Physiological Stressors →<br>(Y1) Post power syndrome | 0.206                      | 2.366            | 1.96    | Significant |
| (X2) Psychological Stressors →<br>(Y1) Post power syndrome | 0.325                      | 3.326            | 1.96    | Significant |
| (X3) Aging Behavior →<br>(Y1) Post power syndrome          | 0.439                      | 5.296            | 1.96    | Significant |
| (Y1) Post power syndrome →<br>(Y2) Quality of Life         | 0.627                      | 7.689            | 1.96    | Significant |

Structural model analysis was conducted to examine the influence of the exogenous factors on the endogenous factors. Physical stressor factors affect post power syndrome with a  $t$  value of 2,366, and psychological stress factors affect post-power syndrome with a  $t$  value of 3,326. The aging behavior factor affects post-

power syndrome with a  $t$  statistic of 5.296, and post-power syndrome's effect on the quality of life of the elderly has a  $t$  value of 7,689.

The data percentage of the influence in the path diagram (R-Square) has been shown below.

**Table 9: Rated R-Square on Path Diagram**

| Variable Latent Endogen | R-Square |
|-------------------------|----------|
| Y1 Post power syndrome  | 0.664    |
| Y2 Quality of life      | 0.393    |



Based on the R-square value in Table 9, the results can be summed up as follows:

- 1) The R-square value of the peer support endogenous variables = 0,664. This means that the factor 'post-power syndrome' is described by the physical stressors factors, psychological stressor factors and factors of aging attitude at 66.4%, while the rest is explained by other indicators.
- 2) The R-square value of the endogenous variable quality of life = 0,393. This means that the factor of quality of life can be explained by the post-power syndrome factor of 39.3%, while the rest is explained by other indicators.

## DISCUSSION

Physiologic stressors affect post-power syndrome. Based on Hurlock's growth theory, the experiments' respondents can be grouped in the age range of late adulthood. At such a late age, the elderly need to adapt themselves to a decrease in their physical abilities and health, which can affect productivity and social contact in their life. They also need to develop a satisfying level of physic existence adjustment.<sup>21-23</sup> Their physical health condition will have deteriorated since the person has stepped into the elderly phase. It can be marked with the number of diseases and symptoms, which never occurred before when they were younger. The respondents were mostly 60-74 years old, so at that age, there are some changes happening to the elderly. Physical health, which means good functionality, can help the elderly to reach a certain quality in the aging process. Poor physical factors can cause someone to lose the chance to make

themselves gain this certain level of quality due to their physical limits.<sup>24,25</sup>

Old age is experienced in different ways. There are the elderly who are able to see the significance of old age in the context of human existence, namely as a lifetime that gives them a chance to grow and develop. Then there are the elderly people who look to old age with attitudes that range from passive surrender, through to rebellion, rejection, and despair. Such elders become locked in themselves, and thus increase their own bodily degeneration process. The process and rate of decline in body function that occurs in these physical changes is very different for each person, even though they can be of the same age. In addition, different parts of the body in the same individual process can have varying speeds of decline. It is expected that the elderly can make adjustments to any changes in the decline of productivity and physical health. Physiological aging increasingly makes the elderly feel as if their life is no longer meaningful, and can cause despair with the life that is lived now.<sup>26</sup>

Psychology stressors affect post-power syndrome. Based on the elderly growth task by Havighurst, the experiment's respondents need to adapt themselves with the retirement phase, including the decrease in the family's income, adapting to close people's deaths, and developing a relationship with their peers.<sup>27</sup> The elderly psychological change's could be to do with mental accuracy and effective functional conditions. An individual's personality, which consists of motivation and intelligence, can become a self-concept characteristic for the elderly. A positive self-concept can help the elderly

to have the ability to interact easily with existence values, supported by their social status.<sup>28,29</sup> At a late age, the aging process happens naturally. The physiologic changes that occur can be connected to mental accuracy and an effective functional condition. Psychological changes include short-term memory loss, frustration, loneliness, the fear of losing freedom, scared to face death, will changes, depression and anxiety.

In old age, the aging process occurs naturally along with the addition of age in years. The psychological changes that occur can be attributed to mental accuracy and an effective functional state. Psychological changes in the elderly include short-term memory loss, frustration, loneliness, fear of the loss of freedom, fear of death, desire for change, depression and anxiety.<sup>29</sup> Negative functional consequences are the impact of age-related changes and risk factors. Age-related changes affect the decreased physiological function of the elderly but increase the potential of psychological growth.

The attitude to the aging process affects post-power syndrome. The experiment's result about the influence of aging behavior in relation to post-power syndrome showed that all of the respondents were formerly inside a well-disciplined environment. This caused the elderly to still be considered to have that role by the soldiers at the housing environment, to the point that when the soldiers met with the respondents, the soldiers gave them a formal salute. Based on the elderly growth tasks, which stated that the elderly have to adapt in relation to social role flexibly, the elderly are supposed to have an adapting aging attitude. The occurrence of the adapting

process in the elderly's surrounding environment, means that the elderly can make an initially adaptive response more maladaptive.<sup>29</sup>

This relates to social interaction theory, where the elderly individual's authority and prestige is decreasing, which causes their social interactions to also decrease. This is in addition to their pride and their ability to follow the order of what's left. Generally after someone has become elderly, there will be degradation in his or her affective and cognitive aspects. This will cause their reactions and behavior to become slower. Meanwhile, the degradation of the conative aspect will cause the elderly become less nimble.<sup>30</sup> The existence of the experiment's respondents who have adaptive aging behavior but have post-power syndrome in the light category can be caused by their heavy burden within the family environment where they become the only parent. At the same time, their main payment and their retired-payment, as well costs before and after retiring, will be significantly different.

## CONCLUSION

Based on the experiment's results, there was an influence of post-power syndrome on the quality of elderly life. The results showed that in the elderly that experienced light post-power syndrome, their life quality would be high. The anxiety included in old age and the perception, which makes them think they're getting older, feeling unappreciated and have no more authority, also contributes. This mental condition will affect the elderly individual's life quality. It is necessary to provide an intervention to make the

elderly aware of their condition by following a pension preparation program, increasing spiritual activity or following organizational activities. The elderly need to share things with younger people so that an adaptive aging attitude can be obtained and the elderly can adjust to their old age well, and increase their quality of life.

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