

EFFECTS OF EMOTIONAL INTELLIGENCE TRAINING AND SELF-EFFICACY TECHNIQUE ON PRE-RETIREMENT ANXIETY OF PUBLIC SERVANTS IN IBADAN, NIGERIA

BY

MOTUNRAYO AYOBAMI, ADEBAYO

84805

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CERTIFICATION

I certify that this work was carried out by Adebayo, Motunrayo Ayobami in the Department of Guidance and Counselling, University of Ibadan under my supervision.

Supervisor

Dr. S.O. Salami

B.Ed (Ibadan), M.Ed. Ph.D. (Ilorin)

Senior Lecturer, Department of Guidance and Counselling,
University of Ibadan, Ibadan

Co-Supervisor

Aremu, Amos Oyesoji

Senior Lecturer

B.Ed., M.Ed., Ph.D. (Ibadan)

Department of Guidance and Counselling,
University of Ibadan, Ibadan

DEDICATION

This thesis is dedicated

- To the glory of the Almighty father who has no impossibility.
- To my husband 'Segun and my children Adejoke, Olusegun and Okikiola for their understanding, endurance and support all through.

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I will praise the Lord always; His praise shall continually be in my mouth. I will bless thee and praise thy name forever. Great is thy faithfulness.

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ABSTRACT

Retirement is voluntary or involuntary withdrawal from active work role. It poses emotional problem to several people who are about to retire and even those who are still having many years to spend in service. Pre-retirement anxiety could, therefore, constitute psychological problems which, more often than not, brings about apprehension, maladjustment and social tensions. Past studies on retirement focused on mental health and influence of sociological factors, only few studies are available on pre-retirement anxiety. This study, therefore, investigated effects of Emotional Intelligence Training (EIT) and Self-efficacy Technique (SET) on pre-retirement anxiety of public servants in Ibadan, Nigeria.

A pre-test, post-test, control group quasi-experimental design with a 3x2x2 factorial matrix was used for the study. There were two treatment conditions (EIT and SET) and a control group. The moderator variables were gender and self-esteem. Multistage and stratified sampling techniques were used to select 103 Oyo State public servants (54 males and 49 females) who participated in the study. The participants were randomly assigned into the experimental and control groups. Sarason's General Anxiety Scale ($\alpha=0.81$) and Rosenberg Self-esteem Scale ($\alpha=0.77$) were employed to collect data. The experimental groups were exposed to eight weeks training sessions, while participants in the control group received no training. Nine hypotheses were tested at 0.05 level of significance. Data were analysed using Analysis of Covariance.

There was significant difference in the anxiety of pre-retirees exposed to treatment and control groups ($F_{(2, 97)}=38.77$; $P<0.05$). The participants exposed to EIT performed better ($\bar{x}=19.26$) than those exposed to SET ($\bar{x}=23.09$) on the measure of pre-retirement anxiety. The participants in the EIT performed better ($\bar{x}=19.26$) than those in the control ($\bar{x}=28.47$) on the level of pre-retirement anxiety. Treated participants in SET were also better ($\bar{x}=23.09$) than those in the control ($\bar{x}=28.47$). However, there was no significant difference in the anxiety of pre-retirees males and females exposed to EIT and those exposed to SET. Similarly, no significant difference was found in the anxiety of pre-retirees with low and high self-esteem exposed to EIT and those exposed to SET. In the same vein, no significant difference was found in the interaction effect of treatment and gender on the anxiety of intending retirees.

Emotional intelligence training and self-efficacy techniques were effective in reducing pre-retirement anxiety of public servants. Counselling and social psychologists should, therefore, utilise the two strategies in the management of pre-retirement anxiety of public servants. These strategies should also be incorporated into the retirement policy of state and federal governments.

Key words: Emotional intelligence training, Self-efficacy technique, Pre-retirement anxiety, Public servants

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Work has been described as a basic need in human lives. It performs basic functions such as provision of money, regulates life activities, removes boredom, gives sense of purpose, provides status and stimulates interpersonal relationships with others (Akinboye, 1998). It is also seen as a means by which individuals are integrated into the society and as a basic biological need of human beings for survival. Individual's ability to satisfy the financial, economic and psychological needs of his/her family depends on work. Work removes boredom and provides sense of purpose to an individual. In an ideal setting, workers set goals to be achieved at a point in time in their career or job. Akinboye (1998) posited that work breaks boredom by creating challenging activities, generating variety of strategies, tactics and skills in the worker. He further stressed that work provides simple exercises for the human system, which are made to be exercised from time to time to avoid dysfunctions which may arise due to lack of use.

Public service is a formal organisation designed to coordinate activities of many individuals in the pursuit of tasks set up by the government (Al-Gazali, 2008). In Africa, especially in Nigeria setting; female and male roles are seen as mutually exclusive (Orji, 2000). Orji (2000) concluded that particular roles in some professions and governance are seen as normal for one gender but abnormal for the other. Gender discrimination may be due to attitudinal perception of the male and female folk themselves. But in the general knowledge of the public service, both sexes are present and equally assigned roles of responsibilities which earn them their promotion and increase in ego. Position of authority had been in play between male and female and so the number of years and age in service have been on equal terms for any individual working in the public service. In Oyo State, male and female had been accorded the level of positions which existed in the mainstream of public service, from office clerk to managerial positions. Many public servants are preoccupied with their daily official routine and the attendant benefits like free housing, free health facilities and promotions without tuning their minds to retirement. They suddenly realised that retirement is approaching and often resort to finding ways to remain in service by falsifying their ages to enjoy perquisites of office for a longer period.

Withdrawal from gainful employment has been an area of focus in recent times. In most cases, retirement is tied to age or years of service. Before the colonial era, people worked as long as they were able to work but in the present dispensation, there is the general acceptance of the principle of retirement. Garrett (1999) confirmed that retirement for many working class people is a social disaster and its being associated with

four basic deprivations, namely: status and a role in the society; companionship; income and a meaningful lifestyle.

Nigerian retirement situation is worrisome. It has been so for some years. Official statistical information as it is shown in Table 1.1 indicate the retirees rate in the public service of Oyo State from 2001 to 2008.

Table 1.1: Number of Retirees between 2001 and 2008

Year	Civil Servants	Teachers	Total
2001	251	125	376
2002	1,110	124	1,234
2003	148	53	203
2004	197	120	317
2005	57	44	101
2006	165	93	258
2007	137	98	235
2008	192	108	300
Total	2,257	758	3,032

Source: Ministry of Establishment, Training and Poverty Alleviation, 2008.

From the table, it shows more and more people will be retired from time to time which could lead to anxiety, social tension, psychological imbalance and some other health related problems.

Interview with people over the media stating problems encountered as a result of non-payment of gratuity and pension also indicated the trend things are going with mandatory retirement. Laslett (1991) described a similar stage of life as the “Third Age”. It is usually assumed as an era when one sheds professional responsibilities and begins the pursuit of personal fulfillment and achievement. De Beauvoir (1970) ascertained that the day one retires, the person is cut off from the past and must adapt to a new status. He assumed previous work can be viewed as a time-consuming and restrictive necessity that dominates one’s life, though a source of stability, interest and an established role within the society.

Most public servants are anxious due to some problems they are yet to solve such as where and how to live during retirement which are related to various circumstances of life (Lasisi, 1997) the type or quality of house, the type of dwelling in which one resides and place of attachment are significantly related to satisfaction or anxiety (Evans, Kantrowitz & Eshelman, 2002; Gueldner, Loeb, Morris, Penrod, Bramlet & Johnson,

2001). Relocating from present abode to elsewhere within the area one lives or moving totally to another part of the country. It is therefore, paramount that public servants have plans for their life after retirement; it is also important they have choices for their plans.

Preparing for and anticipating retirement is a phase of pre-retirement (Atchley, 1976). It has been associated with lots of attitudes (Atchley, 1991; Behling & Merves, 1985; Evans, Ekirdt & Bosse, 1985; Turner, Bailey & Scott, 1994). Studies confirmed that those who are better prepared for retirement have positive attitude than those who are not (Helman & Paladino, 2004; Mutran, Reitzes & Fernandez, 1997).

Evans et al (1985) asserted that retirement-oriented activities increase with proximity to time of retirement. Atchley (1976) argued that proximity to retirement and not age is the key to preparation level.

Many intending retirees only think of the financial aspect but there is more to retirement is more than the gratuity and pension to be received. Pre-retirement involves a lot of activities as confirmed by different studies such as talking with family members, reading on retirement (Evans et al, 1985), preparedness for retirement, knowledge of retirement issues (Glamser, 1977, 1981), retirement planning such as financial and employment planning (Turner et al 1994). Planning on health insurance, pension contribution and other securities (Behling & Merves, 1995).

Retirement is a vital stage in human development all over the world. It is inevitable because there is time for everything. Retirement has been defined in so many ways. It is a self-defined notion that means different things to different people. For some, retirement means reducing the amount of work hours from full-time to part-time while for some, it may mean working on a voluntary basis (Atchley, 1988; Richardson, 1999). Richardson (1999) perceived retirement as ceasing from all work activity paid or unpaid. It is seen as disengagement from business or public life. Nwolise (2007) described retirement as an act of withdrawal from active (professional) service or production into privacy or seclusion. He further stated that it may be seen as a period in which one is no more in active service to the society though one can still be contributing in other ways to national wealth and development as well as the progressive locomotion of humanity. Retirement, according to the American Heritage Dictionary (2000), is the withdrawal from one's occupation, business or office, having finished one's active working life. It is a transition from the world of work into a world of less rigorous work activity and rest, especially with respect of retirement due to old age or long years of service (Belsky,

1990).

In Nigeria, some energetic and able-bodied public servants have been retired from public service due to government policy and not necessarily due to years of service or age. In the second republic in Nigeria, some state governments reduced their workforce due to lack of fund to pay wage bill. The Federal Government in 2005 also planned to reduce its workforce by 74,000. By a Federal Government circular on retirement, pension and gratuity dated 20th February, 1997, a worker who is 60 years of age or had put in 35 years in service is declared retired and wages for any excess days in which he/she remained in service is deducted from his/her gratuity. Therefore, retirement poses a threat to many people who may not know what to do with their lives after retiring from service.

Studies have established the relationship of retirement to mental health. Bosse, Aldwin, Levenson and Workman-Daniels (1991) affirmed that retirement is stressful, Skarborn and Nicki (2000) attested to the worrisome attitude been experienced by individuals going on retirement. Anxiety was also found in relation to retirement by Reitzes, Mutran and Fernandez (1996) and in the opinion of Fretz, Kluge, Ossana, Jones and Merikangas (1989) attitude towards retirement was found to be the largest predictor of anxiety for people approaching retirement age.

Also, some researches have demonstrated how anxiety and other problems are related to preparedness for retirement, knowledge of retirement, marital status, financial status, etc. Other studies on retirement have focused mainly on life after retirement. Okumagba (1990) found that many pensioners are not happy in retirement because they suffered loneliness and inability to make ends meet due to irregularity in the payment of their retirement benefits.

Odu (1998) revealed that retirees are dissatisfied with their state in retirement. Other studies by Denga (1996) and Ode (2004) found that anxiety level unknown previously become very high as from 55 years of age; there is increased incidence of stress because of stressful feelings; emotional balance is difficult to achieve; there are feelings of nostalgia; depression is common and incidence of cardiovascular disease is seen occasionally and future plans are uncertain.

Gist, Wu and Verma (2004), Gokhale, Kotlikoff and Sebelhaus (1996); Yuh, Montato and Hanna (1998) also indicated in their studies that many individuals may not have sufficient resources to maintain their financial independence during retirement. Moreover, status which is an aspect of well-being that is gained by the feelings of being

'superior' to others in the eyes of relevant others and oneself will become difficult to maintain after retirement because status through occupational prestige will be reduced. All these may lead to low self-esteem and anxiety.

With these research findings, many who are about to retire due to age or length of service are in dilemma of what to do or how to cope with the inevitable. They may have the fear of the changes that will come from a routine work role to less or no work role, inadequate financial resources and the psychological fulfillment of going to work and coming back home which would no longer be there, the unceremonial way of retiring people, often without notice, late payment of gratuity, irregular payment of pension and other psychological distress that would be encountered made many in the public service to see retirement as a sort of death contrary to the biological death that is terminal (Fajana, 1992). In essence, many intending retirees are very anxious about what will become of them after retirement.

In spite of the existence of various schemes in Nigeria, there are still a number of inadequacies in the implementation of retirement income policy in the country which are a source of worry to would-be retirees. Further, someone who had been living in affluence or is able to manage his/her earnings from salary collected with some other fringe benefits who knows retirement is drawing near may have cause to be anxious knowing that these benefits would no longer be enjoyed. With this kind of worry, there is need to help the public servants to be relieved of the psychological trauma and anxiety that may be experienced by the absence of work, low income and loneliness in retirement.

Therefore, this study would make use of two treatment strategies. Emotional Intelligence Training and Self-efficacy Technique to create confidence, self-reliance to reduce anxiety in the public servants who are preparing for retirement. Emotional intelligence encompasses social intelligence and emphasises the effect of emotions on individuals ability to view situations objectively and thus, to understand ourselves, and other people. It is the ability to sense, understand and effectively apply control over emotions and appropriately channelling it as a source of energy to positively influence our behaviour.

Few studies have explored the effectiveness of emotional intelligence training, for instance, Fer (2004) reports using emotional intelligence (EQ) in-service training to enhance the effectiveness of 20 secondary school teachers in their private lives and in the

classroom setting. Gardner (2005) examines the effectiveness of emotional intelligence training in decreasing feeling of stress and strain among 79 tutors. The findings of Gardner (2005) demonstrate the potency of EQ training programme in decreasing feeling of stress and strain among teachers. EQ training was also used in remediating aggressiveness in adolescence with visual impairment (Eniola, 2007). The interaction effect reveals that the participants treated with EIT show significant improvement in their aggressive behaviour pattern than their counterpart in the control group. Also, Animasahun (2007) found that participants exposed to EQ training performed better than their counterparts in the control group.

Though, EQ training has been used to enhance the effectiveness of teachers to reduce stress and enhance positive life skills of prison inmates, to the best knowledge of the researcher, no study has examined the effectiveness of EQ training on pre-retirement anxiety.

Self-efficacy technique also enhances human accomplishment and control in many ways. Public servants with high assurance in their capabilities could approach difficult tasks and situations, of life such as retirement as a challenge rather than be self-defeating with their thoughts and feelings or see it as threats to be avoided. Instead, they could take efficacious and bold steps to face the future.

Several studies have been conducted on self-efficacy. Betoret (2006) examined relationship between teacher occupational stressor, self-efficacy, coping resources and burn-out. Brown and Morrissey (2004) found that self-efficacy inversely correlated with anxiety. In spite of the studies reported above on self-efficacy, not a single literature was found where self-efficacy technique was used to reduce pre-retirement anxiety among public servants. This is a gap to be filled in this study. Therefore, this study utilised emotional intelligence training and self-efficacy technique on pre-retirement anxiety of public servants in Ibadan, Nigeria.

1.2 Statement of the Problem

Retirement is withdrawal from active work role. It poses problems to several people who are about to retire and even those who still have many years to spend in service. In Nigeria, it is a common practice for people to be retired or retrenched without notification. Many public servants who are still agile are out of job before they get to the official retirement age or years of service on grounds of re-organisation, re-structuring,

poor economy, politics, redundancy, etc. These make people work under anxiety of what is to become of their future which could have negative effect on the well-being of individuals.

For instance, thousands were retired in Osun State in the second republic which sent many unprepared public servants home. Likewise, in Oyo State, in 2007 the government did a re-organisation which also sent many public servants home without any form of entitlement. These developments made those still on the job to be anxious and even caused some psychological discomfort which resulted in social dysfunction in the family which in turn affected their children and relatives, unnecessary hostility towards colleagues, inefficiency, dishonesty with government funds at their disposals in order to accumulate wealth, maladjustment in the society, which caused increased patients in hospitals due to ill-health, feeling of worthlessness which may lead to loneliness, depression and even suicide. Consequently, many public servants indulged in engaging in dual jobs which inevitably affected their primary assignment.

1.3 Purpose of the Study

This study experimentally examined the effect of emotional intelligence training and self-efficacy technique in reducing pre-retirement anxiety of public servants in Ibadan. The study also investigated the differential effectiveness of emotional intelligence training and self-efficacy technique in enhancing coping skills of facing retirement. Further, influence of gender and self-esteem on the pre-retirement anxiety of public servants were examined.

1.4 Significance of the Study

The two treatment packages, namely; Emotional Intelligence Training and Self-efficacy technique were used on public servants having maximum of five years to the determined age or to the end of their years in service. These two packages were explored to help reduce anxiety, create confidence and self-reliance among pre-retiring public servants for retirement when it eventually comes. It would also guide the private and government agencies such as National Health Insurance Scheme (NHIS), Housing Corporation, Water Corporation etc. in introducing pre-retirement seminars, workshops that would equip would-be retirees to be better prepared for retirement.

It would also help counselling psychologists and all other personnel in the

“helping profession” in their counselling programmes and techniques in dealing with anxiety related issues. Also, workers in the private sectors and entrepreneurs would see the importance of pre-retiring seminars and effects of retirement and be able to prepare their workers towards it.

It would help the pre-retiring public servants to prepare effectively for retirement, to adjust to social life after retirement, improve their psychological well-being and have a fulfilled life in retirement. It would also provide researchers with relevant data strategies in reducing anxiety among populace.

1.4 Scope of the Study

The scope of this study was limited to public servants who have five years to the statutory retirement age of 60, 65 or 70 or 35 years in service as the case may be working under the Oyo State government.

1.5 Operational Definition of Terms

Retirement: Disengagement from workforce after attaining specified years or age or year in service.

Pre-retirement: Few years to statutory age in public service or in years of service. In this study it refers to those individuals in public service who are 55 years and above or have spent 30 years in service.

Retiree: Someone who has stopped work having attained the statutory retirement age or length of service.

Anxiety: Feeling of being worried about something that may happen.

Emotional Intelligence Training: This is a programme designed to improve and enhance emotional intelligence of anxious intending retirees.

Self-efficacy Technique: A package designed to boost intending retirees belief in their capabilities.

Mandatory or Involuntary Retirement: This is a kind of retirement where the employer compels an employee to retire having reached the statutory retirement age of 35 years in service or 60 years of age. It may also be retiring an employee against his or her wish due to re-organisation, illness or reform.

CHAPTER TWO

LITERATURE REVIEW

This chapter examines theoretical and empirical studies, conceptual model and hypotheses.

Theoretical Background

- Concept of Retirement
- Types of Retirement
- Concept of Public Service
- Concept of Work
- Concept of Self-esteem
- Concept and Nature of Anxiety
- Theories of Anxiety
- Causes of Pre-retirement Anxiety
- Theories of Retirement - Disengagement theory, Continuity theory, Activity theory, Crisis theory, Self Actualisation theory.
- Theories of Emotion
- Emotional Intelligence
- Self-efficacy

Empirical Studies

- Retirement and Pre-retirement Anxiety
- Pre-retirement Anxiety and Emotional Intelligence
- Pre-retirement Anxiety and Self-efficacy
- Pre-retirement Anxiety and Gender
- Pre-retirement Anxiety and Self-esteem

Conceptual Model

Hypotheses

2.1 Theoretical Background

2.1.1 Concept of Retirement

Retirement is an institution that is socially constructed and has evolved over time (Marshall, 1995). The transformation of retirement involves changes in the nature and social patterning of work; the nature, timing and meaning of retirement. This

transformation causes considerable policy concern at the societal level because the institution of retirement is critical for both work and social security.

Retirement often occurs under conditions that leave individuals little choice over the transition (Gallo, Bradley, Siegel & Kasl, 2000). Establishment of mandatory retirement age has been a political issue in many countries of the world. Age and years in service in which any worker must retire in the public service had been a strong contention between the public servants and the government throughout the world. This is an indication that confirms the inevitability of retirement. Each country of the world had to settle for bargaining that suits the government and the environment they belong.

In 1970, the mandatory retirement age of Japanese workers was 55 years or even less. In 1980, approximately half of Japan corporation had 55 years as their retirement age. But in the 80's, the older employees expressed the desire to continue work past age 60, so in 1986, the government enacted the law concerning the stabilisation of employment for the elderly people in an effort to encourage private organisations retain or employ older workers. More pressure was on the legislature and in 1998, the mandatory retirement age in Japan became 60, which brought the retirement age closer to the age when pension payments would begin (Japan Insight, 1999). Japan information network (1997) confirmed eligibility for pensions will be raised from 60 to 61 in fiscal year 2001 and to 65 in 2013. This confirms that any employee who leaves work before that age will not receive income until he/she reaches the specified age.

In Europe, the issue of the transition from work to retirement is attracting more and more attention. There is widespread debate on the introduction of periods characterised by a reduction of working time in order to "soften" the exit from work. With the importance of retaining older workers in employment and cutting down the burden on pension system increasingly being recognised, greater attention is being paid to progressive retirement. One of the measures that have been implemented in order to encourage participation of older people in the labour market is "progressive retirement". It aims at retaining older people within the active population by reducing their working and at the same time granting some sort of income support measure (Pedersini, 2001).

In the United States of America, current retirement policy is based upon federal statutes and programmes dated as early as 1935. It has never established a comprehensive and unified retirement policy. It was confirmed by USDHHS (1983) that between 1983 and the end of the century, the population age, 65 years and above is expected to increase

by 40 per cent and by the year 2030, one in every five Americans will be 65 years or older.

The 1978 Amendments to the age discrimination in Employment Act raised the minimum age at which most workers can be forced to retire from 65 to 70 years in an attempt to retain older persons in the workforce. Henkens and Van Dalen (2003) suggested that “forced” retirement accounted for 30-40 per cent of early retirement.

In Nigeria, before the advent of the colonial masters, people simply kept on working until they made decision to stop or are no longer capable of doing their normal routine or usual tasks which earn them their living. Most of these tasks such as agriculture, buying and selling of goods, farm products, weaving, carving and other menial jobs. With the European colonisation, white collar jobs headed by the colonial masters became the order of the day and pensionable retirement and fixed age for retirement grew out of colonial civil service policy (Ogunbameru, 1987).

In developing countries, unsteady government policies and incoherent reform especially in the economy run by the military made it impossible for workers to be adequately catered for or protected in any form. Many suffered forced retirement and those that reached mandatory retirement age had little or no preparation for their new life role. Some laws were enacted by different governments of the federation at different times to take care of particular events, issues and institutions as the needs arose within the labour sector in the country. One of such is the National Provident Fund. The National Provident Fund Act was enacted in 1961 as a form of social security for workers. It is a contributory system for some categories of workers. Under it the worker contributes certain amount of money on a monthly basis from his/her salary, while the employer provides a matching sum. The money is invested and paid to the employee upon retirement, resignation, termination or emigration as provided for under the Act (Nigeria Labour Handbook, 1991).

From these contributions, the Act as amended provides for various forms of social security benefits, including old age, sickness and survivor benefits. The monies collected from the workers and employers are as defined by law. Also, to take care of the future of workers, the public service pension scheme, otherwise known as Decree 102 came into being in 1979. This scheme only covers public servants working with the Federal Government. The public service pension scheme is not funded because neither the employer nor the employee sets aside some fund on behalf of the members of the scheme,

but benefits are paid on a pay-as-you-go basis. The rule follows that any employer that worked for 10 years shall be entitled to a lump sum benefit but those who served up to 15 years shall be entitled to both gratuity and pensions (Odumosu, 1991). This form was adopted by state governments, but because of inadequate allocation of fund the policy did not work due to number of retiring public servants yearly.

In Nigeria, retirement age in public service is 60 years, though there are variations. Judges retire at 65 years of age while university lecturers and justices of the Supreme Court retire at 70. The statutory number of years in service is 35 and any public servant who attains 35 years in service has to retire irrespective of his/her age.

Retirement is seen by many as “tomorrow” that will “never come” so it is perceived as a threat especially when pronouncements like re-structuring, re-organisation or reform is being mentioned. Apart from this, those who are near completion of their years in service and those whose age is close to the statutory law of the land perceived retirement negatively.

Walker (1992) sees retirement as essentially a social institution implying transition out of another formally organised social role, that of paid employment. Odumosu (1991) observed that retirement, like work does not have the same meaning for all individuals. To some, it is the realisation of a life-long goal that represents the happiest time of their life; to others, it is a time of bitterness and frustration. Still, others view it with shock and disbelief. That is, something they never thought would happen to them. Those that had retired before now had different stories to tell on their health, income, comfortability and life in general. Hayne (1995) stated that in contrast to previous generations, retirees of today can anticipate a substantial period of active living. A primary goal of retirement planning is to provide sufficient income to prevent a person's living standard from dropping significantly below pre-retirement levels (Kaplan, 1996).

Many individuals do not prepare, save or invest adequately for retirement and old age (Barker, 1995). The present generation of intending retirees are only saving one third of what they will need to maintain their standard of living (Dennis, 1996) and only 36% have tried to estimate how much they need to save for retirement (Retirement Confidence Survey, 1997).

Though retirement financial needs are a concern, many tend to appease their current desires without considering their future needs (Stone, 1993). Wallfesh (1996)

suggested that there is a widespread myopia concerning retirement needs, people may fail to save enough, resulting in catastrophic drops in post-retirement income and lifestyle. Since retirement is a transition, it changes the pattern of life with consequent reorganisation of use of time, social relationships of the individual involved.

Spiro (2001) noted how individuals should be vigilant about their physical health during pre-retirement and retirement years and how they should engage in behaviours to maintain good health and a fulfilled life in retirement. People born between 1946 and 1964, are the next generation nearing retirement (McPles & Abney, 2006). The present intending retirees were found to be in better physical health conditions when compared with the generation before them (Zapolsky, 2003).

2.1.2 Types of Retirement

A retiring public servant is affected either positively or negatively depending on the circumstances leading to his or her disengagement from normal routine. Therefore, it is important to know the types of retirement in order to consider the reactions of retiring individuals.

Akinboye (1998) outlined eight types of retirement: age-related retirement; Length of service-related retirement; forced or involuntary retirement; forced or involuntary resignation; voluntary retirement; ill-health-related retirement; retirement due to redundancy and dismissal or termination

Age-related Retirement: This is where the employee retires after the attainment of a specified age. In Nigeria, public servants retire at age 60, 65 or 70 years.

Length of Service related Retirement : Employee retires at a specified number of years after employment. Length of service for public servants in Nigeria is 35 years. In France, teachers retire 30 years after employment (Gillanders, Buss, Wingard & Gemmel, 1991). In the United States of America, policemen and soldiers are allowed to retire on half pay after 20 years of service or three-quarter pay after 30 years of service (US Dept. of Labour, 2000).

Forced or Involuntary Retirement: This is when worker or workers are asked to retire or forced out of service when they do not want to do so. Such may be given normal benefits if he or she has put in a number of years in service.

When an individual is asked to retire against his or her wish, many things may be

attributed to it such as re-organisation, reform, re-structuring, misconduct, disloyalty, new policy of the government. In 1997, the Federal Government did some reforms in the civil service which sent many unprepared individuals to retire with immediate effect. These categories of people in most cases do not prepare for retirement and may cause lots of problem and trauma to those affected.

Forced or Involuntary Resignation: This is when an individual is asked to resign his/her appointment within a stipulated dates or with immediate effect. It may be due to in-efficiency, fraud or incompetence. People in this frame of retirement, usually react to their resignation with a negative feeling such as emotional disturbance, depression etc.

Voluntary Retirement: This is when an individual retires at will. It is usually not traumatic because the individual must have prepared for another work role he or she wishes to engage in.

Ill-Health-related Retirement: An individual with serious health problem may be forced to retire since he/she could no longer perform his/her expected role. It could be that his/her health problem is terminal, which may involve illnesses like cancer, Parkinson's disease, mental illness etc.

Retirement due to Redundancy: An employee that could not cope with modern trend of organisational development could be retired. The age of information technology now renders many underutilised and with the improvement in technology, many workers are retired due to redundancy.

Dismissal or Termination: This is a type of forced retirement which may not be accompanied by any benefit. It may be due to disciplinary measure to a worker who has been found to be disloyal or fraudulent.

Akinade (1993) stated four types of retirement, they are: Voluntary retirement; Compulsory or forced retirement; Mandatory retirement and Retirement due to failing health

Voluntary Retirement: He described it as a form of early or wishful retirement which is decided by the employee rather than the employer.

Compulsory or Forced Retirement: This type of retirement is decided by the employer against the wish of the employee. It ranges from retirement with immediate effect, retirement with or without benefit. Akinade (1993) further submits that such retirement may arise from disloyalty, indiscipline, divided interest, drunkenness, rudeness, absenteeism, refusal to go on transfer, immorality or criminal practices on the side of the

employee.

Mandatory Retirement: Is described as a normal and expected retirement. For any employee, the condition of service has been clearly stated on assumption of duty.

Retirement due to failing health: Employee may be retired due to illness or any other form of disability that may not allow the worker to be at optimum use. Illness such as mental disorder and terminal diseases could cause this.

Phased Retirement: Phased retirement is seen as a gradual change in a person's work arrangements as a transition toward full retirement (U.S. Department of Labour 2000).

Townsend (2001) sees phased retirement as any arrangement that enables older workers reduce their work hours and responsibilities. Flahaven (2002) sees the concept of phased retirement as a continued work pass normal retirement for the same employer or employers within the same system. It is also seen as an arrangement under which a non key employee who has reached 59½ years is permitted to voluntarily receive a pro rata portion of his or her pension annuity based on a reduction in work hours (Candill, 2005).

Bridgework

Bridgework is defined as paid employment that falls between the time when an individual leaves his or her primary job or career and the time of complete withdrawal from the workforce (Kim & Feldman, 2000). Many reasons may be given for getting involved in bridgework such as gaining psychosocial benefits: making social connections (Perlman, 1982) creating new life role (Elwell & Maltbie-Crannel, 1981) caring for spouse, children or parents (Magai & Halpern, 2001).

Emotional Aspect of Retirement

Retirement is viewed differently, to some positively, while to others negatively. It is viewed like any other transition in a person's life cycle and has emotional reward and hazards. It is a fact that engaging in an activity for long and being paid makes an individual active and productive and so ending such work life could not be an easy task. Many aspects that could be emotional are the contrast between the world of works, tasks, income, roles engaged in and the uncertainty that retirement brings.

Aside work roles, loneliness that may likely be encountered in retirement poses a lot of worry to intending retirees. To feel lonely is to be overwhelmed by an unbearable feeling of separateness, at a very deep level. To some degree, it is a totally normal

emotion, a part of growing up, working and retiring. Loneliness and need for companionship may be a bigger challenge in retirement than aches and sickness will ever be. It is one thing that cannot be ignored in preparing for a fulfilled retirement.

Also, financial aspect is important for an emotional healthy retirement. In the society, work remains a defining feature of our daily lives and our identity. It is more than the mental or physical tasks one performs while in employment. It refers to the idea of being paid and engaged in activities that are productive for self and the society.

Public servants should know it is not easy to wake-up one day and find out he or she no longer has a routine or where to go. They may think they have lost some control, self-esteem and respect. Intending retirees should be ready to face these challenges plan to fill their lives with meaningful, constructive activities such as regular association with others and engaging in other activities involving people and some income.

2.1.3 Concept of Public Service

The term “Public Service” in Nigeria can be used as a generic expression to refer to all establishments that produce services enjoyed by the populace through the instrumentality of the government. Such may be at a cost but not necessarily at a profit. It is also in contradistinction to services produced by the private sector where services are of necessity produced at a cost to engender profit for the entrepreneur.

It follows that, public service will include the civil service, the public corporations and agencies, the public schools at all levels and the armed forces. It can therefore be at the federal, state and local council layers of the government.

2.1.4 Concept of Work

Individuals have different perspectives of work. Although, social psychologists believe in the centrality of work role in the level of satisfaction of man. It is perceived as the only antidote for poverty and central to existence, other aspects of human life derive their significance from the world of work. Soley (1989) posits that work is a very familiar social fact to workers, to the employed who are desperately looking for it, to those temporarily out of it and to those intending to abandon it. Work is therefore, common knowledge and a common sense issue. Work as opined by Akinboye (1998) provides sense of purpose and status. Friedman and Havinghust (1954) identified five general functions that work performs in the lives of individuals.

- That work or job gives persons income or some financial return with which to maintain themselves and workers are expected to produce goods and services and make economic contributions.
- That work functions as a regulator of life activities, going to work at certain hours of the day and controls how people spend a large portion of their time daily.
- It gives sense of identity. Since we know that a man's job is his price tag and calling card as noted by Hughes (1970).
- It serves as a base for social relationships and
- It affords workers a cluster of experiences which is enriched through interaction with people around.

Work is a fundamental value of all societies. It elects one's social and physical environment which in turns represents an individual's physical and mental activities through which a person maintains contacts with his/her environment.

Work is increasingly being seen as the fourth leg of retirement income stool (Pengy, 1996; Bryant & Sullivan, 1996; Murphy, 1995). Approximately 33% of men who retire early return to work within the first two years (Murphy, 1995). More men and women realise the potential for healthy and productive lives after age 65 and do not want a reduction from their pre-retirement lifestyle that can result from having less income.

2.1.5 Concept of Self-Esteem

Peoples feelings and thoughts about themselves fluctuate based on their daily experiences, but self-esteem is something more fundamental than the normal "ups and downs" associated with situational changes.

The term "Self-esteem" is one of the oldest concepts in psychology having been first created by William James in 1890. Self-esteem was first presented as a ratio that is found by dividing one's successes in areas of life that are important to a given individual by the failures in them or one's success/prentensions (Baumeister, Campbell, Krueger & Vohs, 2003).

Branden (1969) defined self-esteem as the experience of being competent to cope with the basic challenges of life and being worthy of happiness. He provided a particularly compelling view on self-esteem in 1990. He sees it as having two interrelated aspects: a sense of personal efficacy (self-efficacy) or confidence in a person's ability to

think and act; and a sense of personal worth (self-respect) or an affirmative attitude towards a person's right to live and happy. To Brown and Alexander (1991), they define self-esteem as the way individuals perceive and value themselves and that it has a number of dimensions which include family relations, social competence, peer relations and personal security.

Self-esteem is a person's overall evaluation of his or her self-worth or self-image. Researchers have shown great interest in self-esteem, on how it is developed and maintained (Hewill, 2001, Baumerster, Cumphell, Krueger & Vohs, 2003; Hochschild, Climbolic, Cohen & O'Neill, 2004). Although, self-esteem is strongly related to happiness, it has not been found that individuals high in self-esteem have better relationships than their counterparts with low self-esteem. Fleming and Courtney (1984) believed that people do have a general level of self-esteem but could have fluctuating level of self-esteem in particular domains of their lives.

Self-esteem stems from autonomous self-determined actions that reflect the authentic self. It is characterised by viewing the self inherently worthy of esteem and love. Deci and Ryan (1995) suggested that true self-esteem is prone to autonomous motivation because it involves reflecting the authentic core self and viewing the self as inherently worthy. Individuals with high self-esteem are more equipped to deal with problems and frustrations. Badner, Wells and Peterson (1989) suggested that a stable level of self-esteem is the outcome of a self-evaluative affective process. That is, when people feel they are doing well, they feel good about themselves and have higher self-esteem.

In a nutshell, self-esteem is the disposition to experience oneself as competent to cope with the challenges of life and to be deserving of happiness. It is based on ones ability to assess him/herself accurately and still be able to accept and to value him/herself unconditionally (Mckay & Fanning, 2000). Self-esteem is directly related to well being. Individuals with high self-esteem are more equipped to deal with problems and frustrations. Self-esteem is important to help individuals cope with changes that occur in life.

Self-esteem is largely developed during childhood. It also develops and evolves throughout one's life as image of oneself is built through one's experiences with different people and activities. It is the emotional dimension of self-perception which may be positive or negative judgements people have of themselves. The degree of self-esteem

plays an important role in behaviour. People with low self-esteem tend to be unsuccessful and do not adapt well to stressful event, while those with high self-esteem have the opposite experience. Self-esteem has been branded the concept of a 'social vaccine', a dimension of personality that empowers people and inoculates them against a wide spectrum of self-defeating and socially undesirable behaviour. Often, self-esteem is tied closely to a job (Aremu, 2007). Aremu (2007) stressed that retirement from a job makes some people feel part of their identity has been left behind. They lose their sense of achievement, of being appreciated and respected for their accomplishments. With this, pre-retirees may be affected one way or the other due to loss of roles, reduced income, which may occur and even create anxiety, stress, loneliness and increased likelihood for depression. It can cause problems with friendship and relationships, it can also lead to drug and alcohol use. These negative consequences will then reinforce the negative self-image which will continue to dampen an individuals self-image.

2.1.6 Concept and Nature of Anxiety

Anxiety is a natural reaction that involves mind and body. It serves an important basic survival function which is an alarm system that is activated whenever a person perceives danger or threat. Anxiety is described as having cognitive, somatic, emotional and behavioural components (Seligman, Walker & Rosenhan, 2001). This cognitive components are the expectations of certain danger which the body prepares the organism to deal with, the threat or emergency reaction somatically, the blood pressure and heart rate increase, sweating and major muscle groups also increases. Emotionally, both voluntary and involuntary behaviours may arise when directed at escaping or avoiding the source of anxiety.

Wolpe (1981) described anxiety as the autonomic response patterns characteristic of a particular individual organism after the administration of a noxious stimulus. In the view of Morakinyo (1987), he sees anxiety as inseparable from daily living as there are many situations and thoughts which can give human beings considerable concerns and therefore cause anxiety. Anxiety disorder are the most common form of psychopathology in children and adults with estimated lifetime prevalence rate of 9% and 15% respectively (Silverman & Ginsburg, 1998). Anxiety disorder complications range from symptomatic distress and situational avoidance to social dysfunction. It was confirmed by Pallock, Rosenbaum, Marrs, Miller and Biederman (1995) that anxiety that begins early in life

risks factors for subsequent and perhaps more chronically psychopathology in adulthood.

Anxiety is an unpleasant, emotional state of high energy that involves a complex combination of emotions that include fear, apprehension and worry. Rosen and Schulkin (1998) agreed that neural circuitry involving the amygdala and hippocampus is thought to underlie anxiety. It is a mood characterised by negative affect, bodily tension and apprehension about the future (American Psychiatric Association, 1994). It is a state of unease, uncomfortable and unpleasant feelings that an individual experiences when in stressful or fearful situations. Anxiety like pain, is a normal biological mechanism when occasioned by circumstance which warrant it, such as being confronted by a potentially dangerous situation. It has both physical and mental manifestations which may be seen in three major ways: somatically (that is in physiological and biological reactions), cognitively (in the individual's thought and feelings) and behaviourally (in the individual's actions). Anxiety disorders are associated with a range of psychosocial impairments, this was confirmed by Mattison (1992).

Anxiety is everywhere and a certain amount is considered essential to get a person perform at his or her highest levels of efficiency and productivity. This is confirmed by Eysenck (1998) quoting Yerkes-Dodson Law which states that performance is enhanced with mild levels of anxiety but begins to suffer if the anxiety becomes too great and this causes significant subjective distress or impairment in functioning of the individuals. Thus anxiety may be a positive or negative condition in a person, though it generally originates as symptoms of psychiatric disorders.

Anxiety could act as a way of alerting an individual about possible danger and thus enables us take steps to avoid what we feel anxious about. It makes part of human being make plans and anticipate the future about things that might work or go wrong in future. It motivates people to prepare for an upcoming event and can help keep them focused on the task at hand.

Chugh (1995), Regier, Rae, Narrow, Kaelber and Schatzberg (1998) confirmed that anxiety cuts across human culture. The National Institute of Mental Health confirmed that approximately 40 million people who are above 18 years of age is affected by anxiety.

Causes of Anxiety

The etiology of most anxiety disorders has come into sharper focus in the last

decade. The likelihood of developing anxiety involves a combination of life experiences, psychological traits and, or genetic factors. The National Institute of Mental Health, NIMH (1998) confirmed that anxiety disorders are so heterogeneous and that the disorder like panic, appear to have a stronger genetic basis than others. It refers to an unpleasant and overriding mental tension that has no apparent identifiable cause.

What anxiety disorders have in common is a state of increased arousal or fear (Barbee, 1998). It is conceptualised as an abnormal or exaggerated version of arousal. Anxiety disorders are the most common or frequently occurring mental disorders. Anxiety may be understood as the pathological counterpart of normal fear, it manifest by disturbances of mood as well as of thinking behaviour and physiological activity.

Factors that could contribute to the development of anxiety are numerous. Some of which are; environment, personality, heredity, and brain chemistry.

Environmental Factor: Environment plays an important role in the development of anxiety disorder. Facing difficulties such as poverty early separation from the mother, Freud (1909), Anderson and Black (1995) confirmed cause anxiety. Anxiety may therefore be a signal of unconscious fantasies about dangerous situations (Cloitre & Shear, 1995).

Personality Traits: Personality differences can affect whether or not one can develop anxiety disorder. People with anxiety disorders often view themselves as powerless, this could lead to low self-confidence and poor coping skills. Freidman and Rosenman (1974) described common personality characteristics of men who developed coronary disease as a Type A behaviour pattern (this is characterised by being expressively competitive, hard driven). Type B behaviour pattern is a relaxed and easy going personality, hardiness is a personality style characterised by a sense of commitment and control rather than powerlessness and perception of challenges rather than thoughts.

Heredity: Anxiety tends to run in families, people with anxiety disorders often have a family history of anxiety, mood disorders or substance abuse. It was confirmed by researchers that there are genetic factors which represent an inherited risk for anxiety disorders.

Brain Chemistry: Studies confirmed that imbalance of neurotransmitter such as serotonin, GABA (Gamma amino butyric acid) and Norephinephrine may contribute to anxiety disorders. GABA synaptic excitation might get out of control and spread through the brain in a reverberating circuit.

Symptoms of Anxiety: The symptoms of anxiety as described by the American Psychiatric Association (1994) in DSM-IV stated the following:

Restlessness and irritability

Timidity, shyness, social withdrawal

Restless sleep and nightmares

Pervasive worry and fearfulness

Some other emotional and psychological symptoms are: Apprehension, uneasiness and dread; Impaired concentration or selective attention; Nervousness and jumpiness; Avoidance; Hypervigilance; Confusion and Self-consciousness and insecurity.

Types of Anxiety

Fear, worry and panic go along with anxiety. Fear is described as an emotional state that is aroused in the face of immediate danger. It builds up quickly but short lived. Fear is all about preparing the individual to the fight to fight response, a situation that requires some rapid response. Panic is a fear response triggered at an inappropriate time, it also affect with bodily sensations. Worry is like anxiety, it refers to a diffuse state, it is specifically on an imminent perceived threat or danger which is focused on a range of negative outcomes which may be ahead in the future (DSM-IV).

The following have been considered as anxiety disorders; Generalised Anxiety Disorders; Phobias; Panic disorders; Obsessive-compulsive disorders; Post-traumatic stress disorders and Social anxiety disorder.

Generalized Anxiety Disorders (GAD)

GAD is defined as a protracted period of anxiety and worry accompanied by multiple associated symptoms (DSM-IV). People with this disorder are constantly anxious and worry incessantly about even minor matter (Sanderson & Barlow, 1990). People with this type of anxiety worry about their work, relationship, health etc. Minor things worry them a lot, their anxiety shifts from one aspect of life to another because the anxiety is not focused, their worry often relate to finances, family, personal health. They recognise their anxiety as irrational or out of proportion, but feel unable to control their worry.

Individuals with GAD are highly sensitive to threat and in particular threat that has personal relevance; they allocate their attention much more readily than people who

are not anxious (Butler & Matthews, 1983; MacLeod, Mathews & Tata, 1986; Matthews, 1997). The acute awareness seems to be automatic and unconscious. GAD as been confirmed to affect twice as many women than men and could lead to considerable impairment (Brawman-Mintzer & Lydiad, 1996, 1997). Symptoms of GAD include muscle tension, easy fatiguability, poor concentration, insomnia and irritability.

Phobias

It means dread or fear. It is a fear of specific object or situation. Barlow, Gorman, Shear and Woods (1998) admit that individual with phobic disorder has an irrational, overwhelming persist fear of a particular object and cannot point to the cause of their nervous feelings. Common phobias include fear of water (hydrophobia), fear of height (acrophobia), fear of enclosed space (claustrophobia) fear of insect, snakes etc. (ophidrophobia).

Panic Disorder

DSM-IV described panic disorder as a discrete period of intense fear or discomfort that is associated with numerous somatic and cognitive symptoms. It is marked by recurrent sudden onset of intense apprehension or terror. The terror can seemingly come out of no where or can be cued by external stimuli or internal tough processes. Individual involved often has a feeling of impending doom but may not feel anxious all the time. It produces palpitations, extreme shortness of breath, chest pains, trembling, sweating, dizziness and a feeling of helplessness. It grows to the extent of doing things they cannot control e.g. suicide.

Obsessive-Compulsive Disorder (OCD)

People with OCD persistently experience certain intrusive thought or images (obsessions) feel compelled to perform certain behaviours (compulsory). OCD significantly interferes with the individuals ability to function and may consume a great deal of time. Bellodi, Cavallini, Bertelli, Chiapparino, Riboldi and Smeraldi (2001) confirmed that OCD seems to be genetic and runs in families. Brain imaging techniques have also been found as neurological links for OCD.

Post-Traumatic Stress Disorder

It mostly occurs after people experience trauma or catastrophic events such as loss of job, loved ones, accident etc. People with this disorder relive the traumatic event through recurrent dreams or intrusive memories. They feel emotionally detached and estranged from others, they experience difficulty in sleeping, trouble in concentrating and irritability.

An individual who has been enjoying his career for years is faced with reality of retirement, there is the tendency to have anxiety on issues that involves the individual's life style, personal finance, health, social relationship, emotional changes and adjustments such people have to make when retirement finally comes.

Social Anxiety Disorder (Social Phobia)

Social anxiety disorder (SA) is characterised by an intense fear of situations, usually social or performance situations where embarrassment may occur (Butler & Matthews, 1983). Individuals with the disorder are acutely aware of the physical signs of their anxiety and fear that others will notice, judge them and think poorly of them. This fear often results in extreme anxiety in anticipation of an activity, a panic attack when faced with an activity, or in the avoidance altogether. Adults usually recognise that their fears are unfounded or excessive, but suffer from them nonetheless. Symptoms of social phobia manifest themselves physically and can include: palpitations, tremors, sweating, diarrhea, confusion and blushing

People with social phobia tend to be sensitive to criticism and rejection, have difficulty asserting themselves, and suffer from low self-esteem. The most common fears associated with the disorder are a fear of speaking in public or to strangers, a fear of meeting new people and performance fears, such as writing, eating or drinking in public. Sufferers usually fear more than one type of social setting (APA, 2000). Onset of the disorder is usually in mid to late adolescence, but children have also been diagnosed with social phobia. Children with the disorder are prone to excessive shyness, clinging behaviour, tantrums and even mutism (APA, 2000). There is usually a marked decline in performance and individual affected try to avoid taking part in appropriate social activities. Their fears are centred on peer setting rather than social activities.

2.1.7 Theories of Anxiety

Psychological Views of Anxiety

There are several major psychological theories of anxiety: psychoanalytic theory, behavioural theories and cognitive theories.

Freud Psychoanalytic Theory of Anxiety

The study of anxiety is at the root of psychoanalytic explorations of the human condition. Anxiety is a warning signal that danger is present and that overwhelming emotions may be felt, giving rise to unmanageable helplessness. Freud's thinking about anxiety included differentiation of two types of anxiety which are primitive and primary anxiety that relates to a traumatic experience of total disintegration leading to possible consequence of being flooded by overwhelming qualities of instinctual tension. It thus suggests that anxiety stems from unconscious conflicts that arose from discomfort during infancy or childhood.

The two theories of anxiety proposed by Freud in 1895 and 1926 respectively showed the distinction between neurotic and realistic anxiety and the claim that repression - caused anxiety. He distinguished the two types of anxiety a traumatic, reality-oriented "automatic" anxiety in which the system was overwhelmed, and a secondary, "Neurotic" anxiety in which reprisals of these situations were anticipated thus setting in motion defensive processes. "Automatic anxiety" was an affective reaction to the helplessness experienced during a traumatic experience.

The second form of anxiety originated within the physical system and was mediated by the ego. This "Signal anxiety" presaged the emergence of a new "danger situation" that would be a repetition of one of the several earlier, "traumatic states". These states, whose prototype lay in birth, correspond to the central pre-occupations of different developmental levels, as the infant's needs become progressively abstracted from the original situation of immediate sensory overload to more sophisticated form of need regulation capable of synthesizing the many elements facing it from the reality and pleasure principles and object world. These moments, loss of the object, loss of the object's love, the threat of castration and fear of punishment by the internalised objects of the superego which were experienced serially, the developmental process, could re-emerge at any time in a person's subsequent adult life, typically brought on by some conflict of reality and intrapsychic conflict as a new edition of anxiety.

Freud confirmed that anxiety becomes a signal of impending over stimulation. The individual is warned that he is in danger of being reduced to an infantile state of helplessness through over stimulation of the id impulses and other forces. He further stressed that anxiety played a functional role, that is in helping the ego to take down before being overwhelmed. Laplanche and Pontalis (1985) described automatic or primary anxiety as the subject's reaction each time he finds himself in a traumatic situation – that is each time he is confronted by an inflow of excitations, whether of external or internal origin which he is unable to master. Rycroft (1968) said Freud thought it had connections to the overwhelming experience of birth. The signalling function of anxiety is thus seen as a crucial one and biologically adapted to warn the organism of danger of a threat to its equilibrium. Signal anxiety is to ensure that the automatic anxiety is never experienced by enabling the ego to institute defensive precautions. By this theory an intending retiree's anxiety could be resolved by identifying and resolving the unconscious conflict and the symptoms that symbolise the conflict would then disappear.

Learning Theory of Anxiety

Learning theorists attempted to explain the nature and consequences of punishment. Application of some painful event following the performance of a response interferes with the performance of that response in subsequent occasion when the organism avoids a situation; it is through the operation of some mediating factors preceding the occurrence of a painful event. The mediating situation suffered by the organism is referred to by learning theorists as anxiety.

Anxiety was seen as a drive by these theorists, in their assumption that when a neural stimulus (the conditioned stimulus) is paired with unconditioned stimulus (US) which produces a painful event will elicit a conditional response or (CR) after a number of frequent pairing. The conditioned response is what is called anxiety. It is a secondary drive established by classical conditioning.

The learning theorist's position assumes emotional autonomic responses correlated with the anxiety state which suggests that anxiety is necessarily derived only from those primary conditions that are automatically arousing. Their assumptions consequently suggested two classes; that anxiety operates as a secondary drive and exhibits all the properties of drives, serving as motives for the establishment of new behaviour and that when anxiety acts as a drive, new responses are reinforced by the

reduction of that drive. With general anxiety disorder, unpredictable positive and negative reinforcement is seen as leading to anxiety, especially because the person is unsure about whether avoidant behaviours are effective.

They believed that anxiety is a learned behaviour that can be unlearned. The conclusion of the theorist perceived as for the intending retirees having the feelings of anxiety, they could have a drive to think of how to get off the hook of worry and apprehension and plan for the future in order to make a fulfilling retirement.

Cognitive Theory

Cognitive factors, especially the way people interpret or think about stressful events, play a crucial role in the etiology of anxiety. A decisive factor is the individual's perception, which can intensify or dampen the response. One of the most salient negative cognitions in anxiety is the sense of not being able to control one's feelings. It is typified by a state of helplessness due to a perceived inability to predict, control or obtain desired results (Barlow, 1996). Negative cognitions are frequently found in individuals with anxiety (Ingram, 1998). Some others incorporated the role of individual vulnerability, which include both genetic and acquired (Smoller & Tsuang, 1998; Coplan, Pin, Papp & Gorman, 1997) predispositions.

2.1.8 Causes of Pre-retirement Anxiety

Many things could lead to pre-retirement anxiety. These include the lateness in payment of gratuity and pension of retirees and the unimpressive psychological well-being of those who had retired.

Pre-retirement anxiety may also be caused by the inability of prospective retirees to have a roof over their heads at the point of retirement and as Lasisi (1997) noted that this could be frustrating. Some may still have children in school as well as parents to cater for. The challenges of managing new or lower income, change in social status could cause anxiety. Many who are about to retire have the fear because of the uncertainty that await them. Schneider (1971) in a longitudinal study of retirement reported that in 1962, 63% of men and 71% of women were reluctant to retire. He further submitted that men who are about to retire are more likely to be negative about it. Riley and Forner (1968) also submitted that prospective retirees view retirement less positively than younger people. This was based on Katona's (1965) assumption that in 1962, people who are age

55 and 64 were more likely to dread retirement because of financial difficulty in retirement than their younger ones.

People respond not only to the objective features of a situation but also to the meaning this situation has for them. Belief systems, expectations of change are part of those factors which are central in determining adjustment in retirement (Abel & Hayslip, 1986). It has also been confirmed that pre-retirement expectations are important determinants of the retirement decisions (Henkens, 1999) and play a role in the retirement process (Gall & Evans, 2000). Retirement anxiety that is negative expectations about the consequences of the transition may negatively influence adjustment and fulfilled retirement (Fletcher & Hansson, 1991).

2.1.9 Theories of Retirement

Retirement, according to the American Heritage Dictionary (2000) is the withdrawal from one's occupation, business or office, having finished one's active working life. Retirement can also be a new role to play such as collecting money without having a position of responsibility in the workplace. It is a phase in the latter part of one's life that comes after many years of employment (Atchley, 1976).

Many theories described retirement in various ways and in relation to individual's adjustment and well-being. The following theories will be discussed in this review: Disengagement theory, Continuity theory, Activity theory, Crisis theory and Maslow's Self-actualization theory.

Disengagement Theory

Disengagement theory was described by Cumming and Henry (1963) as "an inevitable mutual withdrawal resulting in decreased interaction between the aging person and others in the social systems he belongs to. They believed there is no way aging could be isolated from the characteristics of the social system in which it is experienced. They argued that functional maintenance of social systems requires some mechanism for systematically disengaging older people from major life roles, roles critical to social system maintenance.

Their argument was that people make decisions concerning their life course and the individual in disengagement theory in effect takes it as his or her obligation to disengage for the benefit of the social system. They confirmed that the extent to which

one actualizes disengagement will determine how well one is adjusted or happy in old age.

This theory affirms that individual worker will eventually shift from their normal role to relax and keep the social order intact. But, when a worker is not ready to leave at the time, there may be a problem of adjustment and the individual may not be sure of what to do to maintain the social order and this could create anxiety which could eventually lead to depression of the individual.

Continuity Theory

Continuity theory informs the understanding of post-retirement employment. It suggests that absence from work is psychologically stressful because individuals experience “rolelessness” (Hornstein & Wapner, 1985; Richardson & Kilty, 1991). This shows that life without full-time work is not best without any daily structure.

On retirement, either voluntary or involuntary individuals who have high career identification are likely to seek continuity through some form of work involvement, since self-worth is highly tied to their professional accomplishments, participation in bridge employment, part-time work, temporary consulting or professional association is likely to be sought and more rewarding when achieved (Atchley, 1989).

Continuity theory suggests that sudden, abrupt transition from work to retirement are often associated with high levels of stress. This is consistent with the findings of Nicholson 1984, on career transition, which suggests that disruptions in important roles and important contexts cause individuals to feel some disorientation during transition period (Bradford, 1979).

Atchley proposes a seven-stage longitudinal theory of retirement as follows:

- Remote pre-retirement stage: He believed that individuals ignores the reality of retirement pretending it will never happen. Individual is busy with middle years life that is full of activities.
- Near pre-retirement stage: He confirmed that individual is forced to accept the impending reality of retirement. Practical steps are taken to prepare financially towards retirement.
- Honeymoon stage: Here individuals experience freedom from deadline on activities, having his or her time to use freely.
- Disenchantment stage: He said people feel disappointed to what retirement is

all about. Not having much to do, loss of work role and status. Many may find the gap between ideals about retirement and actual retirement realities difficult to manage.

- Re-orientation stage: Here people find way of adjusting to their new way of life, reality of retirement.
- Stability stage: He manages what comes his way at least to make ends meet.
- Termination stage: He said, person leaves retirement to re-enter workforce or be totally dependent if too old to secure a job.

Continuity theory also describes retirement as a linear series of life events that gradually lead to a logical career stage and a pleasant experience or transition without maladjustment or distress into retirement (Hooyman & Kiyak, 2000; Quick & Meon, 1998). Kim and Moen (2001) are of the assumption that older black women are looking forward to retirement where there will be a reduction in their stress levels and a greater quality of life may not be realised, and so many return to work after retirement because of rolelessness or lack of fulfillment in retirement.

Activity Theory

Activity theory emphasises the importance of ongoing social activity. It suggests that a person's self-concept is related to the roles held by that individual if he maintains other roles in substitution for those lost roles.

It is important for any retiring individual to maintain a positive sense of self and substitute new roles for those lost ones. The theory makes the following assumptions:

- (i) encouraging people to remain active and develop own-age friends.
- (ii) standards and expectations of middle age should be projected to older age.
- (iii) individual should be encouraged to expand and be involved in other activities.

Vinicle and Ekerdt (1991) confirmed that only few people take up totally new endeavours and activities since participation in activities. This theory, which states that older people need to maintain their former levels of involvement as much as possible in the family, social and civic activities is much more widely accepted. This confirms that many intending retirees may opt for a second career to make them maintain life structure in retirement.

Crisis Theory

Crisis theory states that retirement do have negative effect on the quality of life in retirement (Bell, 1979). It was confirmed by Miller (1965) that retirement brings with it identity crisis. He said it is basically degrading because individual will no longer be able to perform and carry out work role he has been used to.

Atchley argued against this theory, when he said individuals in retirement, identified with their occupation even when they no longer perform such role or roles. That is a retired military man will always see himself as a military even in retirement. Although it is believed that there are some changes in social roles as confirmed by Omoresemi (1987) that there are changes in social roles and expectations different from the individual's roles and expectations during the working years.

Crisis sets in when an individual finds it difficult to make provision for family and self. The crisis is aggravated when gratuity and pension is not forth coming and lots of things have to be done. A retiring public servant that lives in a government quarter needs to move out at retirement and when provision for accommodation could not be met, anxiety sets in. For any retiring public servant, the fear of inadequacy of those retirees create a bleak future of retirement life to intending retirees. Giften and McNeil explained that according to crisis theory, for an experience to be considered a crisis, the individual must perceive it as being emotionally hazardous.

Self-actualisation Theory

The self-actualisation theory believed that people strive to become all that they want by fulfilling and making up for their basic needs. The need for survival, security, belonging, esteem and self-actualisation in Maslow's hierarchy of need has been a common needs all people have since birth (Bittel & Newstrom, 1990). If a need is not met, the individuals may be consumed and when a need is met, the individual progresses to the next level. At retirement, there may be needs that are no longer being met and these unsatisfied needs may be hazardous to retiree's health. A retiree may not feel secure because of a loss of employer benefits for healthcare and other types of plans that might provide other resources (Dintelman, 2002).

The self-actualisation theory believed in two kinds of needs: basic needs which are:

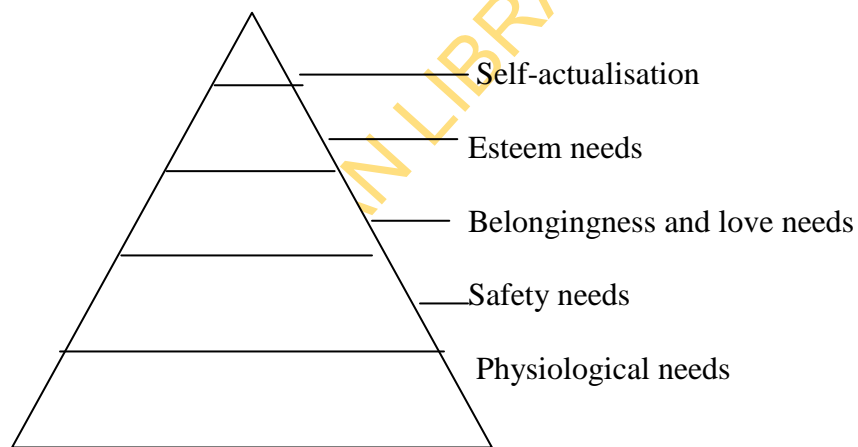
- (i) Physiological needs for food, water, sleep, oxygen.

- (ii) Safety needs: safety and security needs for the avoidance of pain, fear, dangers and threats.
- (iii) Belongingness and love needs: This need focused affiliation with people, affection, such as being wanted and loved by family and friends.
- (iv) Self-esteem needs: These include self-respect, achievement attention and appreciation.

The second need is the Meta needs. This is the last stage of the Maslows hierarchy of needs. The meta needs are the needs for self-actualisation which involves personal growth rather than self-maintenance.

His believe was that the need system was ordered hierarchically. Needs at the lowest level must be fairly well satisfied before the needs at the next level become important.

Fig. 2.1: Maslow's Hierarchy of Needs



The fact that these needs must be met by any individual to survive, intending retirees may feel that leaving the job to retirement may cause some inadequacies because of decrease in income, social status, self-esteem and these may cause anxiety or apprehension on how these basic needs could be met in order to become fulfilled.

2.1.10 Theories of Emotion

Emotion is a widespread concept which is not easy to come up with a generally acceptable definition. According to Sloman (1981), emotion creates a response in the mind that arises spontaneously, rather than through conscious effort. Emotion is physical expression often involuntary related feelings. Sloman conceptualised emotion as a cognitive process. He stressed that emotion is derived from the cognitive brain centres, the frontal lobe producing a psychological change in addition to the psycho-physiological

change.

Le Doux (1986) explained emotion in a neurobiological term as a pleasant or unpleasant mental state organised in the limbic system of the mammalian brain. Emotion is also defined as a mental and physiological state associated with a wide variety of feelings, thoughts and behaviours.

Salovey and Mayer (1990) defined emotions as organised responses, crossing the boundaries of many psychological subsystems, including the physiological, cognitive, motivational and experiential systems. Their believe suggested that emotions typically arise in response to an event, either internal or external that has a positively or negatively valenced meaning for the individual. Emotions are important for survival, decision making, boundary setting, communication and unity. Emotions alert us when we feel uncomfortable with present situation. Emotions are the primary source of human energy, aspiration and drive, activating our innermost feelings and purpose in life and transforming them from things we think about to values we live.

The Biological Bases of Emotion

Emotion as opined by Greenberg and Snell (1997) includes an expressive or motor components, an experimental element, a regulatory component and a recognition or processing factor. They explored that the expressive or motor component houses the ability to express emotion through facial expressions, body posture and vocal tone. The experimental element is where one experiences feeling as a result of the awareness of cues from the central nervous system, feedback from one's facial expression and one's own interpretation of what is occurring around him or her. Thus, the regulatory components deals with reacting to the experienced emotion.

Individuals react very differently to the same emotion because of differences in their regulatory component. Salovey and Mayer (1990) defined emotions as organized responses, crossing the boundaries of many psychological subsystems, including the physiological, cognitive, motivational and experiential systems. They believe that emotions arise in response to an event, either internal or external that has a positively or negatively valence meaning for the individual. One's emotions do affect daily functioning along with reactions to events taking place.

The area of the brain known as the limbic system is central to emotional

experience. The structures located within this system are involved in several aspects of emotion such as recognition of emotional expressions on the face, action tendencies and the storage of emotional memories (Greenberg & Snell, 1997).

Amygdala plays a particularly important role in regulating emotion. The amygdala's primary function is in the interpretation of incoming sensory information concerning survival and emotional needs. The information first goes to the thalamus and moves simultaneously to the amygdala and the cortex of the brain. It has been confirmed that the amygdala can store emotional memories unconsciously which in turn impact behaviour without ever coming into consciousness (Le Doux, 1995). The amygdala processes the information quickly and sends signals to the hypothalamus which in turn activates the autonomic nervous system.

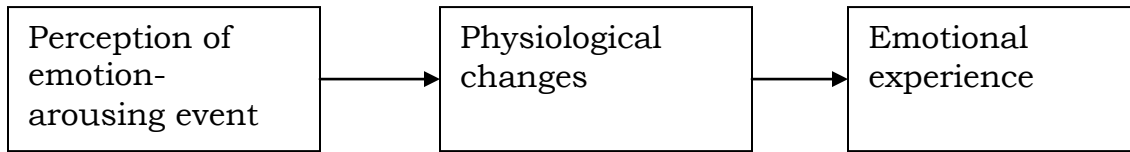
The cortex processes the information more slowly, and this allows people to appraise or evaluate the event. Dawson, Panagiotides, Winger and Hill (1992) proposed that the frontal lobe is the regulator in the emotional process by guiding coping and control of emotional expression. The frontal cortex has a unique connection with the limbic system because it is the only neocortical area where information processed in the system is represented.

It has been confirmed by Dawson, Panagiotides, Winger and Hill (1992) that the frontal cortex is where cognition and emotion connect. They also proposed that the frontal lobe is the regulator in the emotional process by guiding, coping and control of emotional expression.

Emotion has been viewed in different perspective by different theorists.

James-Lange Theory of Emotion

Emotion theory according to James and Lange states that within human beings is a response to experience in the world, the autonomic nervous system creates physiological events such as muscular tension, a rise in heart rate, perspiration and dryness of the mouth. The consequences of these physiological events are summed up as emotion after being interpreted in the brain.



James-Lange Theory of Emotion

The theory proposed that physiological changes are the sources of emotional feelings.

Canon-Bard Theory of Emotion

These theorists argued against James-Lange theory regarding the physiological aspects of emotion. He said there is no mechanism to emotion but that emotion arises first and then stimulate typical behaviour. They confirmed that emotion is the result of one's perception of reaction or "bodily change".

Schachter-Singer Theory of Emotion

The theorists believed that two factors are responsible for emotional experience; the physiological arousal and cognition based on external environment. That is an emotion-producing event causes physiological arousal and examining the environment to help in interpreting the event.

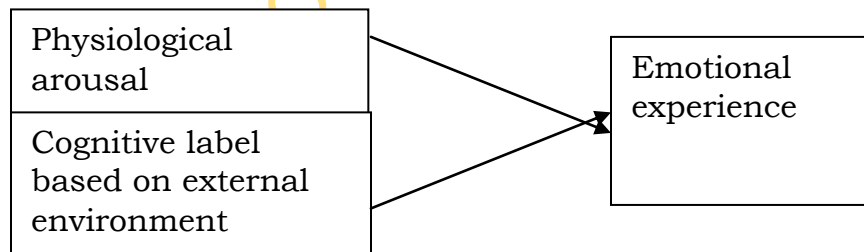


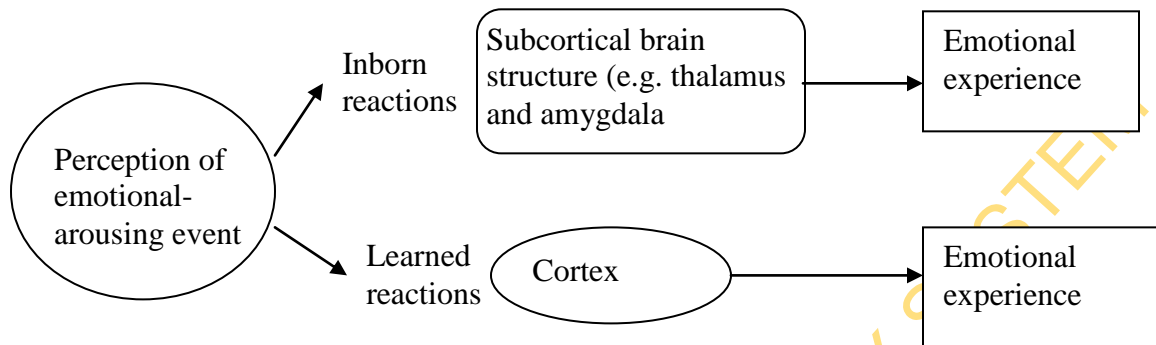
Fig. 2.2:Schachter-Singer Theory of Emotion

Their theory purportedly showed that individuals can have different emotional reactions despite being placed into the same physiological state. Although this theory was criticized by many such as Reisenzein (1983) and Plutchik (1994).

Izard's Theory of Emotion

His theory suggested two different kinds of emotion pathways are responsible for

our feelings (Izard, 1989, 1991, 1993; Izard and Youngstrom, 1996). He explained that cognition is not necessary for the first kind of emotional experience, but that it is necessary for the second kind.



Izard's theory of emotion, which proposes two separate routes for the production of emotional experience.

Fig. 2.3:

Source: Izard's Theory of Emotion Psychology 1999

He stated that there are nine innate and unique emotions which produce the main human motivational system. These emotions are interest, enjoyment, surprise, distress, disgust, anger, shame, fear and contempt. He said all of them are discrete because of the facial and physical activities that follow these emotions. His theory was considered the most comprehensive theory of emotion in the 1970's.

2.1.11 Emotional Intelligence

Emotional Intelligence and its study as a concept has raised considerable interest over the past decade (Day, 2004). The term "Emotional Intelligence" promoted by Goleman's book in 1995 has also been a growing interest in diversified areas of psychology and corporate world in that both the latter and former are searching for ways in which to develop a competitive advantage in the field of study. There are several definitions of what EQ is and what the concept actually encompasses. Although many of these definitions of the concept of EQ lack sufficient research evidence to properly substantiate their views (Palmer & Jasen, 2004).

Sternberg (1985) devoted much of his career to the study of various conceptions of human intelligence which he started with his Triarchic Theory of Human Intelligence; he later expanded upon his view of human ability and success. He affirmed that

successful intelligence is that set of mental abilities used to achieve one's goals. In 1998, he claimed that successful intelligence involves three aspects which are interrelated but are distinct, they are analytical, creative and practical thinking. Practical thinking is the ability to size up a situation well, to be able to determine how to achieve goals, to display awareness to the world around you and to display interest in the world at large (Sternberg, 1990; Sternberg, Forsythe, Hedlund, Horvath, Wagner, Williams, Snook & Grigorenko, 2000; Wagner, 2000).

Emotional Intelligence concept argues that, Intelligence Quotient is too narrow to determine success but that there are other areas of Emotional Intelligence that dictate and enable how successful an individual is. Although, emotional intelligence has received much attention, it has been difficult for researchers to agree on one definition of it. "Emotional Intelligence" (EQ) refers to the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships (Goleman, 1998).

While several theories associated with the EQ paradigm currently exist, the three that have generated the most interest in terms of research and application are the theories of Mayer and Salovey (1997), Bar-On (2000) and Goleman (1998; Goleman, Boyatzis & McKee, 2002). While each theory represents a unique set of constructs that represents the theoretical orientation and context in which each of these authors have decided to frame their theory, all share a common desire to understand and measure the abilities and traits related to recognizing and regulating emotions in ourselves and others.

Mayer and Salovey (1990) attempted to clarify the definition of emotional intelligence, they categorized five (5) domains

Self-awareness: Observing oneself and recognizing feelings as it happens.

Managing emotions: handling feelings so that they are appropriate, realizing what is behind the feelings and finding ways to handle it.

Motivating oneself: directing emotions in the service of a goal.

Empathy: understanding others' feelings and appreciating the difference in feelings.

Handling relationships: managing others' emotions, social skills and competence.

Mayer and Salovey (1993) defined EQ as "a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them and use the information to guide one's thinking and actions. Goleman (1997) also provides a useful definition of the concept and believes that EQ is about.

- Knowing what you are feeling and being able to handle those feelings.
- Being able to motivate yourself to get job done, be creative and perform at your peak and sensing what others are feeling and handling relationships effectively.

Martinez (1992) describes EQ in a more concise way as “an array of non-cognitive skills, capabilities and competencies that influences a person’s ability to cope with environment demands and pressures.” This definition suggests that EQ unlike some other traditional concepts of intelligence, is not believed to be solely cognitive, but encompasses skills that assist individuals in coping with day-to-day activities. Although Goleman (1996:1997) informed that traditional ideas of intelligence must not be totally disregarded because they are relevant to the individual’s daily living skills and work performance so both traditional concepts of intelligence as well as concepts of EQ should be used.

According to Mayer, Salovey and Caruso (2000) EQ includes the ability to perceive, appraise and express emotion accurately and adaptively; the ability to understand emotion and emotional knowledge; the ability to access and generate feelings where they facilitate cognitive activities and adaptive action; and the ability to regulate emotions in oneself and others. Those authors definition means that “emotional intelligent” person is one who is able to process emotion – laden information and then use this information in cognitive tasks and other required behaviour (Palmer & Jansen, 2004).

How people manage their emotions can be a major determinant of how effectively intellectual abilities can be assembled. Individuals utilize both creative and constructive thinking in their problem solving to maintain performance, emotional intelligence is a valuable resource. When powerful emotions are experienced, attention is directed to different problems. People may be redirected to give attention to problems with immediate importance such as retiring. Rather than interrupt ongoing cognitive activities, emotion can assist people in reprioritizing the internal and external demands on their attention and allocating resources accordingly (Salovey & Mayer, 1990). Moods may be used to motivate persistence at challenging tasks. People may use moods to boost themselves, thus increasing their performance at different tasks (Salovey & Birnbaum, 1989). Epstein and Feist (1988) assert that people with positive attitudes create interpersonal experiences that lead to positive outcomes for themselves and other around

them. This could also be achieved by intending retirees who really get the skills in emotional intelligence and its competencies to be well adjusted and be able to manage their emotions effectively.

Emotions have an impact on everything that people do. On the other hand, emotions can lead to an increased morale among public servants, but on the other hand emotions can also be destructive. Negative emotions such as anxiety, fear, anger, and hostility use up much of individual's energy and lower morale, which in turn leads to sickness, absenteeism and apathy (Bagshaw, 2000). Emotional Intelligence can be seen to dictate interpersonal relationships as opined by Klausner (1997). In a research conducted by Cooper (1997) shows that emotions that are properly managed can and do have successful outcomes. He affirmed that carefully managed emotions can drive trust, loyalty, commitment and increase productivity, innovation and accomplishment in the individual.

Many authors have suggested that emotional intelligence is essential for effectiveness. Studies also affirmed that EQ facilitates individuals adaptation and change (Quy, 1999). Also, Shutte, Malouff, Hall, Haggerty, Cooper, Golden and Dornheim (1998) show that EQ is associated with effective outcomes such as greater optimism, less anxiety and less impulsivity.

Over the years, various theories have been developed on EQ. The concept of emotional intelligence is not a new one. Langley (2000) suggested that it was Aristotle who first mentioned the importance of emotions in human interaction. As Aristotle puts it, those who possess the rare skill to be angry with the right person, to the right degree, at the right time, for the right purpose and in the right way are at an advantage in any domain of life. But, the first real theory of emotional intelligence came from the writings of Thorndike (1920) who believed that there were different types of intelligence. He identified the first as that used in measured using IQ test, as abstract intelligence, second, understanding and manipulating objects and shapes, which he named concrete intelligence and the third social intelligence. He defined it as "the ability to understand and relate to people" (Bagshaw, 2000). This last type is what is today known as Emotional Intelligence. In the research done by Thorndike (1920) where he looked into social intelligence as a means of explaining variations in results not accounted for by IQ tests was revived by Gardner (1983) when he affirmed that there were seven types of intelligence. His main reference was in intrapersonal and interpersonal intelligence which

form foundation for many other models of EQ. Gardner's concepts make reference to the fact that people have the ability to know and understand emotions as well as other individual's emotions and intentions which is believed to guide our behaviour. To build on these concepts, Gardner and Hatch (1989) developed what is known as multiple intelligences which were different from the normal IQ (Dulewicz and Higgs, 2000).

Ability Based Model of EQ

Mayer and Salovey (1997) in their continued research following their initial definition of EQ was revised to; the ability to perceive emotion integrate emotion, to facilitate thought, understand emotions and to regulate emotions to promote personal growth.

The model views emotions as useful sources of information that helps one to make sense of and navigate the social environment (Salovey and Grewal, 2005). The model explains that individuals vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition. The ability is seen to manifest in some adaptive behaviour the model suggested that EQ include four types of abilities (Mayer & Salovey, 1997).

- Perceiving emotion – The ability to detect and decipher emotions, ability to identify one's own emotions.
- Using emotions – The ability to harness emotions to facilitate various cognitive activities such as thinking and problem solving. That is the emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.
- Understanding emotions – Ability to comprehend emotional language and to appreciate complicated relationships among emotions. Ability to be sensitive to slight variations between emotions and the ability to recognise and describe how emotions evolve over time.
- Managing emotions – Ability to regulate emotions in both ourselves and in others. In this, an emotionally intelligent individual can harness emotions even navigate ones and manage them to achieve intended goals.

In some other researches, Mayer, Salovey and Caruso (2000) defined it as “the ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion, and regulate emotion in the self and others”.

The EQ Mixed Model

Goleman focuses on EQ as a wide array of competencies and skills that drive managerial performance, measured and self-assessment via the Emotional Intelligence Appraisal (Bradberry and Greaves, 2005).

Goleman (1995) sees emotional intelligence as the skills that helps people harmonise, should become increasingly valued as a workplace asset in the years to come. He confirmed that emotional intelligence consist of five (5) components; knowing our emotions (self-awareness), managing them, motivating ourselves, recognizing emotions in others (empathy) and handling relationships.

Goleman (1998) mixed competency with personal trait. He considers EQ as the capacity for recognising our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and in our relationships.

He suggested four dimensions of application to EQ.

- Self-awareness – The ability to read one’s emotions and recognising the impact while using gut feelings to guide decisions.
- Self-management – involves in controlling one’s emotion and impulses and adapting to changing circumstances.
- Social awareness – The ability to sense, understand and react to others emotions while comprehending social networks.
- Social skills – capacity for acting in such a way that one is able to get desired results from others and reach the desired goals.

These four domains of emotional intelligence would help any public servant intending to retire from service. It would help in managing their emotions towards retirements, the emotions of those they would have in service and the adjustment needed when retirement finally comes. It would also help to reduce their anxiety towards retirement, since they would be able to monitor their emotions and feelings and that of others and properly handle them well.

The Trait EQ Model

The trait model of Emotional Intelligence proposed a conceptual distinction between the ability based model and a trait based model of EQ (Petrides and Furnham, 2000). This model refers to “a constellation of behavioural dispositions and self-

perceptions concerning one's ability to recognise, process and utilise emotion – laden information". This definition by Petrides et al encompasses behavioural dispositions and self perceived abilities which is measured by self report unlike the ability based model which assesses actual abilities expressed in performance based measures.

Cooper and Ayman (1997) defined EQ as the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, information, connection, and influence. It was confirmed by studies that the fact that EQ actually meet the standard for intelligent mental performance, rather than just preferred ways of behaviour or non-intellectual achievements.

They base their definitions of EQ as the ability to navigate life towards ever increasing degrees of freedom of accessing innate skills and to integrate emotions and awareness, to align feelings and reason, to direct actions with vision, to solve problems, resolve conflicts and enhance interpersonal and intra-personal relationships.

Their competency definition suggested four areas of emotional intelligence application which include.

- Listen – involves an individual ability to be open to emotional, intellectual and social communication.
- Love - involves ability to sense the true meaning of compassion.
- Choose - involves ability to redirect thoughts, feeling and actions based on values and beliefs.
- Be free - involves ability to reinvent a vision and live according to purpose.

Also, in Akinboye (2003) a competency based definition of EQ was suggested by Q-metrics as the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, information, trust, creativity and influence. The Q-metrics application of EQ is divided into three

Awareness - involves emotional self-awareness, emotional expressing and emotional awareness of others.

Competencies – involves intentionality, creativity, resilience, interpersonal, connected and constructive discontent.

Values and attitudes – involves outlook, compassion, intuition, trust, radius, personal power and integrated self.

Bar-On broadly defined the interpretation of emotional intelligence (Bar-On, 1997; Bar-On, 2000). He said, Emotional Intelligence includes one's emotional, personal

and social dimensions of general intelligence and in (2002), he described emotional intelligence as it involves abilities and skills related to understanding oneself and others, relating to peers and family members and adapting to changing environmental situations and demands. Emotional intelligence as also been confirmed to increase with age, that older people display higher levels of emotional intelligence than younger people (Kafetsios, 2004; Wei, 2004; Van Rooy, Alonso, Viswesvaran, 2005; Adeyemo, 2004). EQ is a construct that can be developed and improved through training and remedial programmes as well as through therapeutic intervention (Bar-On & Parker, 2000)>

2.1.12 Self-Efficacy

The concept of self-efficacy is the aim of Albert Bandura's social cognitive theory. He believes that individuals exercise control over their thoughts, feelings and actions. The last two decades have witnessed the use of self-efficacy because it is used in diversified areas and has received support from different findings from diverse fields. Self-efficacy construct has emerged as an important facet in this theory. The theory is understood in the "triadic reciprocity" (Bandura, 1986). The interplay of where behaviour, cognition and environment exist and influence each other.

Bandura (1997, 2000 and 2001) sees self-efficacy as the belief that one can master a situation and produce positive outcomes. Bandura and Locke (2003), Bandura, Caprara, Barbarenlli, Gerbino and Pastoeli (2003) showed that self-efficacy is related to a number of positive developments in peoples lives, including solving problems, becoming sociable. It also influences whether people develop healthy habits (Fletcher and Banasik, 2001). Self-efficacy helps individuals in unsatisfactory situations by encouraging them to believe they can succeed. Retirement is one of the difficult situations and a transition that needs efficacious steps to overcome.

According to social cognitive theory, people are considered to be self-organising, self-reflective, self-regulative and also make judgements about themselves based on their own activity. self-efficacy affects personal motivational processes, affect and behaviour, and they are related to personality characteristics, stress perception, life satisfaction and achievements throughout different areas of functioning (Bandura, 1997).

Self-efficacy also influences human behaviour through its effect on goal striving and motivation. Efficacious individuals have high future orientation that are characterised as pursuing their goals and engaging in daily planning of their activities (Strathman,

Gleicher, Boninger and Edward, 1994). Those who are highly future-oriented believe in their own ability to produce a desired effect and lead a more active and self-determinant life.

Self-efficacy makes a difference to how people feel, think and act (Bandura, 1997). He confirmed that people with high self-efficacy choose to perform more challenging tasks, set themselves higher goals and stick to them. Once an action has been taken, highly self-efficacious people intensify more and persist longer than those low in self-efficacy, when there is an obstacles or set back, they remain committed and recover more quickly to their desired goals. Self-efficacy, or the belief that one can effectively cope with a given situation predicts whether people will enter a new and unfamiliar situation as well as the affective reasons to the situation. Self-efficacy is commonly understood as being task-specific, Schwarzer and Jerusalem (1995); Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs and Rogers (1982) have also conceptualised a generalised sense of self-efficacy that refers to a global confidence is one's coping ability across a wide range of demanding situations.

Bandura (1997) confirmed that people with low self-efficacy have low self-esteem and harbour pessimistic thought about their accomplishments and personal development. It also determines the cognitive appraisal of stressful situations. It is related to positive and negative emotions. Self-efficacy leads to effective problem solving, followed by increase of positive emotions. Low sense of self-efficacy is associated with negative emotions and helplessness. Those burdened with self-inefficacy suffer distress and negative emotions such as anxiety and depression (Bandura, 1997; Schwarzer, 1992).

Self-efficacy has been found in relation to clinical problems such as depression (Davis & Yate, 1983), Phobias (Bandura, 1983), Pain control (Manning & Wright, 1983), Stress in various ways (Jerusalem & Miltagi, 1995) also in connection with assertiveness (Lee, 1984). Self-efficacy is the belief of one's capabilities to organise and execute the courses of action required to produce given attainments. An individual's estimate of his ability to cope with a situation and outcome expectancy, an individuals estimate of his likelihood of certain consequences occurring. It is people confidence in their ability to achieve a specific goal in a specific situation, referring to the capability people believe they possess to effect a specific behaviour or to accomplish a certain level of performance. Bandura 1977 and 1986 confirmed that self-efficacy is not the skills one has but one's judgement of what one can do with those skills.

Self-efficacy is a person's evaluation of his or her ability or competency to perform a task, reach a goal, or overcome an obstacle (Bandura, 1977) perform in both physical (Courneya & McAnley, 1993; Gould & Weiss, 1981; Ng Tam, Yew & Lam, 1999) and academic (Sunna & Pusecker, 1994) tasks performance on the job (Huang, 1988) and ability to deal with anxiety and depression (Cheung and Sun, 2000) is enhanced by strong feelings of self-efficacy.

Ormrod (2006) sees self-efficacy as a belief that one has the capabilities to execute the courses of actions required to manage prospective situations. It is confirmed that self-efficacy judgement is the determinant of behaviour, when one's self-beliefs are high or facing challenges, effort to master is there, than one with low self-efficacy (Locke & Lutham, 1990) supporting the claim, Bandura (1997) said high self-efficacy results from attained task mastery over repeated performance experience. Bandura believes how people behave can often be predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing. It shows that self-efficacy perceptions could determine what individuals do with the knowledge and skills they have.

Self-efficacy and Human Functioning

Self-efficacy beliefs determine how much effort people are likely to expend on activity, their perseverance when confronting obstacles. It is confirmed that the higher the sense of efficacy the greater the effort and persistence.

It also influences an individual thought patterns and emotional reactions. People with high self-efficacy create a feeling of serenity in approaching difficult tasks and activities but those with low self-efficacy believe that things are tougher than they really are, this belief fosters anxiety, stress, depression and narrow vision on how to solve a problem.

Lots of studies have been conducted on the four major psychological processes through which self-beliefs of efficacy affect human functioning. These processes are cognitive, motivation, affective and selection processes.

Cognitive Process

Schunck (1989) confirmed that the effects of self-efficacy beliefs on cognitive processes take a variety of forms. Since much of human behaviour is purposive, it is

regulated by forethought embodying values goals. The author affirmed that most courses of action are initially organized in thought and individual's belief in their efficacy shape the types of scenarios they construct and rehearse. Individual high in sense of efficacy visualize success scenarios that provide positive guides and supports for performance, but those individuals low in their efficacy, visualize failure and dwell on many things that can go wrong. In the cognitive processes, it is difficult to achieve much while fighting self-doubt. If a major decision is to be taken by an individual such as retirement, it is important that the individual involved needs to predict events and to develop ways to control those thought that affect their lives. It is important that intending retirees draw on their knowledge to construct options, to weigh and integrate predictive factors, to test and realize their judgements against the immediate and distant results of their actions, and to remember which factors they had tested and how they had worked. Furthermore, to remain task oriented is facing pressing and situational demands, strong sense of efficacy is needed to setback failures that have significant repercussions. When an individual is faced with task of managing difficult situation such as retirement, those who are beset of self-doubts about their efficacy become incoherent and erratic in their analytical thinking, lower their aspirations and the quality of their performance degenerates but those whose sense of efficacy is high, set themselves challenging goals and are focused in order to achieve their set goals even in retirement.

Motivational Processes

It is believed that human motivation is cognitively generated. People motivate themselves and guide their actions by forethought. People form beliefs about what they can do and the likely outcomes of prospective actions, goals set for themselves and plan courses of action designed to realise them. Bandura (1991b) ascertained that people act on their beliefs about what they can do, as well as on their beliefs about the likely outcomes of performance. He asserts that the motivating influence of outcome expectancies is thus partly governed by self-beliefs of efficacy. Motivation based on goals or personal standards is governed by self-satisfying and self-dissatisfying reaction to one's performance, perceived self-efficacy for goal attainment and readjustment of personnel goals based on one's progress. Intending retirees, may be influenced by one of the above self-influences to be motivated. Highly self-efficacious intending retirees would determine the goals set for themselves; how long they can persevere in the face of

difficulties. Strong perseverance contributes to performance accomplishments and those who harbour self-doubts about their capabilities slacken their efforts or give up easily which may bring anxiety. Intending retirees who have strong belief in their capabilities would exert greater effort and master the challenges even if they fail; they look for improvement to get themselves set for the better.

Affective Processes

Stress and depression experienced in a threatening situation show the coping capabilities of people's beliefs. Those who believed they could exercise control over threats do not bottle-up disturbing thought patterns, but those who believe they cannot manage threats experience high anxiety arousal. Bandura (1986) confirmed that perceived coping self-efficacy regulates avoidance behaviour as well as anxiety arousal. That is the stronger the sense of self-efficacy the bolder people are in facing obstacles. He affirmed that anxiety arousal is affected not only by perceived coping efficacy but by perceived efficacy to control disturbing thoughts. Social cognitive theory prescribes mastery experiences as a principal means of personality change. Mastery experiences are structural in ways to build coping skills and instill beliefs that one can exercise control over potential threats. Pre-retirees who have a low sense of social efficacy, judge themselves badly and by this raised their anxiety and lose the sense of coping effectively but those who believe in their capabilities and could effect the control of perceived efficacy would not make judgement that would overturn their expectations since perceived coping self-efficacy and thought control efficacy operate jointly to reduce anxiety and avoidant behaviour.

Selection Processes

People are partly the product of their environment. In most cases people avoid activities and situations they believed exceed their coping capabilities but readily undertake challenging activities and select situations they judge themselves capable of handling (Lent & Hackett, 1987). People cultivate different competencies, interests and social networks that determine life courses by selecting situations they could handle adequately. Public servants who are nearing retirement may want to avoid the trauma they are likely to pass through in their pre-retirement phase of life by not discussing the issue of retirement or seeking for adjustment in the home environment so as not to think

about the impending phase of life.

Human accomplishment and positive well-being require a sense of optimism and personal efficacy because social realities are strewn with difficulties, impediments, adversities, setbacks and frustrations. It is important people have a robust sense of personal efficacy to sustain the effort to succeed. Major life changes such as retirement, loss of friends or spouse or relocation need interpersonal skills to cultivate new social relationship that can contribute to positive functioning and personal well being.

Sources of Self-Efficacy

People form their self-efficacy from four main sources. These are:

- (i) Creating a strong sense of efficacy through mastery experiences. When individual is able to overcome obstacles through perseverance, such tends to gain experience and efficacy could be firmly established. This confirms that the most potent or influential source of efficacy information is based on authentic mastery experience. Outcomes interpreted as successful tends to raise self-efficacy while failure lowers it.
- (ii) Vicarious experiences provided by social models. Here an individual sees people who are similar to themselves succeeding, this could aid their capability to venture into doing similar activities, even if they fail. Vicarious forms can produce significant and enduring changes through their effects on performance. Observing others perceived to be similarly competent can help instill self-beliefs that will influence ones course and direction that life will take.
- (iii) Social persuasion. This strengthens peoples beliefs that they have what it takes to make it. Persuasion boost in perceived self-efficacy lead people to try hard enough to succeed. Persuasion involves encouragement and support from others. Although, it is not a strong source of increasing self-efficacy like the mastery experience and vicarious learning. Bandura (1997) affirmed that effective persuasions should not be confused with knee-jerk praise or empty inspirational homilies. His conclusion is in consonance with Erickson's 1980:95 in which he cautioned that weak ego is not strengthened by being persistently bolstered. Thus a retiring public servant may strive to succeed no matter the odds.

- (iv) Peoples somatic and emotional states in judging their capabilities. Here, individuals interpret stress reactions and tension signs of vulnerability to poor performance. Mood, strength and stamina are used in judging physical achievements. Positive mood enhances perceived self-efficacy. As Bandura (1997) observed, he said people live in psychic environments that are primarily of their own making. People gauge their degree of confidence by the emotional state they experience as they contemplate an action. Since individuals have the ability to alter own thinking, self-efficacy in turn, also powerful influence the physiological states.

Intending retirees may make use of these sources of self-efficacy to boost theirs. Having strong and high self-efficacy could reduce their tension and anxiety towards retirement and be able to stabilize and think on what they could do to make a meaningful retirement life.

2.2 Empirical Studies

Recent studies in emotional intelligence have continued to broaden the understanding of the concept. Bracket, Mayer and Warner (2004), Kafetsios (2004), Perry, Ball and Stancy (2004), Wei (2004), Van Rooy, Alonso and Viswesvaran (2005) confirmed that emotional intelligence is gender related with women scoring higher on measures of emotional intelligence than men. Mayer, Salovey and Caruso (2004) also confirmed that emotional intelligent person is more likely to have possessions of sentimental attachment around the home and to have more positive social interactions and be more adept at describing motivational goals, aims and missions.

2.2.1 Retirement Anxiety and Pre-retirement Anxiety

Palmore, Burchett, Fillenbaum, George and William (1985) stated in their studies on causes and consequences of retirement, they affirmed that, retirees are substantially poorer, sickler, less active and less satisfied in retirement. Negative effects are produced in the way the workers are retired in the study of Palmore (1985) he found that involuntary retirees outweigh those who retire voluntarily and this account for poor health, depression and other physical ill-health.

This is in contrast to the studies of Gillanders, Buss, Wingard and Gemmel (1991) that did a study of older steel workers who were forced to retire early because of downsizing; their report showed that this did not show any adverse effects on their health.

This may be because loss of job is close to normal retirement age and it may have little or no effects.

Sharpley and Layton (1998) in their studies on effects of age of retirement, reason for retirement, and pre-retirement training on psychological and physical health during retirement reported that whether retirement is because of age, redundancy or illness, or is voluntary: and the presence of pre-retirement education or training on anxiety, stress and physical health following retirement. They investigated 349 males and 385 females ranging from 44 to 90 years spread across the first five years following retirement from full-time work. The findings indicated that men who retired earlier reported better physical health, no significant effect was found with women, both men and women who retired voluntarily were significantly less anxious, depressed and that the experience of pre-retirement education or training appeared to be associated with reduced psychological distress.

Skarborn and Nicki (2000) compared levels of worry between employees nearing retirement and those already retired. Their motive was to determine if there were differences in levels of worry between these pre-retirement and post-retirement groups. Participants (N=96) were given four instruments that measured levels of worry. The authors recruited the pre-retirement group (n=48) from various businesses and corporations within the community and the post-retirement group (n=48) from seniors' associations. Result indicated pre-retirees had higher level of worry than post retirees. They confirmed pre-retirees worried mostly about family, finance and other issues when compared to post-retirees.

There has been confirmation that the importance of work as an important part of a person's life and so retirees face a multitude of work-related concerns such as job loss, grief, guilt, loss of self-esteem, loss of identity and loss of social support (Archer and Rhode, 1993). Turner, Kessler and House (1991) asserted that retirees suffer increase depression, anxiety and physical illness than people who were employed. In a similar findings, it was reported that a high degree of activity later in life was correlated with a positive adjustment to retirement and discouragement from life was correlated to lower life satisfaction in older adult who are not involved in social activities such as work and hobby groups.

In support of the aforementioned, Randell (1981) presented three challenges that influence wellness during retirement. First, he described challenges to physical wellness, reported that disease processes can develop as the body ages. Second, he illustrated challenges concerning psychological wellness, describing how retirement can affect an individuals self-concept and lastly, social wellness may be threatened due to the loss of one's role of worker within society, resulting in a sense of worthlessness and loneliness. Also, AARP (2004) conducted a survey of 1,200 baby boomers between the ages of 38-

57 years old. The purpose of the study was to gain an understanding of participants beliefs, attitudes and behaviour toward retirement. The reported that 69% of baby boomers are optimistic about their retirement years, and that 46% of baby boomers attitudes about retirement in recent years have become more positive when compared to a survey taken by AARP five years earlier. However, 31% of baby boomers were not optimistic about their retirement, which may be related to anticipate retirement problems. In another study, AARP (2004) found that 79% of baby boomers plan to work during their retirement, 35% of those want to work for enjoyment and 25% want to work due to financial necessity. The AARP results did not report why the other 40% of participants will return of work. These participants who work due to financial necessity may be dealing with unforeseen challenges at this time of life (Heckhausen, 2001) such as caring for spouse, children or parents (Magai & Halpern, 2001). These challenges may be accompanied by financial responsibilities that result in a need to supplement income in retirement.

Also, Wolpent (1991) studied air force personnel to determine the impact of a multi-function, pre-retirement planning programme on the military-to-civilian transition. He found that to a limited degree, pre-retirement planning leads to higher job satisfaction, which in turn directly affect life satisfaction.

It has been confirmed that individual who tried to continue the structure of their lives in retirement were much more active and happy (Atchley, 1989). It was also confirmed that it was healthy to try to preserve structure and routine into retirement (Atchley, 1989; Kart, 1990; Kart, 1997). Kim and Moen (2001) found that post retirement employment appears to be beneficial for men's psychological well-being because they reported highest morale and lowest depression in contrast to those retired and not re-employed who experienced lowest morale and most depression.

Bosse, Aldwin, Levenson and Workman-Daniel (1991) analysed data from the Normative Aging study in one of the more recent studies of health outcome of retirement. The data were collected in 1985, evaluating a sample of working and retired men ages 39 to 88, with the goal of examining retirement as both a stage and as a transition. Measures included employment status and the Elders Life Stress Inventory (ELSI). The ELSI assesses stress from daily hassles as well as life events. Five domains of daily hassles were assessed, including health, marital, social relations, household finances and retirements. Results from ELSI indicated that retirement was listed as the least stressful event out of 31 life events. However, 30% of the participants did rate retirement as stressful. Health and financial concerns were the best predictors of retirement stress.

Hershey, Henkens and Van Dalen (2006) explored the psychological mechanisms that underlie the retirement planning and saving tendencies of workers. Participants were 988 Dutch and 429 Americans, 25-64 years of age. Analyses were designed to (a) examine the extent to which structural variables were related to planning tendencies and (b) develop culture-specific path analysis models to identify the mechanisms that underlie perceived financial preparedness for retirement. Findings revealed striking differences across countries not only among structural variables predictive of key psychological and retirement planning construct. The findings in suggests policy analyst should take into account both individual and cultural differences in the psychological predispositions of workers when considering pension reforms that stress individual responsibility for planning.

Dorfman (1989) investigated preparation for retirement in the rural elderly and the relationship between that preparation and retirement satisfaction. A number of anticipatory socialisation for retirement mechanisms were investigated including planning for retirement, pre-retirement, discussion on retirement with others, and exposure to written information and mass media programmes about retirement. Respondents were 252 men and 199 women who participated in the retirement substudy of an 8 years epidemiological investigation of persons aged 65 and over. Planning for retirement, reading about retirement, and exposure to radio or television programmes about retirement were significant correlations of retirement satisfaction for both sexes. Gradual retirement was a significant correlate of retirement satisfaction for males only. After health, planning for retirement was the second strongest prediction of retirement satisfaction for males. Schollossberg (2004) in a study of 100 retirees found that retirement is not one but many transitions that coping with these transitions depend on the role of work and family life of the individuals. The timing of retirement, the degree to which retirement is planned for, the degree to which a work has been satisfying, the expectations one has about retirement, the degree to which a meaningful life is established one's health and sense of financial security. Ubangha attitude to retirement planning and retirement between among teachers in four local government areas of Lagos metropolis. Results showed that 65% of the teachers indicated willingness to continue teaching after retirement if given the chance.

MacEwen, Barling, Kelloway and Hagginbotton (1995) in their study on retirement anxiety suggests that parental socialisation and personal financial planning are

associated with positive retirement expectations. And in another study conducted by Floyd, Hayne, Doll, Wine Miller, Lemsky and Burgy (1992) on retirement satisfaction and expectancies, it was found that saving and planning have a positive relationship with retirement experiences and satisfaction. Beehr (1986) conducted psychological review on retirement issues, suggested that the degree of consistency between individuals pre-post retirement activities is affected by their formal and informal planning, health, economic status and occupational goal attainment. He concluded that economic status and health variables have been used intensively when predicting retirement decisions. Fitzpatrick (1979) Manion (1976) and Ullmann (1976) all claimed that successful pre-retirement programmes have significant impact on retirement satisfaction. In the views of Anderson (1989) affirmed that significant differences exist between the perceived life satisfaction of retirees who participated in pre-retirement programme as compared to those who did not. Anderson's study supports the need for pre-retirement training, planning and retirement preparatory programmes.

Devaney and Kim (2003) examined retirement expectations of the older self-employed worker and suggested job skill programmes and training could improve the financial well-being of the older self-employed and enable him or her to plan for retirement. In another study conducted by Harold and Patricia (1999) they focused on the relationship between financial planning and retirement satisfaction. They found that thinking about retirement and attending planning meetings have a significant positive impact on satisfaction even when income, wealth and other factors are included as variable. To Brunson, Snow and Gustafson (1998) they examined midlife career and non-career military personnel. The study confirmed adequacy level of financial planning has a significant positive impact on the level of satisfaction in retirement.

2.2.2 Pre-retirement Anxiety and Emotional Intelligence

Studies have shown that some older workers decided to remain in the workplace rather than retiring because they make their decision on several factors other than income alone, they look beyond economic issues, social, mental and physical well-being play a significant role in their decision to retire (AARP Work and Career Study, 2002). Lim (2003) examined the attitudes of older workers towards work and retirement, retirement planning and their willingness to continue working after retirement and to undergo retraining. Data were collected via questionnaire surveys. Respondents consisted of 204

individuals aged 40 and above who attended courses. Finding is suggested that work occupied a salient part of the respondents' lives. In general, respondents also held rather ambivalent attitudes with regards to the prospect of retirement, i.e. while they did not view retirement negatively, they were nevertheless anxious about certain aspects of retirement. Results suggested that majority of respondents preferred to remain employed in some ways even after they have officially retired from the work force, that is partial rather than full retirement.

Sati (1988) in his study compared daily activities, pre-retirement and that of post-retirement covering the low, medium and high ages. The study is to ascertain the differentiated utilization of free time activities as determined by educational status and period of retirement of the aged. Methods used were the interview schedule for collecting the qualitative and quantitative data. Graphs and charts were also used to describe the methods that it used, daily activities and their utilization of time. Findings show that during the pre-retirement period major activities performed by the major respondents were attending office, reading day and night, sleeping, conversation with spouse, household duties and listening to radio. The average unutilised time which could not be accounted for came to 240.21 minutes per day. In the post-retirement life the majority of the respondents revealed to be primarily occupied with activities like reading, day/night sleeping, play with the children, morning/evening walk, prayer and worship, household duties and listening to radio. The average unutilised time came to 330.61 minutes per day. The study revealed that the duration of unutilised time increased by 94 minutes per day during post-retirement period compared to pre-retirement one. This shows that at retirement, if there is no activities to occupy for the lost roles, it will certainly affect any individual.

Higgs and Dulewicz (2008) in their study in which data on EQ, personality (using the "Big 5" model) and well-being were obtained from a sample of 150 in-work managers. The well-being scales employed covered both subjective well-being and psychological well-being (SWB and PWB) as well as a combined measure. Analyses of the data demonstrated significant relationships between EQ and measures of well-being as well as a number of relationships between "Big 5" personality factors and well-being measures. However, EQ explained more variance in well-being measures than personality factors alone. The finding provides important evidence to support the validity of EQ construct as operationalised employed a "mixed model".

Emotional intelligence had been confirmed by many researches to help in anxiety. There is confirmation that emotions can either enhance or inhibit the ability to learn with

social and cultural influences causing changes in behaviour and altering biological processes. Eleven basic emotions were introduced in three experimental conditions, they are: happiness, interest, surprise, contempt, disgust, shame, fear, anger, distress, sadness and anxiety. The study confirmed that successful experiences are connected to positive emotions and relationships while negative experiences disconnected relationally (Mudge, Grinnan & Priesmeyer, 2006).

Matthew, Emo, Funke, Zeidner, Roberts, Costa and Schulze (2006) also confirmed that low emotional intelligence was related to worry states and avoidance coping even with the (Five Factor Model) statistically controlled. However, emotional intelligence was not specifically related to task induced changes in stress states. It was confirmed that neuroticism related to stress, worry and emotional focused coping and conscientiousness predicted use of table focused coping, but emotional intelligence predicted stress responses and coping strategies. Significant difference was found in personality traits of physically trained and physically untrained individuals in seven areas: anxiety, depression, hostility, intelligence, emotional stability, conscientiousness, self-assurance and state of relaxation (Tharp & Schlegelmilch, 1977).

There has been an assertion that the effectiveness of emotional intelligence in four key themes from their interview data where emotional intelligence was considered to be highly significant in the mental health care experience (a) within the content of their relationship with patients, (b) the substance of supervision, (c) as a source of their motivation, (d) as enabling them to carry out their responsibilities. The ability to manage emotions was confirmed as arising from the demands and within the context of the patient relationship. Managing emotions was negotiated within each patient encounter and in thing sense situationally dependent (Akerjordet & Serverinsson, 2004). Cooper (1997) confirmed that people with high level of emotional intelligence have greater career success, foster greater personal relationship, have more effective leadership skills and are healthier than those with low emotional intelligence. Bar-On (2003) also found the significant relationship between emotional and social intelligence including psychological health. He found that emotional and social intelligences competencies were found on psychological health, where he said that the ability to manage emotions and cope with stress, the drive to accomplish personal goals in order to live a meaningful fulfilled life and the ability to verify feelings and thinking.

Shutte, Maloff, Simunek, McKenley and Hollander (2002) confirmed that

individuals with emotional intelligence would use their ability to understand and regulate emotions to maintain more positive mood and higher self-esteem. They further stressed that individuals higher in Emotional Intelligence would be better able to resist situational threats to positive mood and self-esteem. It has also been confirmed that people who are high in self-control are people who can manage their impulsive feelings and distressing emotions well, stay composed, positive and unflappable even in trying moments (Goleman, 1998). Ciarrochi, Chan and Bajgar (2001) confirmed that emotional intelligence have impact on psychological health, they said emotional intelligence may help people from stressful events and be able to adapt adequately to situation.

Summerfeldt, Kloosterman, Antony and Parker (2006) revealed that there has been no published investigation made of the relationship between social anxiety and emotional intelligence (EI), or of their shared impact upon interpersonal adjustment. In their study, that showed the use of structural equation modelling with self-report data from a large non-clinical sample (N=2629), EI was found to be highly related to social interaction anxiety, but not performance anxiety. A model permitting these three predictors to inter-correlate indicated that the EI factor was the dominant predictor of interpersonal adjustment, substantially reducing the unique contribution made by interaction anxiety. This pattern reflected the principal contributions made to interaction anxiety by the interpersonal and particularly intrapersonal domains in EI.

Also, in the study of Extremera and Fernandez-Berrocal (2006) examining the association between emotional intelligence (EI), anxiety, depression and mental physical health in university students. The sample was made up of 184 individuals (38 men and 146 women). EI was evaluated by the Trait meta-mood scale which evaluates the three dimensions with the Trait Anxiety Questionnaire and depression with the Becks Depression Inventory. Mental, social and physical health were evaluated with the SF-12 Health Survey. Results showed that high emotional attention was positively and significantly related to high anxiety, depression and to low levels of role emotional social functioning and mental health, vitality and general health.

Fernandez-Barrocal and Extremera (2006) analysed the influence of EQ on emotional responses in laboratory context. Specifically, the experiment investigates how EQ affect previous mood state? How does to a better mood recovery? The experiment comprises of three phases. At time I experimenter assesses mood states of the participants before mood induction. At time 1, participants before mood induction. At time 2,

participants are randomly assigned to one of the experimental conditions: amusement, anger and sadness mood conditions. Subsequently, participants are assessed in their mood states. At time 3 (mood recovery phase) following a rest period participants are evaluated in mood states and intrusive thoughts measures. Results indicated that EQ specifically, clarify and repair is related to previous mood states, emotional reactivity to mood induction conditions and emotional recovery. They affirmed that EQ could join the list of personal and interpersonal factors that contributes to the efficient processing of positive and negative emotions.

In another study conducted by Bonanno, Papa, Lalande, Westphel and Coifman (2004) emotions were examined in the form of expression. In their study, participants performance in a college laboratory task was observed where they were to exert enhanced emotional expression, suppressed emotional expression, and behave normally on different trials. Participants involved in the study were shown images on a computer screen and asked to express or suppress the emotions felt as associated. After completing these tasks, the participants were given a memory task involving the images observed on their computer screens. Four questions were asked about each picture; half to emotional details and half to non-emotional details. Distress participants were recorded one month of beginning college and again at the end of the second academic year. Result found that subjects who are better able to enhance and suppress the expression of emotion showed less distress as recorded two years after the initial test. The research highlighted the importance of emotional flexibility and management in order to reduce distress and anxiety.

Researchers also have found that, when people can regain and maintain positive emotional states, they are likely not to get sick or to use medical services when faced with a stressful life experience (Goldman, Kraemer & Salovey, 1996). Prederikson's (2001) belief that the main function of positive emotions is to facilitate the ability to cope with problems. Brotheridge (2006) examines the role of EQ in predicting emotional labour relative to situational demand in service workers. The findings support the relation between EQ and deep acting in services workers, which is considered to be more adaptive than surface acting. He also examines the predictive value of EQ in emotional labour controlling for situational demands, and a possible moderation effect of EQ in the relationship between emotional labour and situational demands. Results indicate a role of EQ as a predictor of perceived situational demand, which in turn, predicts the nature of

emotional labour performed.

In a study conducted by Frederickson and Joiner (2000) they affirmed that individuals who experience more positive emotions (such as happiness) used broader coping strategies than those who experience more negative emotions such as sadness. They further assert that individuals who experienced positive emotions were likelier to think about ways to deal with the problem and to step back from the situation and be more objective than were individuals who experienced negative emotions.

As Salovey and other (2000) posited, social support, such as caring family and friends are important factor in stress and coping that is likely linked with positive emotions.

2.2.3 Pre-retirement Anxiety and Self-efficacy

Solunge and Henkens (2005) examined adjustment to retirement by couples. Older workers and their partners, they investigated the extent to which adjustment is influenced by the context in which the transition is made and psychological factors shaped by individual expectations and evaluations prior to retirement. Data was collected from 559 older couples who experienced the transition into retirement of one of the partners. It was affirmed that adjustment to retirement is influenced by the context in which the transition is made as well as individual psychological factors. A strong quantitative attachment to work (full-time jobs, long work histories) a lack of control over the transition, retirement anxiety (negative pre-retirement expectations) and low scores on self-efficacy are predictors of difficult adjustment.

Self-efficacy has also been found to be a useful technique in handling anxiety. This was confirmed in the study by Labrecque, Marchand, Dugas and Letarde (2007) in a study which evaluated the efficacy of cognitive behavioural therapy for comorbid panic disorder with agoraphobia (PDA) and generalized anxiety disorder (GAD) by combining treatment strategies for both disorders. Three participants with primary PDA and secondary GAD took part in the study. After treatment, 2 of the 3 participants achieved high and state functioning and maintained this level of functioning at 3-6- and 12 months follow-ups. The third participant also improved but only reached high end-state functioning at 6 months follow-up. Finding shows that the combined treatment is relatively effective for PDA and GAD comorbidity.

There has been an investigation on the moderating effect of self-efficacy on

stressor-strain relationship among 30 telephone interviewers in an academic survey research centre. The participants filled out measures of the skills confidence inventory and the scale of perceived social self-efficacy. They reported their state anxiety and recorded number of refusals at the middle and the end of a 4-hour work shift. Significant relationships were found between the number of refusals and interviewer related anxiety, at the middle and the end of the shift. Results confirmed that perceived self-efficacy tended to buffer the relationship at the middle of the shift but strengthen the relationship at the end of shift (Xie, 2007).

Betoret (2006) in the study on the relationship among teacher occupational stressor, self-efficacy, coping resources and burnout were investigated in a sample of 247 Spanish secondary school teachers. Concretely, two specific aims were formulated in order to examine the effect of teaching stressors on teacher burnout and the role of self-efficacy and school coping resources as mediator variable in the stressor-burnout relationship.

Teacher reported that when their pedagogical practice in the school setting was being interfered with or hindered by a set of factors from the multiple contexts involved in student learning, problems of burnout occurred. In addition, it was found that teachers with a high level of self-efficacy and more coping resources reported suffering less stress and burnout than teachers with low level of self-efficacy and fewer coping resources.

In developing a verbal self-guidance (VSG) training program as a transfer of training to enhance the application and usage of skills learned in a training session, post training and then assessed the impact of the training on presentation performance, self-efficacy (i.e. task specific confidence) and anxiety, it was confirmed that participants trained in VSG (n = 33) had significantly higher self-efficacy concerning their presentation performance relative to those in the comparison group (n = 32) who took part in a lecture and discussion activity (Brown and Morrissey, 2004).

Self-efficacy was significantly and positively correlated with presentation performance and self-efficacy such that anxiety increased as performance and self-efficacy decreased. Fretz (1989) also studied self-efficacy knowledge, planfulness, job commitment and social support as predictor of anxiety and depression about retirement, using 129 who were employed of a large technological agency and university. It was found that best predictors of pre-retirement worry were low sense of self-efficacy and low degree of planfulness.

Pajares, Johnson and Usher (2007) examined the influence of Albert Bandura's four hypothesised sources of self-efficacy on students' writing self-efficacy beliefs (N = 1256) and to explore how these sources differ as a function of gender and academic level. Consistent with the tenets of self-efficacy theory, each of the sources significantly correlated with writing self-efficacy and with each other. As hypothesised, students' perceived mastery experience accounted for the greatest proportion of the variance in writing self-efficacy. This was the case for girls and for boys, as well as for students in elementary school, middle school, and high school. Social persuasion and anxiety also predicted writing self-efficacy. Vicarious experience did not predict writing self-efficacy. Girls reported greater mastery experience, vicarious experience and social persuasion, as well as lower writing anxiety. Girls also reported stronger writing self-efficacy and were rated better writers by their teachers. Elementary school students reported stronger mastery experience, vicarious experience and social persuasions than did either middle school or high school students. Elementary school students also reported stronger self-efficacy. Findings support and refine the theoretical tenets of Bandura's social cognitive theory.

Wei and Ku (2007) developed and examined a conceptual model of working through self-defeating patterns. 390 participants at a large mid western university were used. It was found that self-defeating patterns mediated the relations between attachment and distress. Also, self-esteem mediated the link between self-defeating patterns, anxiety and depression, whereas social self-efficacy mediated the association between self-defeating patterns and interpersonal distress. A total of 33% of the variance in self-defeating patterns was explained by attachment anxiety and avoidance, 39% of the variance in self-esteem and 13% of the variance in social self-efficacy were explained by self-defeating patterns and attachment anxiety; 50% of the variance in depression was explained by attachment anxiety, self-defeating patterns; self-esteem; 45% of the variance in interpersonal distress was explained by attachment anxiety and avoidance, self-defeating patterns and social self-efficacy.

Shores and Shannon (2007) surveyed a total of n=761 individuals to investigate the relationships between self-regulated learning, motivation, anxiety, attributions and achievement. It was revealed that significant contributions are made by motivation and anxiety on both test scores and failure were related to academic performance while failure attribution was significantly related to mathematics grade. As for sixth grade

students, the study revealed relationship exists between motivation, anxiety and academic performance with specific factors such as self-efficacy, intrinsic value and worry significantly predicting both test score and mathematics grade for sixth graders. Findings underlie the importance of motivation and anxiety for students and how these constructs interact to facilitate self-regulation over the course of developing expertise in a domain.

Wei, Russel and Zakalik (2005) in their longitudinal study examined whether self-efficacy and self-disclosure serve as mediators between attachment and feelings of loneliness and subsequent anxiety and depression. 308 participants were used. Findings confirmed that social self-efficacy mediated the association between attachment anxiety and feelings of loneliness and subsequent depression, whereas self-disclosure mediated the association between attachment avoidance and feelings of loneliness and subsequent depression. These relationships were found after controlling for the initial level of anxiety and depression. A total of 55% of the variance in loneliness was explained by attachment anxiety, social self-efficacy and self-disclosure, whereas 42% of the variance in subsequent depression was explained by the initial level of loneliness and depression.

Mallinckrodt and Wei (2005) studied 430 individuals, elements of social competencies and interpersonal processes model were tested. Two social competences were hypothesised to mediate the effects of 2 independent variables, attachment anxiety and avoidance on 2 outcomes, psychological distress and perceived social support. Social self-efficacy was expected to be a significant mediator only for attachment avoidance. The study confirmed that both social self-efficacy and emotional awareness served as significant mediators for both attachment anxiety and attachment avoidance.

Barlow, Cullen-Powell and Cheshire (2006) studied the proportion of mothers of children with cerebral palsy who experience distress, particularly in terms of depressed and anxious moods. They examined the level of maternal anxious and depressed moods, association between maternal psychological well-being and self-efficacy and perception of children's eating, sleeping and mobility were also examined. Participants were 78 mothers, mean age, 37 years and standard deviation, 7.91 of children with CP age less than 16 years of age. Self-administered questionnaires based on standard measures of anxious and depressed moods that were mailed to mothers. Findings showed that 29.8%, 26% and 11.7% of mothers were at low, moderate and high risks of clinically depressed moods were inversely associated with generalised self-efficacy ($CP = 0.001$) and anxious mood was inversely associated with children's sleeping difficulties. Also, they confirmed

that levels of maternal psychological well-being are a cause for concern and warrant exploration of intervention that will reduce maternal distress and increase self-efficacy.

Baer and Garland (2005) evaluated the efficacy of cognitive-behavioural group therapy programme for adolescents with social phobia, simplified both in terms of time and labour intensity from a previously studied program (Social Effectiveness Therapy for Children and Adolescents) to be more appropriate for a community out-patient psychiatric setting. Twelve adolescents with social phobia (ages 13-18) diagnosed by DSM-IV criteria and confirmed with Anxiety Disorders Interview Schedule for Children assessment, were randomly assigned to treatment (n=6) and waitlist (n=6) groups. The waitlist group was subsequently treated, and results were included in data analysis. The result confirmed that treated participants showed significant greater improvement in both examiner evaluated (Anxiety Disorders Interview Schedule for Children) and self-reported (Social Phobia and Anxiety Inventory) symptoms of social anxiety.

2.2.4 Pre-retirement Anxiety and Gender

Our perception of retirement differs. Studies have reported gender differences in older workers orientation toward retirement, with women expressing less favourable views. Hatch (1992) study of 557 women and 245 men in their 60's not currently married, showed that previously, married women, who often face a poor financial situation in retirement were less likely than previously married men to agree that older workers should retire and also were less likely to define themselves retirees. Never married women and men did not differ on these measures of retirement orientation, but they differ in a more general measure of well-being, with the women holding a more positive attitude toward life in retirement. It was therefore concluded that differences in women's and men's occupational and economic circumstances are responsible in part of gender differences in retirement.

Some studies showed that female experience retirement differently from male (Atchley and Robinson, 1982; Joo and Pauwels, 2002; Newman, Sherman & Haggin, 1982). Males were found to likely have more positive attitude towards retirement than females (Atchley & Robinson, 1982). Joo and Pauwels (2002) also found that males had higher retirement confidence than females. In contrast, female workers were found to be less prepared for retirement than their male counterparts (Behling & Merves, 1985).

2.2.5 Pre-retirement Anxiety and Self-esteem

Retirement is a transitional stage of life that can be a pleasant experience for some yet traumatic for others. Many researches have focused on the economic aspect of retirement, particularly income, security, while others have tried to describe and understand the potential negative impact of retirement on health and well being.

The self is another area of importance in retirement. Rosenberg (1964) referred to self-esteem as the emotional element of the self, how the individual feels about himself or herself. Self-esteem is a product of comparison of any individual of what he/she is (self-concept) what he/she ought to be (self-ideal). The impact of self-esteem have been studied by various researchers. Back and Guptill (1966) using a semantic differential scale to study the self-concept among pre-retirees and retirees, identified three dimensions: involvement, optimism and autonomy. They found in the study that the involvement scores for retired persons were considerably lower than for the pre-retirees. They found thing to be true regardless of socio-economic status, and concluded there is decline in perception of self as involved as a result of loss of work. Their findings indicate that, if the individual was healthy, had middle upper stratum occupation and had a number of personnel interests than the loss of a sense of involvement resulting from retirement would be minimized. They concluded that retirement did not successfully fill the gap left by the loss of work role.

Cottrell and Atchley (1969) in their study of retired teacher and telephone company employees using Rozenberg self-esteem scale found that self-esteem tend to be high in retirement. Parnes, Fleisher, Mirljus and Spitz (1970) in their longitudinal study of male aged between 45-59 found that those with high satisfaction with their job were likely to report negative attitudes concerning retirement. Some other studies confirmed the fluctuation of self-esteem in individuals. Knox, Funk, Elliott and Bush (1998) studied 212 high school students. 127 females and 85 males. The students completed the self-perception profile for adolescents Global Self-worth scale by Harter (1988). In addition, they also completed the Hoped for Possible Selves Questionnaire (Cross and Markus, 1991). This questionnaire elicits information about the students perception of themselves and their future through responses to item on a 7-point likert-type scale. The researcher found that there was a positive correlation between the two instruments. This suggests that students with high self-esteem have more positive views of their future. In another study conducted by Rivas-Torres, Fernandez and Maceira (1995) on self-esteem and

gender, their research revealed that females score consistently lower in self-esteem instruments than males (Chubb, Fertman & Ross, 1997). Flansburg (1991) found that although self-esteem among both males and females decreases during adolescence, females as a group start out with lower levels of self-esteem. The levels of self-esteem among females decrease significantly more than levels among males during adolescence.

Also, in a study by Baumeister (1997) on self-esteem across the life span which involved 300,000 individuals, to rate the extent to which they have high self-esteem. The study indicated that self-esteem dropped in adolescence and late adulthood. Self-esteem of females was lower than self-esteem in male through most of the life span and was especially low for females during adolescence. In the opinion of Baumeister, he affirmed that self-esteem do not indicate that high self-esteem produces a good performance rather, high self-esteem is produced by success.

In a longitudinal study conducted by Block and Robins (1993) on self-esteem, 91 students 47 females and 44 males, during their first year of high school, their last year of high school and again five years following high school. Female self-esteem was consistently lower than male self-esteem. They however, found that males tended to increase in self-esteem overtime whereas, females tended to decrease in self-esteem overtime. The disparity between the genders increase overtime. In another study of self-esteem over time, Block (1991) studied students at ages 11, 14, 18 and 23. Of the self-esteem of females and males at age 14 was the same. He found a difference in female and male. Self-esteem among the participants during other time period of 14 and 18. the female participants showed no change in self-esteem, whereas the males reported an increase in self-esteem.

In a similar study, Raymore, Godbey and Crawford (1994) used 363 high school seniors to conduct a study on self-esteem. Among the participants, 153 were female and 208 were male. The results allowed the researchers to divide the students into three categories: high, medium and low self-esteem. Among the male students 60% were included in the high self-esteem category, whereas, only 46% of females were included in the same category. There was almost equivalent percentage of males and females in the medium self-esteem category. Nineteen percent of males and 20% of females were rated as having medium self-esteem included 21% of the males and 34% of the females.

In the study of Chubb, Fertman and Ross (1997) where they studied adolescents self-esteem throughout high school to determine whether or not there was a change in

self-esteem as students progressed from ninth grade to twelfth grade. The researcher surveyed 174 students each year for 4 years. The longitudinal data revealed that adolescent self-esteem did not change significantly over the four years that the students were in high school. Of the students in the study, 95% were white, of the remaining 5%, a significant portion was African American.

High self-esteem has positive effect (Leary, Scherindorfer & Haupt, 1995). It was confirmed that negative self-evaluations are associated with inadequate social skills (Olmstead, Guy, O'Malley & Bentler, 1991) loneliness (McWhirter, 1997), depression (Jex, Cvetanovski & Allen, 1994) and poorer performance following a failure experience (Tafarodi & Vu, 1997).

It was also confirmed by Butler, Hokansm and Flynn (1994) that self-esteem fluctuations up and down in response to changes in the situation. Negative life events such as loss of jobs problems at work, within the family, among friends, self-esteem decreases, anxiety increases and individual involve seeks reassurance in a variety of ways (Joiner, Katz & Lew, 1999).

Research has focused on the beneficial aspect of self-esteem and has found that high self-esteem is related to a variety of positive mental health indices, such as less anxiety, less loneliness, less social anxiety and less alcoholic and drug abuse (Leary, 1999b). Smith and Petty (1995) also found that high self-esteem was related to positive thinking in an unpleasant situation.

Tesser (2001) confirmed that level of self-esteem remains fairly constant because multiple mechanisms is used to maintain that level. Individuals with high self-esteem recall favourable events more accurately which helps to maintain a positive self-evaluation, unlike individuals with low self-esteem who recall unfavourable events more accurately, thus maintaining a negative self-evaluation (Story, 1998). Browne (1992), Wayment and Taylor (1995) also confirmed that we judge ourselves on the basis of social comparison which affect our self-esteem.

2.3 Conceptual Model of the Study

This study is based on the framework designed by the researcher which depicted showed the variables of the study, the therapeutic packages used and the outcome of the treatment.

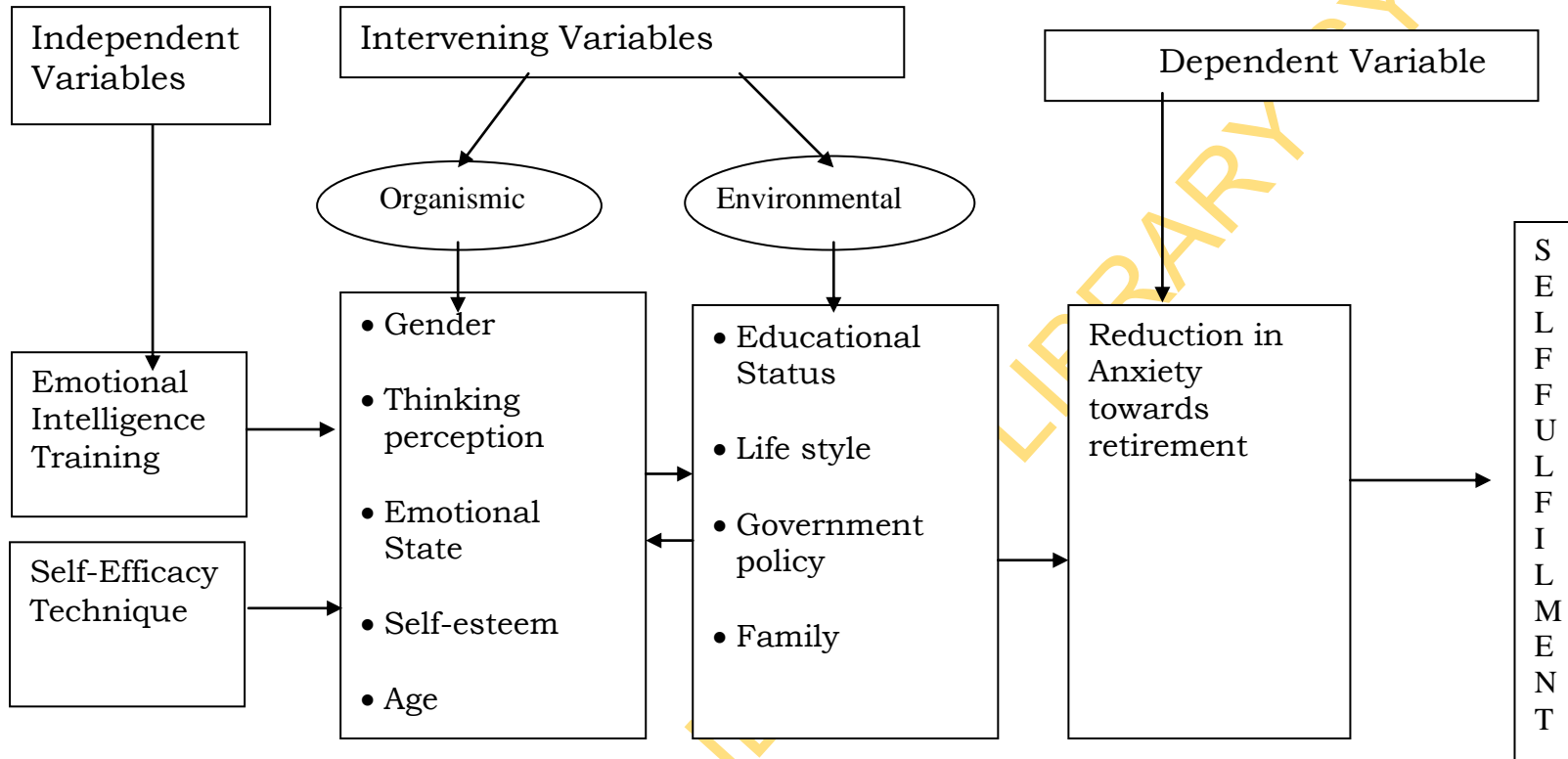
Emotional Intelligence Training and Self-efficacy technique are the treatment

packages used in this research. They are manipulated on the dependent variable, which is reduction in anxiety in the pre-retirement era. The intervening variables are organismic and environmental. The organismic factors are inherent in the subjects, which may be mediating a relationship between the independent and dependent variables. They include, thinking perception, emotional state and self-esteem. The environmental factors include educational status, lifestyle, family and government policies.

Dependent variable which is the expected behavioural outcome through effective manipulation of independent and the intervening variables is reduction in anxiety towards retirement and self-sufficient.

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CONCEPTUAL MODEL FOR THE STUDY



S ————— O ————— R

2.4 Hypotheses

1. There is no significant difference in the of anxiety of intending retirees in the experimental groups (Emotional Intelligence Training) (EIT) and (Self-efficacy Technique) (SET) and the control group.
2. There is no significant difference in the anxiety of intending retirees exposed to EIT (Experimental group I) and those exposed to SET (Experimental group II).
3. There is no significant difference in the anxiety of intending retirees exposed to EIT and those in the control group.
4. There is no significant difference in the anxiety of intending retirees exposed to SET and those in the control group.
5. There is no significant difference in the anxiety of male and female intending retirees treated with EIT.
6. There is no significant difference in the anxiety of male and female intending retirees treated with SET.
7. There is no significant difference in the anxiety between high and low self-esteem participants treated with EIT treatment.
8. There is no significant difference in the anxiety of high and low self-esteem participants exposed to SET.
9. There is no significant interaction effect of treatment and gender on the anxiety of intending retirees.

Key

EIT – Emotional Intelligence Training

SET – Self-efficacy Technique

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the design and methodology to be employed for this study. For easy presentation and comprehension, the chapter is arranged under the following headings:

3.1 Research Design

This study adopted 3x2x2 pre-test, post-test, control quasi experimental design. The research had three groups; two experimental groups and one control group. The experimental groups were participants in Emotional Intelligence Training and Self-efficacy technique. There were two main columns stating the gender of the participants (54 male and 49 female) and subcolumns self-esteem on indicating high and low.

The participants were randomly assigned to each cell based on the respondents' response to the instruments administered. The summary of the research design is presented in Table 3.1.

Table 3.1: 3x2x2 Factorial Quasi-experimental Design

	Gender B				
	Male B1		Female B2		
	Self-Esteem c		Self-Esteem c		
	High C1	Low C2	High C1	Low C2	
EIT A1	A1 B1 C1 = 13	A1 B1 C2 = 6	A1 B2 C1 = 12	A1 B2 C2 = 3	34
SET A2	A2 B1 C1 = 8	A2 B1 C2 = 11	A2 B2 C1 = 5	A2 B2 C2 = 9	33
CONTROL A3	A3 B1 C1 = 10	A3 B1 C2 = 6	A3 B2 C1 = 13	A3 B2 C2 = 7	36
TOTAL	31	23	30	19	103

Key

A1 = Emotional Intelligence Training (EIT)

A2 = Self-efficacy Technique (SET)

A3 = Control

B1 = Male

B2 = Female

C1 = High Self-esteem

C2 = Low Self-esteem

3.2 Population

This comprised all pre-retirees in the public service of the Oyo State government.

3.3 Sample

This comprised 103 pre-retirees selected from intending retirees in the public service of the Oyo State government. Males 54 (52%) and females 49(48%) with the mean age of 54.2 years, standard deviation is 1.033 and age range is ten years and they are all married, although some are widow/widower.

3.4 Sampling Technique

Multistage and stratified random sampling techniques were used to select 103 Oyo State public servants. First, the researcher got permission from the Head of Service of the Oyo State government that allowed the researcher to use public servants for the study. The researcher then visited the Ministry of Establishment, Training and Poverty Alleviation to get the records of all civil and public servants whose age and years of service fall between 55 years and those with 30 years or more in service respectively. Some 312 public servants nearing their retirement were identified. The adapted Sarason's general anxiety scale was administered to the identified intending retirees who were willing to participate in the programme to determine their anxiety level.

After the screening exercise, 227 intending retirees were identified as highly anxious about their retirement. Stratified random sampling technique was used to choose 54 males and 49 females who finally participated in the training programme.

3.5 Participants

The participants were 103 pre-retiring public servants (male = 54, female = 49) who were having five years to their retirement age or over 30 years in service under the Oyo State government. The researcher used some research assistants from some of the establishments/ministries in the distribution and collection of questionnaires. Participants of the study were selected using purposive sampling techniques. The researcher had liaised with some establishments connecting her with the registering staff where compilations of records of public servants that had at most five years to retirement either in age or length of service.

Table 3.2: Demographic Information of 103 Participants

Variable	Number	Percentage
Gender		
Male	54	52%
Female	49	48%
Self-esteem		
Low	42	40.8%
High	61	59.2%

Table 3.3: Respondents by how many more years before mandatory retirement

Years	Frequency	Percentage
5	54	52.4
4	14	13.6
3	16	15.5
2	15	14.6
1	4	3.9
	103	

3.6 Qualification for Participation

The criteria used to select the participants for the study were:

- (i) He/She must be an employee under the Oyo State government;
- (ii) He/She must not have more than five years to retirement; and
- (iii) Must be willing to attend and participate in the training session.

3.7 Instrumentation

The instruments used for data collection, screening and selection of participants were the following scales: Adopted and Modified Sarason's General Anxiety Scale (1980) and Rosenberg's Self-esteem Scale (1965). The first section consisted of several items on respondents socio-demographic variables such as age, sex, family, socio-economic status, educational qualification and occupation. The second sections were the two scales used.

The adopted and modified Sarason's General Anxiety Scale consisted of 17 items

with True or False format. It was affirmed to measure general anxiety and its correlation coefficient was 0.81.

The Rosenberg self-esteem scale is a ten items self-report that measures global self-esteem. It consisted of ten statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four point scale ranging from strongly agree to strongly disagree. Scores are calculated as follows.

For items 1, 2, 4, 6 and 7 – Strongly Agree = 3, Agree = 2, Disagree = 1 and Strongly Disagree = 0.

For items 3, 5, 8, 9 and 10 which are reversed in valence: Strongly Agree = 0, Agree = 1, Disagree = 2 and Strongly Disagree = 3. It has been reported to be highly reliable and has a coefficient alpha of .77.

3.8 Reliability and Validity of Instruments

The reliability and validity of instruments used in researches are important. Reliability refers to whether an instrument consistently measures phenomenon over time (Gall, Borg & Gall, 1996). Validity refers to whether an instrument measures what it is designed to measure (Gall et al, 1996).

The test re-test method was used to assess the coefficient of stability. The test re-test method involved the administration of the scales to 40 adults whose ages are between 40 and 60 years on different occasions of two weeks interval to determine the reliability of the instruments. The test re-test co-efficient of adopted and modified Sarason's anxiety scale was .79 and that of Rosenberg self-esteem scale was .74

3.9 Procedure

This study was carried out in three stages as follows:

- i. Pre-treatment;
- ii. Treatment; and
- iii. Evaluation.

Pre-treatment stage was familiarisation visit to the different establishments that had been randomly selected for the study.

The researcher obtained a letter of introduction from the head of Department which helped the researcher to gain easy access in government establishments/ministries in Ibadan. Having secured the approvals of the establishments and the intending retirees

who are willing to get involved in the programme, The adopted and modified General Anxiety Scale and Rosenberg's Self-esteem Scale were administered. At the end of the test, their responses were collected for screening. Those who scored above average were randomly selected. This was done to all the participants both in the treatment groups and the control group.

The Treatment Session

This session was the actual treatment session. Participants in the two experimental groups were subjected to eight weeks of treatment programmes. The control group only participated in the first and last sessions which was the pre- and post-tests sessions.

Evaluation Stage

Evaluation of the treatment packages and programmes were collated at the end of the treatment sessions to determine the treatments outcome.

Treatment Group One

Emotional Intelligence Training Programme

Session I:

Introductory Remarks

- (i) Welcome the participants;
- (ii) Administration of scales and fixing dates and venue of meeting;
- (iii) Distribution of note pads and biros; and
- (iv) The researcher thanked them for coming.

Session II

Objectives: At the end of the session, the participants should understand the concept of emotional intelligence and emotional competences.

Session III

Objective: At the end of the session, participants should understand the competences of emotional intelligence.

Session IV

Objectives: At the end of the session, participants should be able to mention types of retirement.

- Brief history on retirement;
- Types of retirement; and
- Take home assignment.

Session V

Objectives: At the end of the lesson, participants should be able to identify causes of anxiety.

- Brief lesson on and types of anxiety; and
- Take home assignment

Session VI

Review of take-home assignments.

Objective: Participants should be able to mention how anxiety affect human performance.

Session VII

Training on self-esteem and how it can be enhanced.

- Take home assignment.

Session VIII

- Revision and evaluation of work done so far.
- Administration of post-test.

Experimental Group II

Self-efficacy Technique

Session I

- Familiarisation with participants
- Administration of pre-test.
- Distribution of note pads and writing materials.

Session II

Participants were welcomed warmly.

Objective: Explain the concept of retirement and its effects on workers.

Take home assignment.

Session III

Objective: At the end of the session, participants should be able to summarise and understand the concept and sources of self-efficacy.

Take home assignment

Session IV

Conceptualisation of concept and sources of self-efficacy continued.

Session V

Objectives: At the end of the session, participants should be able to identify causes of anxiety.

- Brief lesson on anxiety and types of anxiety
- Take home assignment.

Session VI

Objective: Participants should be able to mention how anxiety affect human performance

Session VII

Training on self-esteem and how it can be enhanced.

Session VIII

Revision and evaluation of work done.

Administration of post-test.

Control Group

Session I: Administration of pre-tests

Session II: Administration of post-tests

Control of Extraneous Variables

The study was an experimental study which involved the manipulation of independent variable to determine its effects on the participants. The researcher tried to ensure that the observed differences in this study were not due to extraneous variable(s) within or outside the researcher's, participants', environment as well as the methodological framework. Thus, extraneous variables were controlled. The study used the quasi-experimental design, 3x2x2 factorial which prevented the possible variations that could occur with the participants.

Simple randomisation was used to assign participants to treatment and control groups, it was conducted without any bias for effective control. The researcher was the

only person that did the treatment of the participants which ensured that the uniform treatment were given to the participants in each of the treatment groups.

The sites of treatments were quite a distance from each other to avoid proliferation of information from one participant in one group to another in the other group.

3.10 Data Analysis

The study utilised Analysis of Covariance (ANCOVA) to ascertain the differential effectiveness of the two intervention techniques - Emotional Intelligence Training and Self-efficacy Technique on the pre retirement anxiety of public servants in Ibadan. The Multiple Classification Analysis was used to conduct post-hoc analysis (pairwise comparison) for possible explanation of the direction of observed significant main effects of the treatments.

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CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the results from the tests of nine hypotheses stated in the study. They are in form of Tables and pertinent references are made.

The statistical techniques used, methods of data analysis and results obtained are stated. For each hypothesis, the statistical tests of significance selected and applied to the data are described, followed by a statement indicating whether the hypothesis is to be accepted or rejected.

Twenty-four Tables are used to present the findings in summary form. Each hypothesis is predicated on a Table. The results are presented hypothesis by hypothesis.

Hypothesis One

The first hypothesis states there is no significant difference in the anxiety of intending retirees in the experimental groups (Emotional Intelligence Training (EIT) and Self-efficacy Technique (SET) and the control group. This hypothesis is tested at the probability level of $\alpha = 0.05$. The statistical technique employed and the computational details following are as summarised below.

Table 4.1: Unadjusted \bar{x} means and adjusted Y-means of Participants of Pre-retirement Anxiety Scores Based on Intervention (ROW) and Level of Self-esteem (Column)

Variables		Column				
		Low Self-esteem		High Self-esteem		
Row	N	X- \bar{x} 's	Y- \bar{x} 's	N	X- \bar{x} 's	Y- \bar{x} 's
EIT	9	22.11	19.60	25	25.32	19.04
SET	20	19.80	22.37	13	24.08	24.40
CONT	13	22.39	28.03	23	23.26	28.72

As could be inferred from Table 4.1, the X-means and Y-means independent of the self-esteem, the overall X-means was 22.981 while the adjusted Y-means confirmed the superior treatment gain of EIT over SET and control group. In Table 4.1, juxtapositioning of the range of means scores using the self-esteem trend shows that

subjects exposed to the EIT had the lowest mean scores advantage over the other treatment condition. Those exposed to the SET followed while the control group was the highest.

Table 4.2: 3x2 Analysis of Covariance using Emotional Intelligence Training, Self-efficacy Technique and the Control Group

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Rows	2	82.345	41.173	38.17	<0.05	S
Columns	1	0.782	0.782	0.74	>0.05	NS
Interaction	2	1.692	0.846	0.80	>0.05	NS
Within	97	103.014	01.062			
Total	102	187.83				

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

The above Table summarised the computational details of the tested hypothesis using ANCOVA. The post-treatment, using scores of the three experimental conditions of Emotional Intelligence Training (EIT), Self-efficacy Technique (SET) and the control group subsumed along their level of self-esteem. The treatment outcome utilising the ANCOVA at the 0.05 alpha level shows that there is significant difference among the (level of self-esteem performance) of the treatments and the control group, that is particular at the row where the obtained value of $F_{(2,97)} = 38.17$; $P < 0.05$.

Table 4.3 shows the summary of findings when the pair-wise comparison post hoc statistical method is used. As could be seen in the Table, the cells show where it is both significant and non-significant.

Table 4.3: Rows and Columns Adjusted Mean Compared

Rows	Columns (Self-esteem)	
Treatment Packages	Low	High
EIT	19.60(a)	19.04(b)
SET	22.37(c)	24.40(d)
CONT	28.03(e)	28.72(f)

Table 4.4: Comparison of Rows and Columns Adjusted $\bar{Y} - \bar{X}$'s Pooled SE Computed from least Mean square and t-values

Cell	N	DF	LMS	Pooled SE	t-value	P	Remark
a vs b	34	32	0.782	0.342	1.647	>0.05	NS
a vs c	29	27	0.782	0.354	7.820	<0.05	S
a vs d	22	20	0.782	0.385	12.460	<0.05	S
a vs e	22	20	0.782	0.385	3.246	<0.05	S
a vs f	32	30	0.782	0.342	3.120	<0.05	S
b vs c	45	43	0.782	0.265	12.552	<0.05	S
b vs d	38	36	0.782	0.306	1.644	>0.05	NS
b vs e	38	36	0.782	0.306	2.752	<0.05	S
b vs f	48	46	0.782	0.250	2.423	<0.05	S
c vs d	33	31	0.782	0.319	0.650	>0.05	NS
c vs e	33	31	0.782	0.319	1.807	>0.05	NS
c vs f	43	41	0.782	0.265	1.686	>0.05	NS
d vs e	26	24	0.782	0.342	1.240	>0.05	NS
d vs f	36	34	0.782	0.306	1.322	>0.05	NS
e vs f	36	34	0.782	0.306	0.212	>0.05	NS

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

Results of Hypothesis One Explained as presented in Table 4.4

1. There is no significant difference between the anxiety of intending retirees with low self-esteem and those with high self-esteem exposed to EIT ($t=1.647$, $df = 32$, $p > 0.05$).

2. There is significant difference in the anxiety of intending retirees with low self-esteem exposed to EIT and their counterparts with low self-esteem exposed to SET ($t=7.820$, $df = 27$, $p < 0.05$).
3. There is significant difference between the low self-esteem participants exposed to EIT and high self-esteem participants exposed to SET ($t=12.460$, $df = 20$, $p < 0.05$).
4. There is significant difference between the anxiety of low self-esteem participants exposed to EIT and their counterparts with low self-esteem in the control group ($t=3.246$, $df = 20$, $p < 0.05$).
5. There is significant difference in the anxiety of low self-esteem participants exposed to EIT and those of high self-esteem participants in the control group ($t=3.120$, $df = 30$, $p < 0.05$).
6. There is significant difference between low self-esteem participants exposed to EIT and those of high self-esteem participants exposed to SET ($t=12.552$, $df = 43$, $p < 0.05$).
7. There is no significant difference between the anxiety of participants high in self-esteem exposed to EIT and their counterparts with high self-esteem exposed to SET ($t=1.644$, $df = 36$, $p > 0.05$).
8. There is significant difference between anxiety of high self-esteem participants exposed to EIT and anxiety of low self-esteem participants in the control group ($t=2.752$, $df = 36$, $p < 0.05$).
9. There is significant difference between the anxiety of high self-esteem of participants exposed to EIT and high self-esteem participants in the control group ($t=2.423$, $df = 46$, $p < 0.05$).
10. There is no significant difference in the anxiety of low self-esteem participants and high self-esteem participants exposed to SET ($t=0.650$, $df = 31$, $p > 0.05$).
11. There is no significant difference between the anxiety of low self-esteem participants exposed to SET and high self-esteem participants in the control group ($t=1.807$, $df = 31$, $p > 0.05$).
12. There is no significant difference between the anxiety of low self-esteem participants treated with SET and those high in self-esteem in the control group ($t=1.686$, $df = 41$, $p > 0.05$).

13. There is no significant difference between high self-esteem participants exposed to SET and those low in self-esteem in the control group ($t=1.240$, $df = 24$, $p>0.05$).
14. There is no significant difference in the anxiety of participants high in self-esteem exposed to SET and their counterparts in the control group ($t=1.322$, $df = 34$, $p>0.05$).
15. There is no significant difference between the anxiety of low self-esteem participants in the control group and those high in self-esteem in the control group ($t=0.212$, $df = 34$, $p>0.05$).

Hypothesis Two

The second hypothesis states there is no significant difference in the anxiety of intending retirees exposed to EIT (Experimental Group I) and those exposed to SET (Experimental Group II). The outcome of this hypothesis tested with ANCOVA at alpha level of 0.05 is as summarised in Table 4.5

Table 4.5: Unadjusted X means and adjusted Y-means of Participants of Pre-retirement Anxiety Scores Based on Intervention (ROW) and Level of Self-esteem (Columns)

Variables		Columns				
		Low Self-esteem		High Self-esteem		
Row	N	$X-\bar{x}'_s$	$Y-\bar{y}'_s$	N	$X-\bar{x}'_s$	$Y-\bar{y}'_s$
EIT	9	22.11	19.49	25	25.32	19.33
SET	20	19.80	21.97	13	24.08	24.54

As could be inferred from Table 4.5 which shows the X-means and Y-means are independent of self-esteem, the average X-means was 23.00 while the adjusted Y-means confirmed the superior treatment gain of EIT over SET.

Table 4.6: 2x2 Analysis of Covariance (ANCOVA) of Subjects Treated with Emotional Intelligence Training and Self-efficacy Technique

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Rows	1	14.773	14.773	10.18	<0.05	S
Columns	1	1.454	1.454	1.00	>0.05	NS
Interaction	1	1.870	1.870	1.29	>0.05	NS
Within	63	91.413	1.451			
Total	66	109.510				

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

The treatment outcome utilising the ANCOVA at the 0.05 alpha level shows that there was significant difference between EIT and SET, particularly at the row where the obtained value of $F_{(1,63)} = 10.18$; $P < 0.05$ (Table 4.6). Further computation was undertaken as shown below corroborate the trend of the findings. Tables 4.7 and 4.8 show the rows and columns adjusted mean compared and the summary of findings when the pair-wise comparison post-hoc statistical method was used. As could be seen in the Table 4.8, the cells showed where it is significant and not significant.

Table 4.7: Rows and Columns Adjusted Y-X's Compared

Rows	Self-esteem (Columns)	
Treatment Packages	Low	High
EIT	19.49(a)	19.33(b)
SET	21.97(c)	24.54(d)

Table 4.8: Comparison of Rows and Columns Adjusted Y-X's Pooled SE Computed from Least Mean Square and t-values

Cell	N	DF	LMS	Pooled SE	t-value	P	Remark
a vs b	29	27	1.451	0.410	0.395	>0.05	NS
a vs c	34	32	1.451	0.408	6.069	<0.05	S
a vs d	22	20	1.451	0.522	9.672	<0.05	S
b vs c	45	43	1.451	0.361	7.307	<0.05	S
b vs d	33	31	1.451	0.429	12.147	<0.05	S
c vs d	38	36	1.451	0.412	21.991	<0.05	S

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

a = Low self-esteem participants exposed to EIT

b = High self-esteem participants exposed to EIT

c = Low self-esteem participants exposed to SET

d = High self-esteem participants exposed to SET

Results of hypothesis two explained as presented in Table 4.8.

1. There is no significant difference between the anxiety of low self-esteem participants and high self-esteem participants exposed to EIT ($t=0.395$, $df = 27$, $p>0.05$).
2. There is significant difference between the anxiety of low self-esteem intending retirees exposed to EIT and their counterparts in SET ($t=6.069$, $df = 32$, $p<0.05$).

3. There is significant difference between low self-esteem intending retirees exposed to EIT and high self-esteem intending retirees exposed to SET ($t=9.672$, $df = 20$, $p<0.05$).
4. There is significant difference between the anxiety of high self-esteem intending retirees exposed to EIT and low self-esteem intending retirees exposed to SET ($t=7.307$, $df = 43$, $p<0.05$).
5. There is significant difference in the anxiety of intending retirees with high self-esteem exposed to EIT and high self-esteem participants exposed to SET ($t=12.147$, $df = 31$, $p<0.05$).
6. There is significant difference between the anxiety of low self-esteem participants and high self-esteem participants exposed to SET ($t=21.991$, $df = 36$, $p<0.05$).

Hypothesis Three

The third hypothesis states that there is no significant difference in the anxiety of intending retirees exposed to EIT and those in the control group. In testing this hypothesis, the analysis of covariance (ANCOVA) at the alpha level of 0.05 is the statistical method adopted. The findings following the computational details are as summarised in Table 4.9.

Table 4.9: Unadjusted X-mean and adjusted Y-means of Participants of Pre-retirement Anxiety Scores based on Intervention (ROW) and Level of Self-esteem (Columns)

Variables		Column				
		Low Self-esteem		High Self-esteem		
Row	N	X- \bar{x} 's	Y- \bar{y} 's	N	X- \bar{x} 's	Y- \bar{y} 's
EIT	9	22.11	19.59	25	25.32	19.12
Control	13	22.38	28.03	23	23.26	28.75

Overall x-mean = 23.686

As could be inferable from Table 4.9, which shows the X-means and Y-means are independent of the self-esteem, the overall X-means was 23.686 while the adjusted Y-means confirmed the superior treatment gain of EIT over the control group. The means'

scores using the self-esteem trend show that participants exposed to EIT had the least mean score of anxiety over the control group.

Table 4.10: A 2x2 Pre and Post Treatment Comparison of Self-efficacy Technique and the Control Group using ANCOVA

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Rows	1	81.634	81.634	70.15	<0.05	S
Columns	1	0.014	0.014	0.01	>0.05	NS
Interaction	1	0.357	0.357	0.31	>0.05	NS
Within	66	76.824	1.164			
Total	69	158.829				

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

The result from Table 4.10 shows that the treatment outcome utilising the ANCOVA at the 0.05 alpha level post a significant difference between level of anxiety of intending retirees that was exposed to EIT and the control group. Premised on the obtained value of $F_{(1,66)} = 70.15$, the null hypothesis is rejected. It is therefore concluded that there is significant difference in the anxiety of intending retirees exposed to EIT and those in the control group. Further comparison is undertaken as shown below to corroborate the trend of findings.

The following Tables (i.e. Tables 4.11 and 4.12) show the rows and columns adjusted mean compared and the summary of findings when the pairwise comparison post hoc statistical analysis is used. As could be seen in Table 4.12, the cells show where it is both significant and otherwise.

Table 4.11: Rows and Columns Adjusted $\bar{Y}-\bar{X}$ 'S Compared

Rows	Self-Esteem	
	Low	High
Treatment Packages		
EIT	19.59(a)	19.12(b)
CONT	28.03(c)	28.75(d)

Table 4.12: Comparison of Rows and Columns Adjusted $\bar{Y}-\bar{X}$'s Pooled SE Computed from least Mean Square and t-values

Cell	N	DF	LMS	Pooled SE	t-value	P	Remark
a vs b	22	20	0.014	0.040	12.0	<0.05	S
a vs c	34	32	0.014	0.051	165.43	<0.05	S
a vs d	32	30	0.014	0.046	198.98	<0.05	S
b vs c	38	36	0.014	0.040	222.93	<0.05	S
b vs d	36	34	0.014	0.033	291.91	<0.05	S
c vs d	48	46	0.014	0.041	17.46	<0.05	S

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

Key:

a = Low self-esteem participants exposed to EIT

b = High self-esteem participants exposed to EIT

c = Low self-esteem participants in the Control Group

d = High self-esteem participants in the to Control Group

Results of hypothesis three explained as presented in Table 4.12

1. There is significant difference between low self-esteem and high self-esteem participants exposed to EIT ($t=12.0$, $df = 20$, $p < 0.05$).
2. There is significant difference between low self-esteem participants exposed to EIT and their counterparts in the control group ($t=165.43$, $df = 32$, $p < 0.05$).

3. There is significant difference between the anxiety of low self-esteem participants exposed to EIT and high self-esteem participants in the control group ($t=198.98$, $df = 30$, $p<0.05$).
4. There is significant difference between high self-esteem participants exposed to EIT and low self-esteem participants in the control group ($t=222.93$, $df = 36$, $p<0.05$).
5. There is significant difference between low self-esteem participants exposed to EIT and their counterpart in the control group ($t=291.91$, $df = 34$, $p<0.05$).
6. There is significant difference between low self-esteem participants and high self-esteem participants in the control group ($t=17.46$, $df = 46$, $p<0.05$).

Hypothesis Four

The fourth hypothesis states that there is no significant difference in the anxiety of intending retirees exposed to SET and those in the control group.

This hypothesis is tested at the alpha level of 0.05 using the ANCOVA. The computational details following the treatment outcome are summarised in Table 4.13.

Table 4.13: Unadjusted X-mean and adjusted Y-means of Participants of Pre-retirement Anxiety Scores based on Intervention (ROW) and Level of Self-esteem (Columns)

Variables		Column				
		Low Self-esteem		High Self-esteem		
Row	N	X- \bar{x} 's	Y- \bar{y} 's	N	X- \bar{x} 's	Y- \bar{y} 's
SET	20	19.80	22.79	13	24.08	24.02
CONT	13	22.39	27.97	23	23.26	28.49

Table 4.14: A 2x2 Pre and Post Treatment Comparison of Self-efficacy Technique and the Control Group using ANCOVA

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Rows	1	23.299	23.299	39.80	<0.05	S
Columns	1	0.780	0.780	1.33	>0.05	NS
Interaction	1	0.125	0.125	0.21	>0.05	NS
Within	65	38.025	0.585			
Total	68	62.229				

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

The Table 4.13 summarised the computational details of the tested hypothesis using the ANCOVA. The post treatment scores of the SET and the control subsumed along their level of self-esteem show that subjects treated with SET exhibited the favourable treatment gain. The treatment outcome utilising the ANCOVA at the 0.05 alpha level shows that there is significant difference between the participants exposed to SET treatment and the control group, that is particularly at the row where the obtained value of $F_{(1,65)} = 39.80$; $P < 0.05$. Therefore, the null hypothesis is rejected in favour of alternative hypothesis and is concluded that there is significant difference in the anxiety of intending retirees exposed to SET and those in the control group. Further computation is done as shown below to corroborate the trend of the findings.

Table 4.15: Rows and Columns Adjusted \bar{Y} - \bar{X} 'S Compared

Rows	Self-Esteem	
Treatment Packages	Low	High
SET	22.79(a)	24.02(b)
CONT	27.97(c)	28.49(d)

As could be inferred from Table 4.15 shows the X-mean and Y-mean are independent of self-esteem, the overall X-mean was 22.246 while the adjusted Y-Mean confirmed the superior treatment gain of SET over the control group. Table 4.16 shows the summary of findings when the pair-wise comparison post-hoc statistical method is used as could be seen in Table 4.16, the cells show where it is significant and not significant.

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Table 4.16: Comparison of Rows and Columns Adjusted Y-X's; Pooled SE Computed from Least Mean Square and t-values

Cell	N	DF	LMS	Pooled SE	t-value	P	Remark
a vs b	33	31	0.125	0.127	9.74	<0.05	S
a vs c	33	31	0.125	0.127	40.795	<0.05	S
a vs d	43	41	0.125	0.105	54.381	<0.05	S
b vs c	26	24	0.125	0.141	27.972	<0.05	S
b vs d	36	34	0.125	0.122	36.664	<0.05	S
c vs d	36	34	0.125	0.122	5.290	<0.05	S

S = Significant at $\alpha = 0.05$, NS = Not Significant at $\alpha = 0.05$.

Key:

a = Low self-esteem participants exposed to SET

b = High self-esteem participants exposed to SET

c = Low self-esteem participants in the Control Group

d = High self-esteem participants in the Control Group

Results of hypothesis four explained as presented in Table 4.16

1. There is significant difference between the anxiety of low self-esteem participants and high self-esteem participants exposed to SET ($t=9.74$, $df = 31$, $p<0.05$).
2. There is significant difference between the anxiety of low self-esteem participants exposed to SET and their counterparts in the control group ($t=40.795$, $df = 31$, $p<0.05$).
3. There is significant difference between the anxiety of intending retirees with low self-esteem that are exposed to SET and those in the control group under high self-esteem ($t=54.381$, $df = 41$, $p<0.05$).
4. There is significant difference between the high self-esteem participants exposed to SET and low self-esteem in the control group ($t=27.972$, $df = 24$, $p<0.05$).
5. There is significant difference between the anxiety of high self-esteem participants exposed to SET and their counterparts in the control group ($t=36.664$, $df = 34$, $p<0.05$).

6. There is significant difference between the anxiety of low self-esteem and high self-esteem participants in the control group ($t=5.290$, $df=34$, $p<0.05$).

Hypothesis Five

The fifth hypothesis states that there is no significant difference in the anxiety of male and female intending retirees exposed to EIT. In testing this hypothesis, the ANCOVA statistical method at the alpha level of 0.05 is used to ascertain the investigated outcome. The findings are summarised in Table 4.17.

Table 4:17: ANCOVA on the Anxiety of Male and Female Intending Retirees Exposed to EIT

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
SEX	1	8.717	8.717	0.611	0.44	NS
Explained	2	9.036	4.516	0.317	0.731	NS
Residual	31	442.522	14.275			
Total	33	451.559				

Table 4.17 explains the results of ANCOVA in the anxiety of male and female intending retirees exposed to EIT. It is observed in the Table that there is no significant difference in the anxiety of male and female intending retirees exposed to EIT. The F-ratio is $F_{1/31} = 0.611$ not significant at 0.05 level of significance.

The result is further interpreted using Multiple Classification Analysis (MCA) to provide more insights.

Table 4.18: Multiple Classification Analysis (MCA) Summary of the Anxiety of Male and Female Intending Retirees Exposed to EIT

Variable + Category	N	Unadjusted Deviation	ETA	Adjusted for Deviation	Beta
Male	19	-0.42		-0.46	
Female	15	0.53		0.59	
			0.13		0.14
Multiple R ²					0.020
Multiple R					0.141
Grand mean = 22.21					

Table 4.18 indicates that the means of the two groups are 22.79 and 22.74 for male and female respectively. From this result, it could be seen that there was no significant difference in the anxiety of male and female intending retirees exposed to EIT.

Independent Variables and the Dependent Variables

R² stands for the composite contribution of Emotional Intelligence and Self-efficacy on intending retirees anxiety.

R is the relationship or the correlation between the independent variable Emotional Intelligence and Self-efficacy on intending retirees anxiety.

Hypothesis Six

The sixth hypothesis states that there is no significant difference in the anxiety of male and female intending retirees exposed to SET. This hypothesis is tested at the 0.05 level of significance using ANCOVA. The statistical analysis employed and the details of obtained results are presented in Table 4.19.

Table 4.19: ANCOVA on the Anxiety of Male and Female Intending Retirees Exposed to SET

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Pretest	1	80.499	80.499	7.653	0.010	S
Sex	1	0.001	0.001	0.000	0.992	NS
Explained	2	80.500	40.250	3.827	0.033	S
Residual	30	315.560	10.519			
Total	32	396.061				

Table 4.19 shows that there is no significant difference in the anxiety of male and female intending retirees exposed to SET. The F-ratio is $F(1/30) = 0.000$ and it is not significant at 0.05 level of significance.

Further interpretation is made using the Multiple Classification Analysis (MCA) to provide an insight to the findings.

Table 4.20: Multiple Classification Analysis (MCA) Summary of the Anxiety of Male and Female Intending Retirees Exposed to SET

Variable + Category	N	Unadjusted Deviation	ETA	Adjusted for Deviation	Beta
Male	19	0.06		0.000	
Female	14	-0.08		0.01	
			0.02		0.00
Multiple R2					0.203
Multiple R					0.451
Grand mean = 21.58					

Table 4.20 indicates that the mean of the male and female are 21.63 and 21.50 respectively. From this result, it could be observed that there is no significant difference in the anxiety of male and female intending retirees exposed to SET.

Hypothesis Seven

This hypothesis states that there is no significant difference in the anxiety of high and low self-esteem participants exposed to EIT.

In testing this hypothesis, the ANCOVA statistical method at the alpha level of 0.05 was used to ascertain the investigated outcome. The findings are summarised in Table 4.21.

Table 4.21: ANCOVA on the Anxiety of High and Low Self-esteem of Participants Exposed EIT

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Pretest	1	0.320	0.320	0.023	0.882	NS
Self-esteem	1	11.514	11.514	0.812	0.375	NS
Explained	2	11.834	5.917	0.47	0.663	NS
Residual	31	439.725	14.185			
Total	33	451.559				

Table 4.21 explains the result of ANCOVA in the anxiety of high and low self-esteem (participants) intending retirees exposed to EIT. It is observed in the Table that there is no significant difference in the anxiety of high and low intending retirees exposed to EIT. The F-ratio is $F(1/31) = 0.812$ $P > 0.05$. The result is further interpreted using MCA to provide more insights.

Table 4.22: Multiple Classification Analysis (MCA) Summary of High and Low Intending Retirees Exposed to EIT

Variable + Category	N	Unadjusted Deviation	ETA	Adjusted for Deviation	Beta
Low	9	-0.43		-1.63	
High	25	0.15		0.60	
			0.07		0.28
Multiple R ²					0.026
Multiple R					0.162
Grand mean = 22.21					

Table 4.22 further indicates that the means of the low and high are 21.78 and 22.36 respectively. From this result, it could be observed that there is no significant difference in the anxiety of low and high intending retirees exposed to EIT.

Hypothesis Eight

This hypothesis states that there is no significant difference in the anxiety of high and low self-esteem participants exposed to SET. This hypothesis is tested using ANCOVA at the alpha level 0.05 to ascertain the investigated outcome. The findings are summarised in Tables 4.23 and 4.24.

Table 4.23: ANCOVA on the Anxiety of High and Low Intending Retirees Exposed to SET

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Pretest	1	80.499	80.499	8.091	0.008	S
Self-esteem	1	17.076	17.076	1.716	0.200	NS
Explained	2	97.575	48.788	4.904	0.014	S
Residual	30	298.486	9.950			
Total	32	396.061				

Table 4.23 explains the result of ANCOVA of high and low self-esteem of intending retirees exposed to SET. It is observed in the Table that there is no significant difference in the anxiety of high and low intending retirees exposed to SET. The F-ratio is $(F1/30) = 1.716$ $P > 0.05$. The result is further interpreted using MCA to provide more insights.

Table 4.24: Summary of Multiple Classification Analysis (MCA) of High and Low Intending Retirees Exposed to SET

Variable	N	Unadjusted	ETA	Adjusted for	Beta
Category		Deviation		Deviation	
Low	20	-1.38		-1.10	
High	13	2.12			
			0.49		0.39
Multiple R ²					0.246
Multiple R					0.496
Grand mean					
= 21.58					

Table 4.24 indicates that the means of the low and high self-esteem of intending retirees with anxiety exposed to SET are 20.20 and 23.69 respectively. From this result, it could be observed that there is no significant difference in the anxiety of low and high self-esteem of intending retirees exposed to SET.

Hypothesis Nine

The ninth hypothesis states that there is no significant interaction effect of treatment and gender on the anxiety of intending retirees. In testing this hypothesis, the ANCOVA statistical method at the alpha level of 0.05 was used to ascertain the investigated outcome. The findings are summarised in Table 4.25.

Table 4.25: Summary on Interaction Effect of Treatment and Gender on the Anxiety of Intending Retirees

Source of Variation	Df	Sum of Square	Mean Square	F	P	Remark
Pretest	1	28.405	28.405	2.206	0.141	NS
Treatment	2	228.033	114.016	8.854	0.000	S
Sex	1	0.039	0.039	0.003	0.956	NS
Treatment VS Sex	2	87.147	43.573	0.402	0.670	Ns
Explained	6	266.824	44.471	3.454	0.004	S
Residual	96	1236.166	12.877			
Total	102	1502.990				

Table 4.25 explains the result of ANCOVA of the interaction effect of treatment and gender on the anxiety of intending retirees. It is observed in the Table that there is no significant difference in the interaction effect of treatment and gender on the anxiety of intending retirees. The F-ratio is $(F_{2/96}) = 0.402$ $P > 0.05$, therefore, it is concluded that the null hypothesis is confirmed.

4.2 Summary of Findings

1. There is a significant difference between the anxiety of intending retirees in the experimental groups (EIT and SET) and the control group.
2. Significant difference existed in the anxiety of intending retirees exposed to EIT and those exposed to SET.
3. Significant difference is found between the anxiety of intending retirees exposed to EIT and those in the control group.
4. Significant difference is established between the anxiety of intending retirees exposed to SET and those in the control group.

5. No significant difference existed between the anxiety of male and female intending retirees exposed to EIT.
6. There is no significant difference in the anxiety of male and female intending retirees exposed to SET.
7. No significant difference is found between the anxiety of high and low self-esteem of participants exposed to EIT.
8. There is no significant difference between the anxiety of high and low self-esteem participants exposed to SET.
9. There is no significant difference in the interaction effect of treatment and gender on the anxiety of intending retirees.

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CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the findings of the study in relation to the nine hypotheses stated in the second chapter. It also discusses the implications of the findings, and it makes recommendations and suggestions for further research.

The first hypothesis states there is no significant difference in the anxiety of intending retirees in the experimental groups (EIT and SET) and the control group. The first hypothesis reveals a significant difference in the anxiety of intending retirees in the experimental groups and the control group. The findings indicate that both treatment packages (EIT and SET) were effective and had impact on the participants. The control group did not manifest any change because it was not exposed to any treatment. The participants exposed to Emotional Intelligence Training (EIT) had lowest mean score in anxiety measure. This supports Cooper (1997) who affirmed that people with high emotional intelligence have greater success, foster greater personal relationship and have effective leadership skills and are healthier than those with low emotional intelligence. This find also corroborates the findings of Fernandez-Berocal and Extemera (2006) which indicated that EQ specifically clarify and repair previous mood states emotional reactivity to mood, induced condition and emotional recovery which affirmed that EQ could be used to facilitate personal and interpersonal factors that contribute to the efficient processing of positive and negative emotions. Also, the findings lend credence to the study of Mudge, Grinnan and Priesmeyer (2006) that affirmed that successful experiences are connected to positive emotions and relationships in that emotion can either enhance or inhibit the ability to learn and which may cause changes in behaviour and also alter biological processes. The findings also corroborate the study of Xie (2007) which confirmed the reduction in the anxiety of 30 telephone interviewers who had stressor strained relationship. With the skills in self-efficacy, they reported strengthened relationship.

The findings also support the study of Fretz (1989) which confirmed that self-efficacy knowledge affect or enhance pre-retirement worry. He affirmed that low sense of self-efficacy and low degree of planfulness may increase anxiety level of pre-retirees.

The findings of the study is not surprising because EIT apparently impacted on

pre-retirees on how to perceive, analyse their emotions of themselves and that of others and use the proceeds of information gathered for problem-solving. Anxiety is as a result of anticipated problems so being emotionally intelligent, they have acquired the skills to envisage and solve potential problems effectively. There is a link between emotions and anxiety since they both belong to the affective domain. If a person cannot handle his or her emotions and the feelings of others properly, he or she will unnecessarily be anxious. The skills acquired by the participants perhaps contributed to lower anxiety recorded after the treatment programme.

Moreover, self-efficacy refers to the confidence, capability one has in his or her ability to achieve a desired goal. Building such confidence in the participants must have helped to identify their potentials. In the course of the training, the psychological processes through which self-beliefs of efficacy affect human functioning must have come into play to assist the pre-retirees such as the cognitive, motivational, affective and selective processes which helped the pre-retirees to gain in ways to perceive future problems and ways of solving them.

The second hypothesis states that, there is no significant difference in the anxiety of intending retirees exposed to Emotional Intelligence Training (EIT) group and those exposed to self-efficacy technique (SET). This hypothesis is also rejected. The first experimental group (EIT) had the least mean score compared the second experimental group (SET). This finding lend credence to Bar On (2003) that found significant relationship between emotional and social intelligence on psychological health where he affirmed that the ability to manage emotions and cope with stress and accomplish personal goals. The findings is also in consonance with that of Goleman (1998) who he confirmed that people who are high in self-control are people who can manage their feelings and distressing emotions well, stay composed and positive even in trying moments.

The result is due to the competences learnt during the training which helped in their coping skills. Further, people are so emotional when it gets to things that are personal to them which concern their life. The emotional competencies such as perceiving emotions, analysing it and being able to use the thoughts gathered to ascertain an achievable goal has helped in reducing the anxiety level of those in EIT group than those in SET group.

The third hypothesis states, there is no significant difference in the anxiety of

intending retirees exposed to EIT and those in the control group. The null hypothesis is rejected. The findings affirmed the studies of Shutte, Malouff, Simunelc, McKenley and Hollander (2002) which posited that individuals with emotional intelligence would use their ability to understand and regulate emotions and maintain more positive mood and higher self-esteem. These authors also confirmed that individuals who are higher in EQ would be better able to resist situational threats to positive mood and self-esteem. The result is not surprising since the EIT group had training sessions on skills and competencies that can reduce their anxiety unlike the control group that had no treatment.

The fourth hypothesis states, there is no significant difference in the anxiety of intending retirees exposed to SET and those in the control group. The findings show that there is significant difference and so the null hypothesis is rejected. This supports Brown and Morrissey (2004) that assessed the impact of self-efficacy anxiety in a presentation performance. The result of the study revealed that those higher in self-efficacy performed better and are less anxious than those who did not take part in the activity. This study also affirms Fretz (1989) which asserted that predictor of pre-retirement worry were low degree of planning. The training sessions that those in the SET group were given set them ahead of the control group that had no training at all which made those in the SET group to have lower score in their level of anxiety.

The fifth hypothesis states that there is no significant difference in the anxiety of male and female intending retirees exposed to EIT. The hypothesis was confirmed which ascertained there was no significant difference. This finding contradicts the findings of Bracket, Mayer and Werner (2004), Kafetsions (2004), Perry, Ball and Stancy (2004), Wei (2004), Van Rooy, Alonso and Visiwesvaran (2005) who affirmed that emotional intelligence is gender related, with women scoring higher on measures of emotional intelligence than men. The result of this finding may be because the participants both male and female were exposed to the same treatment and were also having the same exposure in the public service under the same government this may contribute to the findings of the result.

The sixth hypothesis states there is no significant difference in the anxiety of male and female intending retirees exposed to SET. The findings show there is no significant difference. The results contradict the findings of Lewinsohn and Lewinsohn, Gotlib, Seeley and Allen (1998) whose assertion is that anxiety states are more frequently met in women than men. These authors also affirmed that anxiety appears in female in all the

period of their life while in men, it is more frequent in adulthood but decreases after the age of 50. Also, the result is not in agreement with the findings of Kendler, Neale, Kessler, Heath and Eaves (1992) which found phobias greater in men than women. The confirmation of the findings may be as a result of the environmental demands faced by the participants. They are in the same environment and exposed to the same pressure and workload.

The seventh hypothesis states that, there is no significant difference in the anxiety of high and low self-esteem participants exposed to EIT. The hypothesis was confirmed. The finding contradicts Shutte et al (2002) which asserted that emotional intelligent people have positive mood and higher self-esteem. It also did not support Raymore, Godbey and Crawford (1994) that found almost equivalent percentage of male and female in the medium self-esteem category. They affirmed that 19 percent of the male and 20 percent of female were rated as having medium self-esteem included 20 percent of male and 34 percent of the female. It confirms that self-esteem does not have effect in this anxiety level and this could be as a result that self-esteem has been formed early in life and does not change through life span though some studies confirmed it could be developed.

The eighth hypothesis states there is no significant difference in the anxiety of high and low self-esteem participants exposed to SET. Tables 4.22 and 4.23 show there is no difference in high and low self-esteem. The result lend credence to the findings of Reitzes, Mutran and Fernandez (1996) where they studied pre-retirement influence on post-retirement self-esteem, one out of many findings of their study affirmed that self-esteem does not decline in the transition into retirement. The findings is not in consonance with that of Leary (1999) which confirmed high self-esteem in individuals is related to positive mental health such as less anxiety, less loneliness and less alcohol and drug abuse.

The ninth hypothesis states that there is no significant interaction effect of treatment and gender on the anxiety of intending retirees. Table 4.24 explains the interaction effect of treatment and sex on anxiety. The null hypothesis was confirmed. The findings are not in consonance with the findings of Borkovec and Mathews (1988), Brown, Harris and Hepworth (1994); DiNardo (1991), Sanderson, DiNardo, Rapee and Barlow (1990) that affirmed that between 55 percent and 65 percent of individuals with generalised anxiety disorder are female. Also, the finding is not in agreement with that of

Brackett et al (2004), Kafetsios (2004), Perry et al (2004), Wei (2004), Van Rooy et al (2005) who affirmed that emotional intelligence is gender related. Researches of Lewinsohn and Lewinsohn, Gotlib, Seeley and Allen (1998) also affirmed that anxiety appears more in female than male. These findings which contradict other studies might be as a result that the study is carried out in a different setting.

5.2 Conclusions from Findings

This study investigated the effect of emotional intelligence training and self-efficacy technique on the pre-retirement anxiety of public servants in Ibadan, Nigeria. The moderating variables used in the study were gender and self-esteem. The training programmes were carried out, relevant data collected and analysed using appropriate statistical analysis. Based on the findings of this study, the following conclusions were made:

- (i) If the principles and technique of EIT are applied on pre-retirees, their anxiety towards retirement would reduce; and
- (ii) Introduction of self-efficacy techniques could help to reduce pre-retirement anxiety among public servants in Nigeria.

5.3 Implications of the Study

The present study established that EIT and SET are effective in reducing pre-retirement anxiety of public servants.

Therefore, the Ministry of Labour and Productivity should design and implement some training programmes that would employ the techniques used in this study for the purpose of reducing pre-retirement anxiety of public servants. They should also liaise with experts in counselling psychology and personnel management in fostering self-confidence, socio and emotional competency among workers early before retirement. Further, capacity building and skill acquisition trainings should be organised for those who are about to retire bearing in mind the socio-economic situation in the country where cost of living is quite high.

Finally, policy makers and financial educators should keep emphasising the importance of retirement planning.

5.4 Limitations of the Study

The researcher encountered a number of limitations in the course of this study. Many intending retirees did not want to partake because of time constraint; the researcher could not start the field work at the specified time due to strike action embarked on by workers in the state service.

Also, awkward job schedules disturbed the training sessions of some participants, a few also were transferred during the training session and more importantly, the number of participants is not adequate since only 103 participants took part in the training. However, none of the limitations above could invalidate the findings in this study.

5.5 Peculiarities of the Study

This study is peculiar because not many researches have been carried out on this area in Nigeria. The few ones available were studies which specifically focused on mental health in retirement.

To the best knowledge of the researcher, not a single research in counselling psychology has employed EIT and SET in reducing pre-retirement anxiety of public servants in Ibadan. The present study not only sought to reduce pre-retirement anxiety, it also examined the differential effectiveness of the two therapeutic training programmes.

This study is also peculiar because gender and self-esteem were measured during the course of investigating their anxiety and how it could be reduced through psychological treatments. This study revealed that pre-retirement anxiety could be reduced through the use of the two interventions; EIT and SET.

5.6 Recommendations

The findings of the study have potential ability to facilitate counselling opportunities to bring about behavioural change in the public service. Various ministries, departments and agencies should be alive to their duties in collation and compilation of intending retirees on regular basis in order to remind workers and prepare them towards a emotionally healthy retirement.

Government should pay salaries commensurate to the global standard, to alleviate poverty which often account for most problems encountered by public servants who often do not have basic amenities before proceeding into retirement. They should partner with private investors on various retirement schemes. The revenue mobilisation, allocation and

physical commission that had been assigned the duty of retirement reform should review the retirement age, in order to give room for those who are still productive after age 60 to continue work or be reemployed as senior citizen in their places of work.

Counselling psychologists, career counsellors and personnel psychologists should endeavour to utilise EIT and SET in ameliorating stress and anxiety related problems among intending retirees and those who had retired.

It is important to adopt a unified retirement scheme that will help workers in their later years. It is suggested that workers in public, civil and private agencies could adopt the following for general benefit:

- (i) Workers should be economically enhanced – From the fieldwork conducted in the course of this study, it is observed that there is an association between salary grade level, commitment and savings for retirement. This shows that there is the need for the government to increase the minimum wage. Although, in most cases, every increase is accompanied by inflation, some part of the salary should be deducted from the source and kept safe for collection at point of retirement. All bottlenecks should however be removed for immediate collection when retirement comes.
- (ii) Pre-retirement training programmes: Courses should be organised for all cadres of workers at least once in two years to ensure that all workers have the opportunity to participate and so keep reminding them to prepare.

Finally, EIT and SET should be incorporated in life planning education for secondary school age adolescents to prepare them for the future.

5.7 Contributions to Knowledge

This study has contributed to knowledge in the following ways. First, the two treatment packages, EIT and SET utilised in this study are effective in treatment of pre-retirement anxiety among public servants. Second, self-esteem is not a potent moderator of pre-retirement anxiety and likewise, gender is not a determining factor in pre-retirement anxiety symptomatology. Third, pre-retirement anxiety is a psychological construct, modifiable using various psychological techniques. This study shows the efficacy of emotional intelligence training programme as very essential for all workers.

5.8 Suggestion for Further Research

The study examined the effects of EIT and SET in pre-retirement anxiety among public servants in Ibadan. Pre-retirement anxiety is a verifiable psychological construct among the public servants and it can be manipulated. The study has clearly demonstrated that emotional intelligence therapy is an effective method of reducing pre-retirement anxiety among the participants.

Also, application of SET is also found to be effective in treatment of pre-retirement anxiety. Notably, some other areas that could not be covered by the researcher such as the pre-retirees socio-economic status, educational qualifications, marital adjustment status of intending retirees, comparison of pre-retirement anxiety between federal and state public servants and government and private workers could be studied.

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APPENDIX I

Department of Guidance and Counselling
Faculty of Education
University of Ibadan
Ibadan.

Sept 4, 2008

Dear Sir/Ma

Research on the Effects of Emotional Intelligence Training and Self-Efficacy Technique on Pre-retirement Anxiety of Public Servants in Ibadan, Nigeria

I am a doctoral student of Counselling Psychology in the Department of Guidance and Counselling, University of Ibadan working on the above named topic for my thesis. It shall be appreciated if you can spare some time to fill the questionnaires attached and also for the training sessions coming up soon.

The information given will be used solely for research purpose and the researcher promised total confidentiality.

Your cooperation is highly appreciated.

Yours faithfully,

Motunrayo Adebayo (Mrs.)

APPENDIX II

UNIVERSITY OF IBADAN FACULTY OF EDUCATION DEPARTMENT OF GUIDANCE AND COUNSELLING

INTRODUCTION TO RESPONDENTS

Dear Respondents,

This questionnaire is designed basically for a research purpose. It seeks to know how you would react to statements of items below. All information provided would be treated confidentially.

Please be honest as much as possible in your responses.

Thank you.

SECTION A

INSTRUCTION

Please read carefully and supply the information required below. Tick in the box provided in front of your choice/response.

Age:

Gender: Male [] Female []
Marital Status: Single [] Married [] Widow []
Work Experience: 5-10 yrs [] 11-15 years []
16-20 years [] 21-25 years []
26-30 years [] 31-35 yrs []

Educational Background

WAEC [] Technical College []
NCE, OND, HND, B.Ed. [] M.Ed, M.Sc []
Others []
Salary Grade Level: 1-6 [] 7-12 [] 13-16 []
Others []

SECTION B

SARASON'S GENERAL ANXIETY SCALE

		True	False
1	I feel like melting away because going into retirement is like a competition.		
2	I worry about maintaining my mental health while in retirement.		
3	I worry about my social adjustment when I retire.		
4	I am a hard-hearted person and I don't think I can change even in retirement.		
5	I wish I could be as happy as I am now when I retire.		
6	I don't seem to be able to control worrying about retirement even when I know there is no basis for worry.		
7	I practically never show fear on my face despite the impending retirement.		
8	When I think of retirement, I get very anxious.		
9	In recent time, I am usually upset when I remember retirement.		
10	I perspire a lot when I am with retirees.		
11	I sometimes become so excited that I find it hard to go to sleep when I think of retirement.		
12	I am more concern about my health when I retire.		
13	I am inclined to take things hard even before retirement.		
14	I have had periods in which I lost sleep over worry on retirement.		
15	I have been afraid of things will turn out when I retire.		
16	I am easily embarrassed when people refer to my retirement.		
17	I have period of such restlessness that I cannot sit long in place when retirement issues come to my mind.		

SECTION C

ROSENBERG'S SELF-ESTEEM SCALE

S/N	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I feel that I am a person of worth, at least on an equal plane with others.				
2.	I feel that I have a number of good failure.				
3.	All in all, I am inclined to feel that I am a failure.				
4.	I am able to do things as well as most other people.				
5.	I feel I do not have much to be proud of.				
6.	I take a positive attitude toward myself.				
7.	On the whole, I am satisfied with myself.				
8.	I wish I could have more respect for myself.				
9.	I certainly feel useless at times.				
10.	At times I think I am no good at all.				

APPENDIX II

TREATMENT PACKAGE

Experimental Group I

Emotional Intelligence Training

Session I: Familiarisation and Administration of Instruments

The session entails the following:

The researcher welcomed the participants to the venue. She introduced herself; she asked the participants to also introduce themselves. The participants exchanged pleasantries with themselves, which facilitated rapport among the participants. The researcher highlights the benefits of coming regularly for meetings on the agreed days. She asked them to suggest convenient day or days of the week, time and venue.

The researcher and the participants agreed on Mondays 4-5.30 p.m. at Onila Hall, Polytechnic Road, Ibadan. The researcher and the participants outlined rules for the meetings.

- The participants should come early and also be punctual.
- The participants are free to ask questions at will.
- There will be take home assignments and
- All must be conscious of time.

After the agreement, the researcher randomly assigned them to treatment and control groups.

- The researcher administered the scales with the help of her assistant.
- Distribution of notepads and biros.
- The researcher thanked the participants.
- Light refreshments was served.

Session II: Concept of emotional intelligence and difference between emotional intelligence and emotional intelligence competences.

Objective: At the end of the session, the participants should be able to effectively explain the concept emotional intelligence and differentiate between it and emotional intelligence competences.

The researcher and her assistant were already at the venue to welcome the participants who came on time. At exactly 4.00 p.m., the meeting started. The researcher explained the concept “emotional intelligence” as a construct that indicates a kind of intelligence or skill that involves the ability to and positively influence one’s own and

other people's emotions. Salovey and Mayer (1990) described emotional intelligence as "a form of social intelligence that involves the ability to monitor one's own other's feelings and emotions to discriminate among them, and to use this information to guide one's thinking and action. Further explanation was made to explain the given definition. The researcher added that monitoring ones and others' emotional feelings help a lot to overcome some problems that may arise from ignorance. When an individual is able to observe when he or she is emotionally or psychologically disturbed for instance, the individual may want to be alone or make some derogatory comments on people around him or her which may cause problems, but when the individual is able to monitor or observe his/her emotion and be able to know how to handle it properly, the individual will certainly avoid problems that may cause destructive or anti-social behaviour. The researcher explained the definition of Mayer, Salovey and Caruso (2000) that expressed EQ as the ability to perceive, appraise and express emotion accurately and adaptively; to understand emotion and emotional knowledge; the ability to access and generate feelings where they facilitate cognitive abilities and adaptive action; and ability to regulate emotions in oneself and others. The authors definition explained knowing how to deal with oneself and others and be able to achieve required behaviour.

Emotional competence refers to the personal and social skills that lead to superior performance or achievement. It is linked to and based on emotional intelligence. It must be of note that any individual needs a level of EQ to learn the emotional competencies. If an individual has the ability to recognise emotion accurately especially others feelings, he is likely to influence others easily. The researcher educate the intending retirees that people who are better able to regulate their emotions will find it easier to develop a competency such as being initiative and have achievement drive.

In conclusion, EQ is an important factor in developing emotional competence and this will equally facilitate their emotional and psychological recovery when in a traumatic situation.

Assignment

Participants were asked to differentiate between Emotional Intelligence and emotional competencies.

Refreshment was served

Session III: Discussion on competencies of emotional intelligence

Objective: At the end of the session, the participants should be able to mention the

emotional intelligence competencies.

The researcher and her assistant were around to receive the participants who also came on time. She asked about their work, family and welfare generally. They responded positively.

The business of the day started in earnest, with the review of last sessions work, refreshing their memory about what is emotional intelligence and emotional competencies.

The researcher acquaints the participants to some of these emotional intelligence competencies. Such as Goleman's competencies that states the skills in four major areas. Self-awareness, self-management, social awareness and relationship management.

She explains that self-awareness entails the ability to read one's emotions and recognizing their impact using our feelings to guide decisions.

Self-management entails the controlling one's emotions and adapting to changing circumstances. This is being able to express positive thinking into situation we found our self, this will help us to make appropriate decisions to solve problems at hand.

Social awareness – this involves the ability to sense, understand others, around us. This helps us to carry other people along to understand what situation we are, making them to share our beliefs to help threaten situations.

The last one which is relationship management entails the ability to inspire, influence and develop others and still managing conflict. She explains that our thought processes needs to be adequately enhanced to be able to handle others while undergoing personal problems. The Goleman's competencies are personal and social which are greatly useful to our existence.

After explaining Goleman's, she moved to Bar-On emotional competencies. She explained EQ in relation to Bar-On's definition and emotional competencies.

Emotional intelligence is defined as an array of non-cognitive capabilities, competent and skills that influence one's ability to succeed in coping with environmental demands and pressures. EQ involves abilities and skills that contribute to an effective performance. It includes the ability to understands one's own emotions, to empathize with others and to be able to draw upon the best of one's own inner resources, while encouraging others to do the same. People who are emotionally intelligent are also socially skilled, have a positive outlook, are innovative, and are able to adapt to change such as retirement.

Research has shown that emotional and social functioning as measured by Bar-On have significant impact on effectiveness. Thus, together they constitute only one to a number of contributing factors such as experience, knowledge, skills, etc.

1. Intrapersonal
2. Interpersonal
3. Adaptability
4. General Mood

Emotional Intelligence directly influences one's general psychological well-being and is an important factor in determining your ability to succeed in life. People who have high emotional quotient are generally emotionally and socially effective in dealing with daily demands.

Their emotionally intelligent behaviour is typically evident in all aspect of their lives.

Intrapersonal – This pertains to self-awareness and self-expression. This includes understanding of self and our emotions, ability to express thoughts and feelings, ability to be self-reliant, and free of destructive emotional thoughts, free of emotional dependency on others and the ability to drive to set and achieve one's goals.

These skills are discussed to improve in the intending retirees. Improving their intrapersonal skills will help a lot in determining the way they would handle their retirement anxiety. Intending retirees are urged to visualize themselves as confident and be self-assured of the future. Conscious effort not to compare themselves with others should be avoided; you are to practice affirming your uniqueness.

Intending retirees should keep personal records of specific situations, how they feel and why they have such feeling.

They should make conscious effort to be aware of their feelings, try to understand them and see whether there is underlying feelings why they feel so.

Trying to convey the way one feels to others along with the reasons behind those feelings.

Think and visualize difficult situations or problem that may arise and practice ways of approaching them more assertively. Be sensitive to suggestions and be ready to discard unreasonable ones.

Interpersonal skill – This consists of the social awareness and interpersonal relationship skills. The interpersonal abilities include awareness of others emotional

feelings and needs as well as the ability to establish and maintain cooperative, constructive and mutual relationships. Having such skills would help intending retirees to be good listeners and be able to understand and appreciate the feelings of others effectively.

Intending retirees need to empathise, that is to imagine how others feel and why they feel so. They should be more cooperative at home and at work. Doing things for others not thinking of what to get in return. Intending retirees should examine nature of their present relationship with others, deciding on way to improve them and getting along as well. Need to participate in social skills training program which includes empathy development, and practicing the basic social skills that are vital to build good working relationship with others.

Intending retirees who are having few years to retirement need to make effort in studying and understanding their nature of relationship with others. It is important to improve on relationship skills.

- Practice looking in the perspective of others. Empathy, imagine the feelings of others in any situation and see how you can go on without hurting those around you.
- Show concern for others, what they think and why they think so.
- Be relaxed at home and at work. Do things willingly not minding to whom and not expecting any grants in return.
- Practice the basic social skills that are important to build good working relationships

Stress Management

This pertains to emotional management and regulation. It is the ability to manage and control emotions so they work for us and not against us. It is important to be able to know when one is under pressure which could lead to stress and be able to control oneself. For pre-retirees, you have to be proactive in stressful situations because, there is always a way out of any difficult situation. You need to prioritise your activities, make lists and don't leave things undone till the last minutes. When in a stressful condition, relax your muscles and breath deeply to ease off the heat in you. Control your emotions rather than being controlled by them. Let your emotions work for you and not against you.

Take time to do something you enjoy doing.

Adaptability

This aspect entails the skills involved in change management. It requires individual to realistically and flexibility cope with their immediate situation and effectively solve problems as they arise. Intending retirees need to have good problem-solving skills which include the ability to identify present and potential problems and to implement potentially effective solutions. You must be ready to adapt to new changes that is coming. For instance, some are having just a year or two to leave, there is need to start your compilations of your record of work, know your financial standing, check your health status engage in other activities. The relationship discussion we had, improve in your relationship with your spouses, children, friends and colleagues. Some other things to be done are:

- (1) Examine immediate situation rather than jumping to conclusions.
- (2) Change your strategy or strategies when you observe your usual way of doing things does not work.
- (3) Think of many solutions when trying to solve a problem.
- (4) Consider the pros and cons of the outcomes of each possible solution before deciding on your best choice.

General Mood

This is the overall encompassing skills that fuel the self-motivation needed to set and achieve goals. These include an optimistic and positive outlook combined with a feeling of happiness and contentment, with oneself, others and life in general. Intending retirees should not see their working years as wasted years of fruitless efforts but should realize that, they have gained and acquire skills to help to be independent and move on with life.

As a group planning for the future, you should complain less, be more positive and make sure you enjoy yourself.

- Look at the brighter side of life and see whatever that comes your way as it is.
- Try to be optimistic when faced with problems and difficult situations.
- Let your approach toward situation be hope of success rather than fear of failure.
- Discard whatever thoughts that can make you sad.

Suggested Guidelines for Enhancing EQ

- ❖ Maintaining good relationship
- ❖ Setting self-directed goals to be achieved.

- ❖ Breaking goals down into achievable steps.
- ❖ Build insight and self-awareness.
- ❖ Use models as examples and be positive.

The researcher thanked the participants and light refreshment was served.

Assignment: The participants were asked to compare Goleman's and Bar-On's emotional competencies and suggest their view against next lesson.

Session IV: Discussion on Types of Retirement.

Objective: At the end of the session, participants should be able to mention types of retirement.

The researcher and her assistant had to wait for about 10 minutes before the final arrival of the last batch of the participants who apologised for coming late. Others accepted their apology and we started the session at 4.10 p.m.

The researcher stated with a brief introduction on retirement. She informed the participants of what existed in the olden days. No formal retirement but that people just kept on working till they are no longer capable of doing their job. But, with western colonization, retirement became the order of the day. Since then, reviews on retirement policy had been on with when workers should be retired.

It is important to know different kinds of retirement to be able to appreciate what retirement entails. Akinboye (1998) highlighted 8 types of retirement.

Age-related retirement

Length of service-related retirement

Forced or involuntary retirement

Ill-health-related retirement.

Retirement due to redundancy

Dismissal or termination.

Each of these was explained fully and the participants contributed immensely. They brainstorm on why people want to stay longer in service. Some of their contributions on this were:

- To have income monthly as it used to be
- Not to be lonely.
- Half bread is better than none. That is receiving the income that was not enough is better than not to have anything at all to take care of their problems.

Take home assignment: Participants are to critically assess retirement process in the state.

Light refreshment was served and the researcher thanked them.

Session V: Meaning of Anxiety, Causes and Reactions caused by Anxiety

Objective: To explain the meaning of anxiety
To highlight causes of anxiety and
To explain reactions caused by anxiety

The researcher welcomed the participants who were punctual for day's meeting. Asked about their work and family, they also asked of the researcher and her assistants welfare. The session started with the review on the take home assignment. The business of the day started with the researcher defining what anxiety is.

The American Psychiatry Association (1994), Barlow (1988) described anxiety as a mood-state characterised by marked negative affect, bodily tension and apprehension about the future.

Seligman, Walker and Rosenham (2001) described it as having cognitive, somatic, emotional and behavioural components.

- The cognitive components are expectation of certain danger which the body prepares the organism to deal with, the threat or emergency reaction, somatically the blood pressure, heart rate increased, sweating and major muscles groups also increased. Emotionally both voluntary and involuntary behaviours may arise directed at escaping or avoiding the source of anxiety.
- It is termed as unpleasant emotional state that includes fear, apprehension and worry.

Causes

Cause is unknown, but it has been linked strongly with genetics.

Factors that contribute to development of anxiety

- Environmental factor – facing difficulties, poverty, separation, and dangerous situations.
- Personality traits. Those who are expressly competitive in nature or hard driven are usually anxious. Those who are relaxed and easy going may not frequently be anxious.
- Heredity – It has been confirmed that anxiety runs in family.
- Symptoms by APA (1994)
 - Restlessness.
 - Shyness, timidity.

- Social withdrawal
- Worry and fearfulness
- Dread, apprehension
- Nervousness
- The participants were thanked and refreshment was served,
- Take home assignment – They were encouraged to list those things that could make them anxious.

Session VI: Anxiety and how it affects human functioning

Objective: At the end of the session, participants were able to mention how anxiety affects the human performance.

The researcher welcomed them and the session started promptly.

The session was an interactive one, we grouped ourselves into three to discuss and put down our comments on how anxiety could affect us for about 10 minutes.

The participants converged again to continue the session, discussion of each group outcomes:

- Things gathered and that are common to the groups are:
 - Finance – when there is no money, it is difficult to get things done and anxiety sets in.
 - Having a house – At certain stage in life, everyone thinks of having a house, if this is not, how to build one or get a convenient accommodation causes anxiety.
 - Children’s welfare – If the children are in school, and retirement is fast approaching taking care of them might cause some problems that may lead to anxiety.
 - Death – Agreed that is inevitable, but no one wants to die young especially when children and parents are still there to cater for.

These were discussed at length and it was concluded that what cannot be changed should be accepted. Death is inevitable and that human don’t have power to change it, but we can live our lives well, plan well and make ourselves happy before the end comes.

On others, proper planning is necessary. We should not bite more than we can chew. We should adequately control our spending and enforce compulsory savings.

The researcher thanked the participants and refreshments was served.

Assignment: Participants were asked to suggest what they are interested in that could

engage them and still fetch them some little income.

Session VII: Discussion on Self-esteem and how it could be developed or maintained.

Objectives: Participants were able to define self-esteem.

Participants were welcomed. Business started in earnest.

Self-esteem has been defined as the experience of being competent to cope with the basic challenges of life and being worthy of happiness (Branden, 1969).

It is also seen as a sense of personal worth (Self-respect) or attitude towards a person's right to live and be happy. A disposition to be able to assess ourselves accurately, to accept and value ourselves unconditionally.

Self-esteem is largely developed during childhood. It evolves throughout life as we build an image for ourselves. It is the emotional dimension of self-perception which may be positive or negative judgements people have of themselves.

Low self-esteem causes anxiety, stress, loneliness, depression and could also lead to alcohol use and drug abuse. High self-esteem makes us confident and able to solve problems we have.

The participants were allowed to ask questions on what we did. Response was given and they were thanked for participating. Refreshment was served

Session VIII: Possible steps one can take to prepare for an emotionally healthy retirement

Objective: Revision and evaluation of work done so far.

Participants were welcomed. The researcher thanked them for their commitment so far. She informed them of the sessions we had earlier and that we are concluding today. They were happy to be part of the programme. The researcher administered the post-test.

The researcher explained that since we know retirement is inevitable, then we should not be non-challant about it. No time is too late or too early to do something about retirement.

As a public servant, we are to count our days in service right from inception. For us that are having not more than five years we are to:

- Start gathering the record of all places you have worked for easy compilation.
- Ask for the forms and procedures you need to start your pension and that of gratuity.
- Go for medical check up and settle any family rift that could create any future

problem.

- Start something you have passion for that could bring some income.
- Be involved in other activities outside your work place.
- Don't make other big decisions during this transition period.

We had refreshments and they also appreciated the researcher for the enlightenment. They confirmed they are fulfilled and happy to be part of the programme.

Experimental Group II

Self-efficacy Technique Group

Session I: Familiarisation and administration of tests.

The session entails the following:

The researcher welcomed the participants to the venue. She introduced herself as Mrs. Motunrayo Adebayo and her assistant as Mrs. Tayo Ojewusi. The participants did the same giving their names and where they are working. Registration of participants took place stating their names and phone numbers.

The researcher highlights the benefits of coming regularly for meetings on the agreed days. She asked them to suggest convenient day or days of the week, time and venue. They agreed for Thursdays 4-5.30 p.m. at Oba Abass Alesinloye Hall, Eleyele, Ibadan. The researcher and the participants outlined rules for our meetings.

- The participants should come on time.
- The participants are free to ask questions at will.
- There will be take home assignments.
- All must be conscious of time.

The researcher administered the scales with the help of her assistant, we also distributed notepads and biros. The researcher thanked the participants and light refreshments was served.

Session II: Concept of Self-efficacy and its sources

Objective: The participants should be able to define self-efficacy and its sources.

The researcher explains the meaning of self-efficacy as defined by Bandura (1977) as a person's evaluation of his or her ability or competency to perform a task, reach a goal or overcome an obstacle. Ormrod (2006) sees self-efficacy as a belief that one has the capabilities to execute the courses of actions. It is believed that self-efficacy judgement is the determinant of behaviour. It is when one's belief is high, effort to master

is there to face challenging situation. Albert Bandura beliefs that how people behave can often be predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing. This shows that self-efficacy perceptions could determine what individuals do with the knowledge and skills they have.

The researcher mentioned the four main sources of self-efficacy these are:

- creating a strong sense of efficacy through mastery experience. Persevere to gain experience.
- vicarious experiences – here an individual sees people who are similar succeeding this could aid their capability to venture into doing similar activities, even if they fail, they try the more to succeed.
- social persuasion – to strengthens people beliefs that they have what it takes to succeed.
- people somatic and emotional state in judging their beliefs. They judge themselves through stress reaction.

These sources were discussed one after the other. The first source which explained that setbacks and difficulties in human pursuits serve a useful purpose in teaching that success usually requires sustained effort. If an individual is convinced they have what it takes to succeed, one is likely to persevere in the face of difficulties by sticking through tough times and emerge stronger and successful from adversity.

The second source: Vicarious experience which is also known as modelling. It was explained here that individual sees people similar to themselves succeeding by sustained effort. As observer, one thinks if he/she can do it, I can do it as well. This is comparison between a person and someone else. Seeing other people succeeding increases ones self-efficacy, and where they see people failing, there is the likelihood that ones self-efficacy decreases. It is more effective when one sees oneself similar to ones model.

The third, social persuasion has a great influence on individual. It relates to encouragement or discouragement. When words of encouragement rings in ones hear and one thinks of those words, it can influence or increase ones self-efficacy, although negative persuasion decreases it.

The fourth which is the psychological aspect. Personal conviction or emotional states in judging their capabilities. Often in stressful situations, we exhibits signs of aches, pains, distress and anxiety. Ones perceptions of these responses can markedly alter

a person's self-efficacy than the sheer power of the response.

Assignment: Participants are to mention the sources of self-efficacy citing examples in our day-to-day events.

Light refreshment was served and the researcher thanked them for coming.

Sessions III: Discussion on self-efficacy and how it affects human functioning.

Objective: Participants should be able to discuss the psychological processes through which self-beliefs of efficacy affect human functioning.

The researcher explained the psychological processes through which self-beliefs could affect human functioning. She itemized four processes.

The cognitive processes

The motivational processes

The affective process and

The selection process.

The researcher explained each processes one after the other. cognitive process is where most actions are initiated. We think of something, ways of doing it, the pros and cons and the expected result are rehearsed before doing it. One that is high in self-efficacy visualise success and this boost and increase one's self-efficacy. For anyone that visualised failure, non performance and defeat, the sense of self-efficacy is decreased. So as intending retirees, we should visualise success in whatever we want to undertake.

Motivational processes, people motivate themselves and guide their actions by forethought. As we are now, especially those of us who are having few years to retirement, we might be thinking of taking a step, goal or action. Our bodies are what we are likely to act on, which will motivate us into realising our goals. Motivation is based on goals or personal standards by self-satisfying and self-dissatisfying reactions to one's performance and attainment and re-adjustment of personal goals. Having strong belief in our capabilities would help us to master the challenges and improve on skills to make us succeed.

Affective process: Coping capabilities affect how much stress, anxiety we experience in facing threatening situations as well as our motivational level. We view our environment as unsafe with possible danger, we magnify the severity of possible threats and worry about things that may happen. But, the stronger the sense of our efficacy the bolder we are likely to take in threatening situations. It is in the affective process that we are more likely to be aroused and this could affect our functioning as individual which

may increase our decrease our efficacy depending on or thought process.

The selection processes, this is our ability to exercise some control over those things we encounter in our day-to-day activities. We are the product of our environment, therefore, belief of personal efficacy can shape the course of live and type of activities and environment we choose. We are likely to avoid those things we are not capable of succeeding in and select those that we can handle perfectly without any or with little problem. Our interests, social network mostly determine our life courses which equally influence our behaviour. As intending retirees, we must adjust to those positive aspect of our environment and have a positive outlook at things in order to make favourable decision on any of our choices.

Assignment: Participants are to list those things they think can do to help their self-beliefs.

Session IV: Concept of retirement and its effects on workers.

Objective: Participants should be able to state different types of retirement.

The researcher started with brief introduction on retirement. She informed the participants of what existed in the olden days, that there was no formal retirement but that people just kept on working till they are no longer capable of doing their job. But, with western colonization, retirement became the order of the day. Since, then reviews on retirement policy had been on. Different policies were made on when workers are to retire.

It is important to know different kinds of retirement to be able to appreciate what retirement entails. Akinboye (1998) highlighted types of retirement.

Age-related retirement

Length of service-related retirement

Forced or involuntary retirement

Ill-health-related retirement

Retirement due to redundancy

Dismissal or termination.

Each of these was explained fully and the participants contributed immensely. They brainstorm on why people want to stay longer in service. Some of their contributions were

Fear of the unknown

No preparation yet

No shelter

Difficulty and delay in getting entitlement

To interact with people

Not to be lonely.

Assignment: Participants are to critically assess retirement process in the state.

Light refreshment was served and the researcher appreciated their punctuality.

Session V: Meaning of anxiety, causes and reactions caused by anxiety.

Objective: To explain the meaning of anxiety

To highlight causes of anxiety

To explain reactions caused by anxiety

The researcher welcomed the participants who were punctual for day's meeting. Asked about their work and family, they also asked of the researcher and her assistants welfare. The session started with the review on the take home assignment. The business of the day started with the researcher defining what anxiety is.

The American Psychiatry Association (1994), Barlow (1988) described anxiety as a mood-state characterised by marked negative affect, bodily tension and apprehension about the future.

Seligman, Wadker and Rosenham (2001) described it as having cognitive, somatic, emotional and behavioural components.

- The cognitive components are expectation of certain danger which the body prepares the organism to deal with, the threat or emergency reaction, somatically the blood pressure, heart rate increased, sweating and major muscles groups also increased. Emotionally both voluntary and involuntary behaviours may arise directed at escaping or avoiding the source of anxiety.
- It is termed as unpleasant emotional state that includes fear, apprehension and worry.

Causes

Cause is unknown, but it as been linked strongly with genetics.

Factors that contribute to development of anxiety

- Environmental factor – facing difficulties, poverty, separation, and dangerous situations.
- Personality traits. Those who are expressly competitive in nature or hard driven are usually anxious. Those who are relaxed and easy going may not

- frequently be anxious.
- Heredity – It has been confirmed that anxiety runs in family.
 - Symptoms by APA (1994)
 - Restlessness.
 - Shyness, timidity.
 - Social withdrawal
 - Worry and fearfulness
 - Dread, apprehension
 - Nervousness
 - The participants were thanked and refreshment was served,
 - Take home assignment – They were encouraged to lost those things that can make them anxious.

Session VI: Anxiety and how it affects human functioning.

Objective: At the end of the session, participants were able to mention how anxiety affects the human performance.

The researcher welcomed then and the session started promptly.

The session was an interactive one, we grouped ourselves into three to discuss and put down our comments on how anxiety could affect us for about 10 minutes. The participants converged again to continue the session, discussion each group outcomes.

- Things gathered that are common to the groups are:

Salary not enough - Poverty is eating deep

Having a house - – At certain stage in life, everyone thinks of having a house, if this is not, how to build one or get a convenient accommodation causes anxiety.

Children’s welfare – If the children are in school, and retirement is fast approaching taking care of them might cause some problems that may lead to anxiety.

To many responsibilities – Family responsibility is much on individuals in our society.

Death – Agreed that is inevitable, but no one wants to die young especially when children and parents are still there to cater for.

These were discussed at length and it was concluded that what cannot be changed should be accepted. Death is inevitable and that human don’t have power to change, but we can live our lives well, plan well and make ourselves happy before the end comes.

On others, proper planning is necessary. We should not bite more than we can

chew. We should adequately control our spending and enforce compulsory savings. We should gradually start something that can increase our income to meet our financial needs now and even in retirement.

The researcher thanked the participants and refreshments was served.

Assignment: Participants were asked to suggest what they are interested in that could engage them and still fetch them some little income.

Session VII: Discussion on Self-esteem and how it could be developed or maintained.

Objectives: Participants were able to define self-esteem.

Participants were welcomed. Business started in earnest.

Self-esteem has been defined as the experience of being competent to cope with the basic challenges of life and being worthy of happiness (Branden, 1969).

It is also seen as a sense of personal worth (Self-respect) or attitude towards a person's right to live and be happy. A disposition to be able to assess ourselves accurately, to accept and value ourselves unconditionally.

Self-esteem is largely developed during childhood. It evolves throughout life as we build on image for ourselves. It is the emotional dimension of self-perception which may be positive or negative judgements people have of themselves.

Low self-esteem causes anxiety, stress, loneliness, depression and could also lead to alcohol use and drug abuse. High self-esteem makes us confident and able to solve problems we have.

The participants were allowed to ask questions on what we did. Response was given and they were thanked for participating. Refreshment was served

Session VIII: Possible steps one can take to prepare for an emotionally healthy retirement

Objective: Revision and evaluation of work done so far.

Participants were welcomed. The researcher thanked them for their commitment so far. She informed them of the sessions we had earlier and that we are concluding today. They were happy to be part of the programme. The researcher administered the post-test.

We had refreshments and they also appreciated the researcher for the enlightenment. They confirmed they are fulfilled and happy to be part of the programme. Photographs were taken and people exchange pleasantries.

Control Group

Session I

- Researcher welcomed the participants
- Administration of Pre-test scale.
- Served light refreshment.

Session II

- Researcher welcomed the participants.
- Administered post-test scale.
- Appreciated and entertained them.

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