



## Research Article

# Determination of Nurses' Opinions on Retirement Life: A University Hospital Example\*

Melek Altun<sup>1</sup>, Ülkü Baykal<sup>2</sup>

<sup>1</sup>Istanbul University-Cerrahpaşa, Institute of Graduate Studies, Department of Nursing Management, İstanbul, Türkiye.

<sup>2</sup>Istanbul Arel University, Faculty of Health Sciences, Department of Nursing, İstanbul, Türkiye.

**Cite this article as:** Altun, M., Baykal, Ü. (2025). Determination of nurses' opinions on retirement life: a university hospital example. *Northern Journal of Health Sciences*, 1(3),135-146.

### Abstract

**Objective:** The aim of this study was to determine career nurses' approaches to the phenomenon of retirement, their opinions about post-retirement life and their thoughts about the retirement preparation program.

**Method:** The descriptive and cross-sectional study sample consisted of 300 nurses (n=300) over the age of 35 working in a university hospital, selected by stratified and sampling method. The question airs, which were based on the literature and prepared by their researcher, were applied face-to-face after obtaining the consent of the voluntary participants. The data obtained from the participants in the study were statistically analyzed with the IBM-SPSS Statistics 21 program. Descriptive analyses (number, percentage, mean and standard deviation), nonparametric comparison analyses (chi-square) and correlation (Pearson Correlation) analyses were used in the evaluation of the data.

**Results:** Findings obtained from the study: It was determined that nurses did not feel ready for retirement (53.3%) and did not plan for retirement (60.7%). (81.7%) nurses interpreted retirement as "plenty of time to spend with my family" (63.7%), "time to take care of myself and my hobbies" (62%), "being alone" (6.7%), "being useless" (5.3%). It was found that the nurses did not plan to work after retirement (55%), and those who wanted to work wanted to participate in a retirement preparation program in their field of experience or as an educator for financial reasons (80%). While no significant differences were found in the comparisons between the unit, position, staff, educational status, age and marital status of the nurse sand their feeling of readiness for retirement, the relationship between the time they had to work to deserve retirement (10.35 years) and the time they thought of working was highly significant ( $p>0.005$ ), positive and strong ( $r=0.855$ ).

**Conclusion:** It can be suggested that studies with large samples should be conducted to evaluate the perspective of nurses on retirement and to develop new strategies to meet the expectations of experienced nurses to continue in the institution.

**Keywords:** Job satisfaction, Nurses, Retirement, Retirement planning.

### Corresponding Author:

Melek Altun

### E-mail:

melek.altun@iuc.edu.tr

### ORCID IDs of the authors:

M.A. 0000-0002-7033-8440

Ü.B. 0000-0001-5790-5992

**Received:** April 27, 2025

**Revision Requested:** June 13, 2025

**Accepted:** June 16, 2025

**Publication Date:** September 26, 2025

\*This research is derived from Melek Altun's Master's thesis.

## INTRODUCTION

Retirement is an important transition period in an individual's life cycle, which is accepted as not only the end of a working period but also the beginning of a new life phase. This period, in which the individual with draws from working life and starts to assume different roles, creates multi-dimensional effects both at the individual level and at the social and economic level. The retirement process is a life event that transforms the physical, mental, economic and social life of the individual and requires structuring.

Human life consists of various developmental stages such as childhood, adolescence, adulthood and old age. Among these stages, retirement is a thresh old where the individual defines his/her roles, responsibilities and identity, especially after middle age (Dündar, 2009). The retirement process is not only a legal or economic right, but also a period in which the individual with draws from his/her productive role, increases his/her leisure time and feels the need to re-establish his/her identity integrity (Öztürk, 2005; Sarım, 1996).

Although retirement is generally associated with the provision of economic security in literature, this period is also critical in terms of life satisfaction, mental health, social relations and identity perception. Inadequate levels of preparation for retirement may lead to psychological problems such as stress, anxiety and depression. Especially in occupational groups with high stress levels such as health care professionals, the retirement process may become more complex in individual and occupational terms (McDonald, 2010; Keele, 2014).

With the demographic transition processes and the prolongation of life expectancy, the time individuals spend in retirement is gradually increasing. According to the World Health Organization, the number of individuals over the age of 60 is expected to exceed 2 billion worlds wide by 2050 (WHO, 2014). This situation reveals that retirement is not only an individual issue but

also a global health, social security and economic policy issue.

Social security reforms and gradual retirement practices in Turkey in recent years have necessitated individual store structure their retirement plans. Developments such as raising the retirement age, reducing pensions, and encouraging private pension systems directly affect the level of retirement preparedness of employees. However, especially for individuals working in the service sector such as nurses, planning life after retirement has become a challenging process depending on many factors (Yazıcıoğlu, 2006; Günay, 2006).

The phenomenon of retirement is a multi-dimensional process that affects not only the individual but also the family, institutions and society. For this reason, it is of great importance to conduct research on the retirement period in a way to cover both individual psychosocial adaptation and institutional strategies.

Nursing, which is one of the basic building blocks of health services, is a Professional group that plays a critical role in protecting in genius proving the health level of individuals and society. However, since the nursing profession has a stressful and intense work environment that requires high levels of physical and emotional effort due to its nature, it can create significant burn out, job dissatisfaction and Professional dissatisfaction on employees (Piko, 2006; Gómez-Urquiza et al., 2017).

In the literature, it is reported that there are strong relationships between nurses' job satisfaction, turnover intention and retirement plans. It has been shown that nurses with low job satisfaction have higher turnover intentions and this situation both triggers' thoughts of early retirement and negatively affects continuity in health services by increasing labor turnover rates (Lu et al., 2012; Hayes et al., 2012). Factors such as intensive workload, irregular shift hours, insufficient management support, limited career development support unities and in sufficient wages make the working conditions of nurses

difficult and lead to professional burning out (Aiken et al., 2002; Van Bogaert et al., 2010).

It is understood that nurses' attitudes and behaviors towards retirement process secure shaped not only by demographic factors such as age and length of service, but also by the level of satisfaction experienced in working life, work-life balance, perception of institutional support and psychosocial conditions (Tourangeau & Cranley, 2006; De Milt et al., 2011). It is stated that nurses stand to work longer in institutions where job satisfaction is high; however, negative working conditions accelerate early retirement plans (Duffield et al., 2015). In addition, concerns about retirement life, individual and professional preparation and uncertainties about the future are important factors affecting nurses' retirement decisions.

Considering the impact of the aging nurse workforce on health systems, it is of great importance that the plans to be made in this field are shaped in the light of scientific data. Understanding the preparation processes for retirement both directs managerial strategies in terms of sustainability of the work force and enables the development of supportive interventions for the difficulties faced by nurses in the last period of their professional lives.

In this study, the feelings, thoughts and readiness of nurses regarding the concept of retirement and their retirement experiences are examined, and the effects of this readiness on individual, professional and institutional levels are revealed. In this context, it is aimed to contribute to the literature specific to the nursing profession by evaluating the retirement preparation process, understanding how nurses approach this process, and contributing to practices that will strengthen the guidance role of institutions in retirement planning.

## METHODS

In this descriptive and cross-sectional study, ethical approval and institutional permission were obtained from the ethics committee of a university hospital in the European side of

Istanbul. The purpose of the study was explained to nurses who volunteered to participate, and the questionnaire was distributed by the researcher. Data was collected based on voluntary participation after obtaining informed consent. Nurses over the age of 35 were included in the sample because they started their careers in their twenties and it was assumed that they were preparing for retirement after 15 years of professional experience. Therefore, the sample of the study consists of 460 nurses aged 35 and above out of a total of 904 nurses working at a university hospital in the European side of Istanbul during the research period. Questionnaires were distributed to 368 nurses selected through non-probability sampling by visiting 32 departments and were collected in person approximately one week later when the researcher revisited the unit. The data collection process was conducted between 15 July 2014 and 30 December 2014. Some nurses could not be reached due to reasons such as annual leave, maternity leave, or unpaid leave, and the study was completed with responses from 300 nurses. The sample's representation rate is 65%.

A questionnaire with two parts, developed by the researcher based on the literature review, was used to collect data for the study. In the first part, there are 15 closed-ended questions to determine the demographic and professional characteristics of the nurses (institution, unit, working status/position, staff status, age, education level, years of Professional work, marital status, number of children, the way of choosing the profession, the way of choosing the field/unit where they work, the field they want to work and the way of working, weekly working hours and over time working status, and the status of taking holidays in the last year). In the second part, there are 20 multiple-choice questions and 1 open-ended question to measure feelings towards retirement life, readiness for retirement, post-retirement working tendencies and views on retirement preparation program (the time you have to work to deserve retirement by law, how many years after retirement, need

for private health insurance, readiness for retirement life, in which way you feel ready, planning for your retirement life, for which reason she wants to retire, her feelings about retirement life, her sense of transition to retirement life, her desire to work after she deserves retirement, how many hours a week and in which field she wants to work, the reason for choosing this field, the conditions she expects to continue working in the institution, her participation in activities for programming her retirement life, her opinions and suggestions about the retirement life preparation program, her willingness to participate in this program and her desire to be an educator). The questionnaire form applied to 10 nurses as pilot study before the application and the final version was finalized by editing them in comprehensible statements. It takes approximately 15 minutes to complete the questionnaire.

The data collected were analyzed using IBM SPSS Statistics 21 software. Descriptive statistics (number, percentage, mean, standard deviation) were used to determine the general distribution of variables. Chi-square test was used for nonparametric comparisons, and the Pearson correlation test was used to analyze the relationships between variables.

The independent variables of the study were the personal and professional characteristics of the nurses, and the dependent variables were the attitudes, preparations and opinions towards the retirement process.

## RESULTS

The study found that all the nurses were female. Among them, 106 were aged 35-40 (35.3%), 146 had undergraduate degrees (48.7%), 216 were married (72.0%), 123 had 2 children (41.0%), and 238 took a holiday in the last year (79.3%) (Table 1).

**Table 1.** Distribution of personal characteristics of nurses (n=300)

Variables	Subgroup	n	%
<b>Age Group</b> (min=34, max=62, ort=42.267±5.07)	35-40 years	106	35.3
	40-45 years	92	30.7
	>45 years	102	34.0
<b>Education Level</b>	Health Vocational High School	23	7.7
	Foundation License	75	25.0
	License	146	48.6
	Postgraduate	56	18.7
<b>Marital Status</b>	Married	216	72.0
	Single	84	28.0
<b>Number and Age of Children</b>	No children	79	26.3
	1 child	88	29.3
	2 children	123	41.0
	3 children	10	3.4
<b>Having a holiday in the last one year</b>	Yes	238	79.3
	No	62	20.7
<b>Feeling ready for retirement</b>	Yes	140	46.7
	No	160	53.3
<b>Areas Where Those Feeling Ready for Retirement Feel Prepared *(n=140)</b>	Physiologically	81	57.9
	Psychologically	97	69.3
	Financially	25	17.9
<b>Planning for retirement life</b>	Yes	118	39.3
	No	182	60.7
<b>Possible/Appropriate Reason for Retirement</b>	Retirement due to age limit	27	9.0
	Disability retirement	2	0.7
	Voluntary retirement	245	81.7
	Other (financial, work conditions, etc.)	26	8.7

It was found that most of the nurses (n:160) did not feel themselves ready for retirement (53.3%), while those who felt themselves ready (46.7%) were psychologically ready (69.3%); 182 nurses did not make plans for their retirement life

(60.7%), 245 nurses stated that retiring voluntarily when they deserved to retire legally (81.7%) was a possible retirement reason for them (Table 1).

**Table 2.** Compulsory and voluntary working periods of nurses until retirement (n=300)

Variables	Lowest value	Highest value	Average	Standard Deviation	r (p)
The period required legally to work to qualify for retirement (n=204)	1	26	10.35	6.71	0.855 (p<0.001)
Intended period of work until retirement (n=197)	1	26	8.06	6.49	

It was found that 96 nurses were working although they deserved to retire legally and the remaining 204 nurses had to work for at least one and at most 26 more years to deserve retirement legally, and this period was 10.35 ( $\pm 6.71$ ) years on average. In addition, it was observed that the nurses were willing to work for an average of 8.06 ( $\pm 6.49$ ) more years until retirement (Table 2).

The relationship between the compulsory time that the participants had to work in order to deserve retirement and the time that they thought to work willingly until retirement was statistically highly significant ( $p < 0.001$ ), positive and high power ( $r = 0.855$ ).

When the distribution of the nurses' views on post-retirement work life was analysed, it was found that 165 nurses (55.0%) did not think of working after retirement, and 135 nurses (45.0%) of those who thought of working stated that they could work an average of 31.85 ( $\pm 9.99$ ) hours, at least five and at most 60 hours per week. It was observed that 40 nurses (29.6%) of those who stated that they thought of working after retirement thought of working in the private sector in the field in which they were experienced. Among the personal factors that may be effective in nurses' returning to work after retirement, 188 nurses marked 'financial needs (62.7%)' and seven nurses marked 'incompatibility between spouses (2.3%)'. Among

the institutional and professional factors that may cause nurses to return to work after retirement, 213 nurses marked 'improvement in wages (71.0%)' and 148 nurses marked 'physical improvement of working conditions (49.3%)'. It was found that the nurses emphasised the options of 'To be assigned in areas such as day labour, quality, statistics (12.3%)' and 'assignment in specialised areas such as education, infection control and diabetes (13.7%)' the least. In addition, 48 nurses (16.0%) selected the 'other' option and stated that they did not plan to return to work (Table 3).

When the opinions of the nurses regarding the retirement preparation programmes were examined, it was found that the nurses stated that there were no training programmes for retirement in the university hospital where the research was conducted (97.7%), 232 nurses thought that the existence of such programmes would contribute positively to the preparation for retirement life (77.3%), and 202 nurses wanted 'psychological issues (67.3%)' to be addressed most in these programmes. It was determined that 241 nurses were willing to participate in the event that a training programme was organised (80.3%) and 159 nurses were willing to contribute as trainers in these programmes (53.0%) upon request from their institutions (Table 3).

**Table 3:** Distribution of nurses' views on their work life after retirement and retirement preparation program (n=300)

Variables	Subgroup	n	%
Thinking about working after retirement	Yes	135	45.0
	No	165	55.0
Areas to be worked in after retirement (n=165)	In the private sector in the area, I have experience	40	29.6
	As an educator, in nursing schools	26	19.3
	A job other than nursing	20	14.8
	Workplace nursing	18	13.3
	School nursing	8	5.9
	Family health center	8	5.9
	In management positions	5	3.7
	Other	7	5.2
Personal factors that may be effective in returning to work after retirement *	Material needs	188	62.7
	Enjoyment of work and a sense of usefulness	118	39.3
	Boredom and the desire to seek occupation	113	37.7
	Willingness to share my knowledge and skills with others	72	24.0
	Being a role model for my young colleagues and my environment	70	23.3
	incompatibility between spouses	7	2.3
	Other (I do not plan to return to work)	22	7.3
Organizational and occupational factors that may be effective in returning to work after retirement *	Improvement in wages	213	71.0
	Physical improvement of working conditions	148	49.3
	Workforce planning according to workload	134	44.7
	Using social facilities equally by all personnel (crèche, shuttle service, etc.)	77	25.7
	Regulation of working hours	71	23.7
	To be assigned in areas such as day labor, quality, statistics	37	12.3
	assignment in specialized areas such as education, infection control and diabetes	41	13.7
	Other (I do not plan to return to work)	48	16.0
Conduct of activities (trainings) for programming retirement life in the organization	Yes	7	2.3
	No	293	97.7
The idea that having a preparation program for retirement life will have positive contributions in preparation for retirement life	Yes	232	77.3
	No	68	22.7
The issues to be considered in the preparation program for retirement life *	Physiological	199	66.3
	Psychological	202	67.3
	Financial	179	59.7
	Other	44	14.7
Willingness to participate if training is organized	Yes	241	80.3
	No	59	19.7
Willingness to contribute as a trainer if a training program is organized	Yes	159	53.0
	No	141	47.0

\*More than one option was marked.

**Table 4.** Comparison of nurses' working order and their feelings about retirement life (n=300)

Variables	Continuous Daytime		Rotational Shift		Test and Significance Value
	n	%	n	%	
Very joyful and happy days	53	24.1	25	31.3	$\chi^2=1.563$ $p=0.211$
Using freedom and creativity	80	36.4	27	33.8	$\chi^2=0.175$ $p=0.676$
Feelings of exclusion and uselessness	11	5.0	5	6.3	$\chi^2=0.182$ $p=0.670$
After a busy working life, it's a case of achieving my only goal	44	20.0	23	28.8	$\chi^2=2.590$ $p=0.108$
Feeling old	38	17.3	12	15.0	$\chi^2=0.218$ $p=0.640$
A period of financial insufficiencies and difficulties	51	23.2	14	17.5	$\chi^2=1.116$ $p=0.291$
Plenty of free time to be utilized	104	47.3	39	48.8	$\chi^2=0.051$ $p=0.821$
Plenty of time to spend with my family	146	66.4	45	56.3	$\chi^2=2.594$ $p=0.107$
Time to focus on myself and my hobbies	147	79.0	39	48.8	$\chi^2=8.129$ $p=0.004$
Feeling of being alone	17	7.7	3	3.8	$\chi^2=1.491$ $p=0.222$
Holiday and travel time	111	50.5	37	46.3	$\chi^2=0.415$ $p=0.519$
Opportunity for a second job and earning extra income	76	34.5	27	33.8	$\chi^2=0.016$ $p=0.898$
Transition to monotonous life	32	14.5	11	13.8	$\chi^2=0.030$ $p=0.862$

\*More than one option was marked.

When Table 4 was analysed, it was found from the comparison of nurses' working order and their feelings about retirement life that they thought of retirement as 'time to focus on myself and my hobbies' (79.0%, n:147), 'plenty of time to spend with my family' (66.4%, n:146), and least as 'exclusion and uselessness (5.0%, n:11)' and 'feeling of being alone (3.8%, n:3)' ( $p<0.005$ ).

When Table 5 was analysed, it was found to be statistically significant ( $p<0.005$ ) that nurses working in shifts (26.3%) and nurses working continuously during the day (11.4%) evaluated "Road-traffic is a problem for me" in the comparison of the working order of the nurses and the reasons for transition to retirement life.

When the reasons for nurses to retire were analysed, it was found that 102 nurses chose

'I don't like working' (46.4%), 89 nurses chose 'I can't spare enough time for my family' (40.5%) and 'I want to be interested in different occupations' (40.5%), four nurses chose 'I don't like working' (1.8%) and five nurses chose 'This job doesn't satisfy me and I am unhappy' (6.3%).

## DISCUSSION

This study shows how factors such as nurses' views on retirement, their post-retirement plans and retirement preparation training needs, nurses' job satisfaction, working conditions and turnover intentions affect their retirement decisions.

Schofield (2007) predicts that the nursing population is aging and that approximately 90,000 nurses will leave by 2026.

**Table 5.** Comparison of nurses' working order and reasons for transition to retirement life (n=300)

Variables	Continuous Daytime		Rotational Shift		Test and Significance Value
	n	%	n	%	
I want to be interested in different occupations	89	40.5	31	38.8	$\chi^2=0.071$ $p=0.790$
I feel physically inadequate and tired	57	25.9	20	25.0	$\chi^2=0.025$ $p=0.873$
I don't like working	4	1.8	4	1.3	$\chi^2=2.288$ $p=0.130$
Road-traffic is a problem for me	25	11.4	21	26.3	$\chi^2=10.014$ $p=0.002$
My children have care problems	25	11.4	15	18.8	$\chi^2=2.770$ $p=0.096$
I can't spare enough time for my family	89	40.5	32	40.0	$\chi^2=0.005$ $p=0.943$
I don't like working	102	46.4	33	41.3	$\chi^2=0.620$ $p=0.431$
Working conditions force me to work	70	31.8	30	37.5	$\chi^2=0.852$ $p=0.356$
I want to take advantage of new job opportunities	49	22.3	18	22.5	$\chi^2=0.002$ $p=0.967$
My current job is financially insufficient	32	14.5	9	11.3	$\chi^2=0.540$ $p=0.462$
I feel exhausted	65	29.5	19	23.8	$\chi^2=0.977$ $p=0.323$
I want to be free.	71	32.3	24	30.0	$\chi^2=0.140$ $p=0.708$
I have no prospects for promotion and progress in my current job	44	20.0	16	20.0	$\chi^2=0.000$ $p=1.000$
This job doesn't satisfy me and I am unhappy	16	7.3	5	6.3	$\chi^2=0.094$ $p=0.759$

\*More than one option was selected.

It has been stated that new graduates will be insufficient to fill this gap; it has been stated that attrition in nursing begins around the age of 45 and that careful workforce planning is necessary to meet the care needs of the aging population. Mion et al. (2006) drew attention to similar problems in their study and commented that protecting old nurses or delaying their retirement required an interdisciplinary approach. In addition, in order to create a conducive work environment by retaining mature, experienced nurses, institutions should clarify their multi-faceted approach and strategies, offer flexible working hours and provide professional development opportunities (Good, 2024).

In addition, recognition and reward programmes increase nurses' motivation and reduce turnover

intentions (Work Institute, 2024). Negative work environments increase burnout syndrome by reducing job satisfaction and therefore nurses' intention to leave their jobs increases (Lake et al., 2023) In addition, nurses' career identity and hope levels shape their turnover intentions by affecting job satisfaction (Liu et al., 2022). In our country, the Ministry of Health produces policies to meet the increasing need for nurses and the reopening of Health Vocational High Schools is a product of this policy, and in this direction, many discussions such as entrusting adults with health problems to adolescents have come to the agenda. Current policies focus on numerical competence rather than service quality and improving the quality of nurses. In order to correct this dangerous perspective, advanced policy makers and



managers who can make strategic moves are needed.

The fact that approximately one-third of the participants stated that they worked 2-20 hours of overtime per week is an indication that the university hospital where the research was conducted had an inadequate number of nursing personnel. Research shows that factors such as heavy patient load, shift systems, lack of management support and limited professional autonomy lead to high levels of burnout in nurses (Mudallal et al., 2017). Emotional exhaustion, in particular, is one of the factors most strongly associated with intention to leave the job (Maslach & Leiter, 2016).

More than half of the participating nurses did not consider working after they earned retirement, while one third of them worked despite being legally entitled to retirement, and the rest considered continuing in the private sector with lower working hours in the field they were experienced in, even if they were legally entitled to retirement, and they could continue in the same institution if people were planned according to workload, physical working conditions were improved, and wages were improved. Nelson (2014) states in his study that nurses experience financial difficulties, and emphasizes that many nurses are not financially ready for retirement. It is thought that the majority of the nurses participating in the study do not make plans for their retirement lives, that nurses do not feel ready for retirement and therefore tend not to make plans. It was determined that those who feel ready for retirement feel psychologically ready, and that there are problems in readiness in the group close to retirement.

According to Oksanen et al. (2011), when drug purchases were examined using the national prescription system in Finland in the four years before and four years after retirement, it was determined that the rate of antidepressant use increased as the transition to retirement approached in the nine-year period, and this rate of use decreased after retirement. Feeling psychologically prepared is important for taking steps towards a healthy retirement, and the fact

that the majority of nurses did not feel ready and wanted psychological issues to be emphasized in the question about the content of retirement preparation programs can be interpreted as having problems in preparing for retirement.

Heaven et al. (2013) stated in study that retirement, which is a social event, is more difficult to experience healthily in countries with a nuclear family structure, and that financially supported projects are carried out in different countries to give people a social role and to provide them with a purpose and to provide financial income. It is observed that such financially supported studies are not carried out in our country; due to our social structure with an extended family structure and a focus on kinship ties, the roles targeted in these programs are partially undertaken by retirees, such as looking after their own children and grandchildren, growing vegetables and fruits by gardening, establishing social relations with previously retired individuals and carrying out activities for common purposes, and attempting work in different lines of business.

The fact that nurses perceive retirement life positively as spending time with their families, themselves and their hobbies, and that negative feelings such as uselessness, loneliness and exclusion are low, is similar to the feelings in the study of Öztürk (2005). The fact that the majority of the participants are married and have two children, the intensive work tempo of nursing and the need to work in shifts for long periods, being a female profession and the social roles of women do not allow the individual to take care of herself and her hobbies, are effective in obtaining the result that they feel the need to close this gap in their retirement days. The fact that nurses working in shifts consider the road-traffic problem as a (possible) reason for transitioning to retirement life, the fact that nurses working continuously during the day complain about the same problem, and the statistical comparison found it significant ( $p<0.005$ ) can be associated with the harsh living conditions in the Istanbul metropolis. Financial inadequacies do not allow healthcare personnel to live near the hospital, the majority of the population is students, those who are married, have children and limited income live

in more remote parts of Istanbul, which means that it takes a long time to get to work by shuttle/public transportation.

In a study conducted by Schofield (2007) in Australia, it was stated that even if there were sufficient incentives for nurses, nurses did not continue to work due to musculoskeletal injuries, shift work, which is a heavy physical nature of nursing, working conditions and low payments according to skills, apart from the economy. In a study conducted by Jensen et al. (2012) in Denmark, health and non-health factors were also emphasized and it was stated that 43.3% of the nursing assistants employed in 1993 retired prematurely during the 15-year work period in order to gain income. It is believed that a similar situation has arisen with the early retirement law published in our country.

The fact that the majority of the nurses who participated in the study thought that having retirement programmes would contribute positively to the preparation for retirement life and that they wanted psychological issues to be addressed in these programmes differs from Günay's (2006) study in which they wanted to be trained on financial issues in a training programme for preparing for retirement . It can be said that the fact that more than half of the individuals included in the scope of this research are men and that the social roles of men are compatible with the financial issues of the house. Based on these results, it can be said that women who give up their roles in business life and are on the way to find new roles are more open to establishing balance in the family and receiving psychological help than male individuals; therefore, it can be said that nurses as women can have more balanced and happy retirement days after difficult working years.

Retirement, which means withdrawal from service, has many effects on individuals, and individuals need social support, spiritual life, finance and stress preventive support related to their daily lives to protect their health after retirement. In the study conducted by Khan (2010), it was emphasised that it is of great importance for the individual and the family to

make the necessary preparations in working life in order to prevent problems that may arise during retirement and to facilitate adaptation to retirement life.

## CONCLUSION

The multidisciplinary retirement preparation programme to be developed in line with the findings of this study can provide guidance to individuals on retirement planning, exploring career transition opportunities, changing working conditions and establishing supportive incentive systems. This initiative, particularly when undertaken by nursing services and hospital administrators, is expected to provide long-term benefits in terms of retaining experienced nurses approaching retirement, sustaining public health services for an ageing population, and supporting the national economy. Research on nurses' social roles before and after retirement, their adaptation to retirement life, the challenges they face and the coping methods they use, their pre-retirement self-efficacy related to physical and psychological health, and their post-retirement life satisfaction, using larger and more diverse samples and different methodologies, will contribute to the literature.

**Declaration of Interests:** The authors have no conflict of interest to declare.

**Financial Support:** No financial support was received for this research.

**Ethical Approval:** Istanbul University Cerrahpaşa Medical Faculty Hospital Clinical Research Ethics Committee was discussed at its meeting on July 2, 2013 and approved as ethically appropriate by correspondence dated July 10, 2013 and numbered 83045809/18199 and conducted in accordance with the ethical rules in the Declaration of Helsinki.

## Acknowledgement

I would like to thank my advisor PhD RN Ülkü Baykal, who made great contributions throughout my graduate education and at every stage of my research, Assoc. PhD RN Feride Eşkin Bacaksız, who supported me during the statistical analysis stage, PhD Satı Birbudak, who helped me at every stage of my article, and my family, who motivated me under all circumstances.

## REFERENCES

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987-1993.
- De Milt, D. G., Fitzpatrick, J. J., & McNulty, S. R. (2011). Nurse practitioners' job satisfaction and intent to leave current positions, the nursing profession, and the nurse practitioner role as a direct care provider. *Journal of the American Academy of Nurse Practitioners*, 23(1), 42-50.
- Duffield, C., Roche, M. A., Homer, C., Buchan, J., Dimitrelis, S. (2015). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 71(3), 519-528.
- Dündar, T. (2009). Yaşlılıkta kimlik ve rol değişimi. *Sosyoloji Konferansları Dergisi*, (39), 221-233.
- Gómez-Urquiza, J. L., De la Fuente-Solana, E. I., Albendín-García, L., Vargas-Pecino, C., Ortega-Campos, E., & Cañadas-De la Fuente, G. A. (2017). Prevalence of burnout syndrome in emergency nurses: A meta-analysis. *Critical Care Nurse*, 37(5), e1-e9.
- Good, V. (2024). *Nurse retention strategies and resources*. American Association of Critical-Care Nurses. <https://solutions.aacn.org/blog/nursing-retention-strategies>
- Günay, G. (2006). *Bireylerin kişi ve aile olarak emekliliğe hazırlanmalarına ilişkin plan yapma durumlarının incelenmesi* [Yayımlanmamış doktora tezi]. Hacettepe Üniversitesi, Sağlık Bilimleri Enstitüsü.
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., North, N. (2012). Nurse turnover: A literature review—an update. *International Journal of Nursing Studies*, 49(7), 887-905.
- Heaven, B., Brown, L. J., White, M., Errington, L., Mathers, J. C., & Moffatt, S. (2013). Supporting well-being in retirement through meaningful social roles: Systematic review of intervention studies. *Milbank Quarterly*, 91(2), 222-287.
- Jensen, L. D., Ryom, P. K., Christensen, M. V., Andersen, J. H. (2012). Differences in risk factors for voluntary early retirement and disability pension: A 15-year follow-up in a cohort of nurses' aides. *BMJ Open*, 2(6), e000991.
- Kavaklı, A. (1999). İstanbul ilinde emekli olmuş hemşirelerin sosyoekonomik yaşamları ve meslekten beklentileri. *Marmara Üniversitesi Hemşirelik Yüksekokulu Dergisi*, 2(1), 92-99.
- Keele, S. F. (2014). *Retirement and the registered nurse: The SAVER study* [Doktora tezi, University of Nevada]. ProQuest Dissertations Publishing.
- Khan, H. U., & Latif, S. A. (2010). Retirement and relevant contemplation. *Mymensingh Medical Journal*, 19(1), 150-153.
- Lake, E. T., Germack, H. D., Viscardi, M. K. (2023). Impact of the work environment on nurse outcomes: A mediation analysis. *Journal of Nursing Administration*, 53(1), 31-38.
- Liu, Y., Wang, Y., Yang, J. (2022). Nurses' turnover intention, hope and career identity: The mediating role of job satisfaction. *BMC Nursing*, 21, 45.
- Lu, H., Barriball, K. L., Zhang, X., While, A. E. (2012). Job satisfaction among hospital nurses revisited: A systematic review. *International Journal of Nursing Studies*, 49(8), 1017-1038.
- Maslach, C., Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111.
- McDonald, G., Mohan, S., Jackson, D., Vickers, M., Wilkes, L. (2010). Continuing connections: The experiences of retired and senior working nurse mentors. *Journal of Clinical Nursing*, 19(23-24), 3547-3554.
- Mion, L. C., Hazel, C., Cap, M., Fusilero, J., Podmore, M. L., Szveda, C. (2006). Retaining and recruiting mature experienced nurses: A multicomponent organizational strategy. *The Journal of Nursing Administration*, 36(3), 148-154.
- Mudallal, R. H., Othman, W. M., Al Hassan, N. F. (2017). Nurses' burnout: The influence of leader empowering behaviors, work conditions, and demographic traits. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, 54, 1-10.
- Nelson, R. (2014). Are you financially prepared for retirement? *American Journal of Nursing*, 114(6), 18-19.
- Oksanen, T., Vahtera, J., Westerlund, H., Pentti, J., Sjösten, N., Virtanen, M., Kivimäki, M. (2011). Is retirement beneficial for mental health? Antidepressant use before and after retirement. *Epidemiology*, 22(4), 553-559.
- Öztürk, M. (2005). Adana ilinde çeşitli hastanelerdeki 15 yıl ve üstü çalışma süresi olan hemşirelerin emekliliklerine ilişkin görüşlerinin belirlenmesi. *Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi*, 2(3), 10-18.
- Piko, B. F. (2006). Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey. *International Journal of Nursing Studies*, 43(3), 311-318.
- Sarım, S. (1996). *Emeklilerin zamanlarını değerlendirme durumlarının incelenmesi* [Yayımlanmamış yüksek lisans tezi]. İstanbul Üniversitesi, Sağlık Bilimleri Enstitüsü.
- Schofield, D. J. (2007). Replacing the projected retiring baby boomer nursing cohort 2001-2026. *BMC Health Services Research*, 7, 87.

Tourangeau, A. E., Cranley, L. A. (2006). Nurse intention to remain employed: Understanding and strengthening determinants. *Journal of Advanced Nursing*, 55(4), 497-509.

Van Bogaert, P., Clarke, S., Roelant, E., Meulemans, H., Van de Heyning, P. (2010). Impacts of unit-level nurse practice environment, workload and burnout on nurse-reported outcomes in psychiatric hospitals: A multilevel modelling approach. *International Journal of Nursing Studies*, 47(7), 805-815.

Work Institute. (2024). *Implement effective nurse retention strategies*. <https://workinstitute.com/blog/nurse-retention-strategies/>

World Health Organization. (2014). Most people can stay fit and healthy into old age. *Bulletin of the World Health Organization*, 92, 628-629.

World Health Organization. (2014, November). *Ageing and health*. <https://www.who.int/bulletin/en/>

Yazıcıoğlu, A. (2006). *Emekliliğin kadının sosyal yaşamında meydana getirdiği değişimler üzerine bir grounded theory denemesi* [Yayımlanmamış yüksek lisans tezi]. Hacettepe Üniversitesi, Sosyal Bilimler Enstitüsü