


ORIGINAL PAPER

AN ENJOYABLE RETIREMENT: LESSONS LEARNED FROM RETIRED NURSING PROFESSORS

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Abstract

Aim: This study aimed to investigate the experience of retirement for retired nursing professors. *Design:* The descriptive phenomenological qualitative method, developed by Giorgi, was used to conduct this study, through the lens of Continuity Theory and Carper's Ways of Knowing Theory. *Methods:* Data were collected from four eligible participants in the form of written descriptions e-mailed to the researchers and analyzed using Giorgi's analysis-synthesis process. *Results:* The results showed that retired nursing professors felt satisfied with what they had achieved over their careers. They experienced a positive and rewarding life post-retirement and had positive perceptions of many aspects of their retirement. *Conclusion:* The retired nursing professors continued with many pre-retirement activities and maintained productivity. They used their past and new knowledge to shape their daily life experiences in ways that enhanced their own well-being and quality of family and community connections. Their continued involvement in organizations post-retirement included many academic and professional activities such as presenting at conferences, supervising students, reviewing articles, and volunteering in other scholarly activities.

Keywords: continuity theory, descriptive phenomenology, nursing, professors, retirement.**Introduction**

What does retirement mean? The concept of retirement has been defined from different economic, business, social, and health perspectives. It is considered an event, a process, and a role (Reis & Gold, 1993). Retirement involves an individual leaving paid employment, an inevitable stage of human life, which might begin before or after the age of 65. Shwartz (2004) looks at the concept of retirement from two perspectives. First, retirement is a transitional period between adulthood and the early stages of aging, marked not only by a change in age but also by a change in roles, relationships, self-image, and interests. Second, retirement is "a long-term process that begins before the cessation of gainful employment and ends sometime after the event". In a similar vein, Pepin and Deutscher (2011), in their literature review, describe retirement as a coping process for a salient, normal, and involuntary occupational and life

transition to later adulthood that requires a person to redefine their identity, roles, concerns, and ability to adjust to new life tasks. However, although many definitions of the concept of retirement can be found in literature, the concept still has no comprehensive, precise, and unified definition, since it changes from time to time and from one discipline to another. Three decades ago, Lazear (cited in Denton & Spencer, 2009) noted that there is "no consensus exist on the most fruitful way to define retirement". In this paper, we take the view that retirement is a unique individual experience that has different meanings from one person to another. However, for the purpose of this study, and from a nursing perspective, retirement is defined as a process of change that influences all aspects of a person's life, and has an influence on our physical and mental well-being. This definition is supported by how the participants of this study defined their retirement.

In previous research, retired nursing professors perceived themselves differently from other retired employees, as they had gained pre-retirement skills that enabled them to continue some aspects of their

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job after retirement (Dorfman, 1997). Although older studies exist regarding professional and non-professional activities of retired academics, and how they react to retirement (Dorfman, 1997), Dorfman's study was the first and only large comprehensive qualitative study retrieved describing the multi-dimensional experiences of professors' retirement. Unfortunately, no studies were found, either quantitative or qualitative, concerning the retirement of nursing professors – a gap in the literature which could be narrowed by conducting qualitative research to investigate the experiences of retired nursing professors phenomenologically.

When little is known about a phenomenon, the qualitative descriptive phenomenological method, developed by Giorgi (1970, 1985, 2009), is the most appropriate choice to detail it and understand its meaning based on reports of those who have experienced it in person (Giorgi, 1997).

Theoretical underpinnings

To understand the experiences of retired nursing professors, Continuity theory (Atchley, 1989) and Carper's (1978) ways of knowing theory were used as theoretical underpinnings in this study. Examining these experiences through the lens of these theoretical frameworks can help the nursing profession and other health sciences to understand the participants' experiences in a meaningful and useful way. The following is a description of the two theories:

Continuity theory. Continuity theory was used as a framework for understanding the lived experiences of retired nursing professors. The theory's central premise is that people attempt to preserve existing internal and external continuity to adjust to new changes in their lives (Atchley, 1989). To make a successful adjustment to any situation of change, both internal and external continuity, as well as personal preferences and social norms, are required. Internal continuity requires memory to remember "inner structure, such as persistence of psychic structure of ideas, temperament, affect, experiences, preferences, dispositions, and skills" (Atchley, 1989). External continuity is related to what is remembered, i.e., "physical and social environments, role relationships, and activities" (Atchley, 1989). In this study, the nursing professors' experience of retirement was regarded as the internal and external continuity of their knowledge, experiences, training, roles, behaviors, and ideas.

Carper's ways of knowing theory. As discussed by Dorfman (1997), many retired professors are still connected to aspects of academic life, such as teaching and research. In terms of Carper's ways of knowing theory, retired nursing professors are still

"knowers" in their field, who may choose to continue their scholarly work and contribute to enhancing their former profession. According to Carper (1978), nursing's four main ways of knowing are Empirical, Ethical, Personal, and Aesthetic. Empirical knowing forms the science of nursing; it uses systematic, logical methods to solve problems, find knowledge, predict and explain phenomena, develop theories, and use them in nursing science (Carper, 1978). Ethical knowing is related to nurses' use of social norms and values and ethical reasoning as a way to distinguish between right and wrong actions, and to be responsible and accountable (Carper, 1978). Carper assumes that, as nurses interact or engage with others, their "knowing" is enhanced and developed through an exchange of knowledge. Aesthetic knowing is related to aspects of nursing science that can be learned by doing, acting, and applying practical skills (Carper, 1978). As the theoretical basis for this study, Carper's ways of knowing provided researchers with a lens through which to view participants' written descriptions for an enhanced understanding of nursing professors' experience of retirement.

Aim

This study aimed to investigate the experience of retirement for retired nursing professors in Canada by asking: What is retirement, according to the experience of retired nursing professors?

Methods

Design

The qualitative descriptive phenomenological method, developed by Giorgi (1970, 1985, 2009), was used to describe the lived experience of retired nursing professors.

Sample

The sample for this study was a purposeful, snowballing sample of retired nursing professors from Canadian universities. Retired nursing professors were eligible to participate in this study if they: had a doctoral degree in nursing or a related discipline; had officially retired from a Canadian educational nursing program within the previous year; had voluntarily retired; were living in Canada after retirement, and could read and write in English. Giorgi (2009) stipulates that the sample must comprise a minimum of three participants to ensure variation, as it is the "number of instances of the phenomenon that are contained in the descriptions" that are essential, rather than data saturation (Giorgi, 2009). The sample size for this study consisted

of four retired nursing professors who met the inclusion criteria. A snowball technique was used to find eligible participants.

Data collection

Participants were requested to write a description of their retirement experiences and send it via e-mail to the researchers in response to the following statement: *“Please describe what life is like for you now that you have retired from Academia.”* Participants were given four to six weeks to complete their descriptions. They were asked to send their completed accounts of whatever information they wished to share, including illustrative examples, in the form of an MS Word document sent as an attachment to the lead researcher’s e-mail address. No consent form was used; instead, a reply to the e-mail including the requested data was considered agreement to participate in the study. No names were collected, and to ensure anonymity, participants were asked to choose a pseudonym, and to use an e-mail address that was non-identifiable (e.g., pseudonym@hotmail.com). A “thank you” e-mail was sent to participants who agreed to participate.

Data analysis

The descriptive phenomenological method, consisting of five significant steps to analyze / synthesize data, as described by Giorgi (1975, 2009), and Giorgi and Giorgi (2003), was used. The data analysis steps are explained in more detail by Duffy and Aquino-Russell (2007) and Russell and Aquino-Russell (2011). The researchers followed the following five steps when analyzing the collected descriptions for this research project, recognizing that although the steps may seem to succeed each other, during analysis, they flow to and fro, always referring back to the participants’ actual words to ensure clarity and consistency (Santopinto, 1987). *First step:* Contemplative dwelling on the descriptions – the participants’ descriptions were read a number of times to gain an overall sense of the account. *Second step:* Identifying meaning units (MUs) – i.e., breaking the text down into smaller units reflecting changes of theme in participants’ accounts. *Third step:* Identifying focal meanings (FMs). In this step, the participants’ words (MUs) were abstracted to a higher level of discourse, i.e., scientific discourse, using theoretical perspectives. *Fourth step:* Synthesizing situated structural descriptions (SSD). Giorgi (1985) advises that during this process, meanings should be comprehended from the perspective of the participants. In this step, FMs were synthesized and contextualized for each participant. *Fifth step:* Synthesizing a general structural description (GSD). In this final step, the

general meaning of the experiences related by participants was synthesized and described. Specifics or contexts of participants were removed, leaving common essences to form the GSD. Credibility, transferability, dependability, and confirmability principles of trustworthiness in qualitative research were applied (Guba & Lincoln, 1994; Lincoln & Guba 1985).

Results

General structural descriptions

The analysis-synthesis of the qualitative data revealed the following seven essences relating to the experience of retired nursing professors and their attitudes to retirement: “It is time to give something back”; “Continuing to gain knowledge and skills”; “Enjoying having time and freedom”; “Pursuing hobbies and activities”; “Relishing social and family time”; “Optimizing health and well-being”; and “Achieving satisfaction”.

It is time to give something back

Although the retired nursing professors believed that retirees should not fill all their time with volunteer work, they volunteered in different professional and community organizations. By their volunteer work, they were paying something back and contributing to their society and their academic institutions, albeit in a different way than before. One retiree noted:

“I really think sometimes that retirees are expected to volunteer because we are seen as having more time, and while I know that many retirees contribute greatly to organizations and service clubs, I didn’t retire to fill my time with volunteer activities. I always did and always will have a sense of contributing in real ways to my community and will continue to do so, but more at my own pace, and do not want to fill all the space created through retirement with volunteer activities” (Susan).

Retired nursing professors preferred volunteering in domains related to health and nursing such as reviewing for refereed journals, sitting on editorial boards as reviewers, working with undergraduate students doing their community health projects, or initiating and developing community health programs (e.g., among elderly populations), community gardening, or volunteering in Emeritus Associations. In addition to volunteering in professional organizations, many of them did extra voluntary work in non-professional organizations like churches or other social organizations, such as immigration centers:

“One academic activity that I partake in, while not related to my workplace, is being a member of two

editorial boards of nursing / health journals. I take part in the work, and this involves teleconferences and some reviews and decisions about reviews, and, from time to time, this takes up some time but not a huge amount... I am a member of the Canadian Federation of University Women (CFUW), and next year ... I have volunteered to help in any way with [our annual meeting]. These are more to get to know people and join in with some activities of interest than to volunteer. However, I have done some volunteer work in my new community. I have volunteered to help with the local marathon for two years in a row, helping keep the part of the city used in the race clean, so with a partner, we pick up the garbage and help with the recycling... I joined a Newcomers Association when I arrived to get to know others, and volunteered to be part of an ad hoc committee to review the club and report to the Executive” (Susan).

“I have been involved in a range of professional activities as a volunteer. At the time of my retirement, I was still in the position of past-president of Western Region – Canadian Association of Schools of Nursing (WR-CASN). I have been vice-president of my nursing school alumnae, and, additionally, its secretary... With a former nursing colleague, we developed the undergraduate midwifery program evaluation process, and subsequently conducted annual reviews for the midwifery program at another university, all of which were labor intensive... In relation to community service, in 2012, I served as the district captain for the multiple sclerosis campaign. In 2015, I became involved with a non-profit organization whose mandate is community development and engagement” (Amilee Lund).

Retired nursing professors made efforts to give something back to their nursing schools in different ways, and to remain part of the academic institution and nursing profession. One established awards for graduate and undergraduate nursing students; another served in paid and unpaid teaching positions at the school of nursing, and yet another established a peer-reviewed journal for nursing students. Retired nursing professors indicated that their status as Emeritus professors helped them to keep updated on their schools of nursing, and allowed them to volunteer wherever needed:

“When I retired, I decided to give something back to the school, so starting with a small amount of money the University gave me as a retirement gift, and with the kindness of family and friends, I have established two research awards in my name – one for a Ph.D. student, and one for an MN student. I worked with the Dean and Associate Dean to develop criteria for

the award. By this effort, I still feel a part of the school... Being a Professor Emeritus, I still have an affiliation with them, and I do value that. I feel that I can still contribute to society in various ways” (Susan).

“I am ... Editor in Chief for a refereed journal that I developed in conjunction with a professor colleague in Nursing” (Pate Hennaff).

Continuing gaining knowledge and skills

After retirement, engaging in both formal and informal learning activities is part of the life of retired nursing professors. They indicated that their curiosity to learn new things was what motivated them to attend courses. Before retirement, courses were attended with the aim of keeping up to date in their field of nursing, as part of their academic job. After retirement, they had many formal and informal flexible learning options, not necessarily related to their discipline, and which did not conflict with their other plans, such as traveling or hobbies. Examples of these activities included learning a new language, enrolling in the University of the Third Age (UTA / U3A), attending talks, seminars, arts courses, and book reading clubs:

“Lifelong learning can be formal or informal, and I think if you have an open mind, you continue to learn. Retirement has not changed that attitude to life for me, but what is different is that my formal learning does not have to be tied so directly to my work. In Academia, for me, it was important to keep abreast of developments in my discipline, and that meant formal learning was more determined by that factor, but now learning is more curiosity-driven or can be dedicated to what I would like to learn. I don't know if I would consider any formal learning that I have done as a major endeavor, but I took some French lessons at a community center for a semester” (Susan).

“I continue to enjoy learning, so I have taken French lessons, attended seminars on economics related to retirement and investments, aging in place, community development and engagement. Some of these have been free, others come with tuition fees, but they are not prohibitive for me (plus they're income tax-deductible, which is a bonus)” (Amilee Lund).

Enjoying having time and freedom

The retired nursing professors described their experience of retirement as pleasant, enjoyable, relaxing, and providing a feeling of freedom. Moving to a new neighborhood far away from the workplace after retirement, keeping pets, and pursuing both pre-retirement and new hobbies enhanced their feelings

of pleasure and enjoyment. The feeling they could do whatever they wished, whenever they wished, without the pressure of time restriction or deadlines, gave them a sense that they now had more freedom than before, and more control over their time:

“What I can say is that my life after retirement is very good and is very different in so many ways. For one thing, I do not have to adhere to the same structuring of my time as I did when working, and I really like that feeling of freedom and reclaiming some more of my life. I also do not have the same number of deadlines to meet and really like not having to seriously consult my agenda for the activities of the day. I have the freedom to change my mind about what I might do on a certain day and reschedule activities, as long as I am not inconveniencing others or breaking other commitments. I have the time to explore activities that I might like to engage in or take in some event I see advertised at the last moment, and this does not need the same amount of planning as it did when I worked. When people ask me what I do now I’ve retired, my favorite reply is “whatever I feel like doing.” However, it also has been a big adjustment to be retired and be more in charge of what I want to do because it can lead to putting off certain activities” (Susan).

Pursuing hobbies and activities

The retired nursing professors found retirement an excellent opportunity to continue pursuing former and new hobbies that brought them enjoyment and filled time. Traveling was one of the most popular hobbies the retirees engaged in. This involved traveling both inside and outside Canada for different purposes, such as visiting family and friends, learning about new cultures, making new friends, or simply for pleasure. However, while they liked to travel, not all could do so, due to financial issues.

“I have always traveled and hope to continue to do so, and really enjoy this activity. Travel opens your mind to other areas of the world, different people and their ways of life. It is a way of learning, making new friends and having a greater appreciation of the world and the diversity in the world. Depending on the country you travel to, it can also help you appreciate more greatly what you have in your own country” (Susan).

Reading non-academic work from traditional or electronic books was another hobby, along with gardening, listening to the radio and music, photography and converting traditional slides and negatives to a digital format, walking, weaving, using technology to interact with family and friends, socializing and playing cards with other retirees

in the Emeritus Association, swimming, walking, skiing, and analyzing therapeutic music were examples of common hobbies of the retired nursing professors.

“I have a number of projects that would fit under the category of hobbies, and one involves photography. Another activity I take part in is gardening. Music has always been a big part of my life and often it is a background to some of the things I do, such as my photography project. We usually have the radio or music on whenever we are in the house” (Susan).

“I pursue many of my hobbies like listening to music ... attendance at numerous little concerts, hiking / walking, swimming – especially in the ocean; and, primarily, walking tours and museum / church visits...” (Pate Hennaff).

Relishing social and family time

Retirement is an excellent opportunity for retired nursing professors to interact and communicate face to face or through technology with their families and friends. A social gathering with families and friends, cooking and having meals together, talking, and pursuing hobbies are some of the ways they enjoy their time with family and friends.

“I do read and use my computer to get information and for talking to friends and colleagues. I am involved with a 50+ club currently, and am there most days. Aside from my work as President, I play cards and bridge, and I’m in a group that makes lunches every Wednesday. I also belong to Daughters of the Nile (in which I hold an office) and Eastern Star, and am involved in various activities related to these two organizations. I talk to my family on a fairly regular basis, and if I don’t actually see them, I do see them on FaceTime” (Susan).

“We also like entertaining and having meals with friends, so I have had many pleasant evenings doing this activity. I like to cook and try new cuisines” (Happy and Grateful).

Optimizing health and well-being

The retired nursing professors described their health status after retirement as good, and they were still healthy, fit, energetic, and enjoyed a healthy lifestyle by walking for long distances or engaging in daily exercise.

“My current health status is now outstanding. I am actively involved in a range of sports, enjoy music from morning to night, and I weigh the same 54 kg as I did when I graduated in nursing, at the age of 20” (Pate Hennaff).

“I follow a daily exercise routine for health reasons. The exercises were recommended by a physiotherapist. For eight years, I attended a formal exercise program led by a fitness instructor but stopped when I found that it was aggravating, rather than helping, my SI (sacroiliac) joint problem. Also, the cost doubled over that period of time. I continue to enjoy walking 2–3 times a week for approximately 30–50 minutes each time” (Amilee Lund).

“There were no health concerns that factored into my retirement decisions. My current health and well-being are really quite good, considering I am older. I have no obvious conditions or health limitations. I might have some joint stiffness in the mornings, and I probably do not have the same level of physical energy as when I was younger, but I am still very active and able to walk long distances – usually no less than 5km daily, and sometimes up to 15 km. We have many beautiful areas for walking, and I take full advantage of these. A real favorite is to walk on the beach. Walking is mainly with my husband and, now, my puppy, but I do try and get out every day so that I can maintain a level of fitness. My walking is a continuation of my lifestyle when I was working, because I walked to and from work each day and lived about 2.5 km from work. I tend to walk more now because I have more time to do so. I probably do 2–4 hours a day walking” (Susan).

Those who reported that they lived with chronic diseases were still optimistic, happy and enjoying their life since they could self-manage and control their chronic conditions, had access to health services, could perform their daily life activities, use alternative medicines, and had the option of cost-effective therapeutic methods to deal with their cases.

“Regarding my current health, I have a problem with my joints, but as long as I maintain a daily regimen of exercise plus over-the-counter joint medications, it doesn’t interfere with my activities of daily living. I also have glaucoma, which is being treated with eye drops. Otherwise, I enjoy good health” (Amilee Lund).

“I have a melanoma, which is being treated by immunotherapy – which seems to be successful – the tumor has been in remission for at least a year. I have Type 2 diabetes, well controlled by pills – monitored by an endocrinologist. I feel great and am busy every day. I believe I am very lucky that there is a relatively new treatment for Melanoma, and I am grateful to be on the treatment. Currently, I feel well, have no real physical issues. I’ve had my knees replaced, cataracts removed (I have 20/20 and 20/30 vision). I still drive my car. I have a hearing

aid – a bit of a nuisance, but I can hear. So, all in all, I feel very fortunate. I have a very positive attitude toward life and enjoy each day. I also feel very fortunate that I have the very best physicians in the city” (Happy and Grateful).

Achieving satisfaction

The retired nursing professors reported that they felt satisfied and proud of what they had achieved in Academia. They were grateful for the opportunities they had been given that had helped them to succeed in their field, and they felt privileged to have worked with colleagues and students who supported them and appreciated their work. They thanked their families, who helped them to live a gratifying life by providing them with their support, love, and appreciation.

“Although I did not set out to be in a certain academic situation in my work, life led me down that path, and, looking back, I am happy with the outcome. I had a very rewarding career over the years, and although it was hard work much of the time, I certainly have no regrets. I was fortunate to have some wonderful colleagues, to get involved in and lead some good research, to get good recognition for my efforts, meet many wonderful students at the undergraduate and graduate level, and see some good results from what I had accomplished” (Susan).

Discussion

The aim of this qualitative study was to gain a greater understanding of the lived experience of retirement among nursing professors, using Giorgi’s Descriptive phenomenological qualitative method. The analysis-synthesis of the qualitative data revealed seven essences discussed in the results section. Retired nursing professors shared various experiences of retirement. The findings of this study added new knowledge about retired nursing professors’ experience from the perspectives of Continuity theory and Carper’s ways of knowing theory, and support the assumptions of both theories. Therefore, the premises of these two theories will be used to discuss the findings, which are also compared with the results of previous studies.

As presented in the results section, retired nursing professors showed a tendency to continue many of their professional and personal activities, such as reviewing papers for refereed journals. They also tended to seek novel activities after their retirement, such as learning a new language. Continuing previous activities and seeking new ones are compatible with the internal and external continuity

of activities explained in Continuity theory (Atchley, 1989). The retired professors showed that they could maintain their relationships with themselves (i.e., self-concept) and their social relationships by continuing these activities. The results of the current study showed that participants retained their unique professional and personal experiences and preferences, activities, beliefs, goals, skills, ideas, and thoughts over time.

Atchley (1989) suggests that people cope with changes in their life by relying on their self-identity to make future decisions. The desire to maintain internal continuity may explain why retired nursing professors continue with activities that have provided them with a sense of self-security, satisfaction and stability, and which can ease the transition process from working life to retirement (Nimrod & Kleiber, 2007). The retired professors continued their external activities by working closely with their physical and social environments, maintaining their social roles, and involving themselves in social activities. Continuing these external activities is consistent with the expectations of others, and may help them to adapt to change, e.g., by volunteering in academic and social activities (Atchley, 1989). In summary, continuity of internal and external activities and productivity, using past and newly obtained knowledge, is necessary for successful aging, and for adapting to and managing life after retirement.

This study also indicated that retired nursing professors continued using the same methods to acquire knowledge that they had used in developing the field of nursing, such as empirical, personal, ethical, and aesthetic knowledge (Carper, 1978). They gained empirical knowledge by contributing to research and performing other academic and scholarly activities through their status as professor emeritus, working part-time in academia, and supervising and guiding students. Their personal knowledge came from traveling and learning about new cultures, listening to the radio, reading, reflection, self-actualization, and connecting and interacting with other people. They gained ethical knowledge by pursuing legitimate activities that caused no harm to themselves or those around them, and empowered their communities. They still felt an obligation to protect their communities and their profession and to pay respect to human life through volunteering in many activities. Their aesthetic knowledge encompassed all other types of knowledge employed to understand, manage, and deal successfully and effectively with life changes after retirement. We found that many of the results of our study were similar to those of other studies in the literature investigating retired people (e.g.,

Dorfman, 1997; Pepin & Deutscher, 2011); while other findings differed from our results (Rosenkoetter & Garris, 1998; Shwartz, 2004). However, some findings were unique and added valuable understanding about retired nursing professors' experience in Canada.

Concurrent with our findings, previous studies have also indicated that professors were not like other employees in terms of work and productivity after retirement. Dorfman (1997) conducted a large qualitative study to investigate professors' post-retirement experiences, in the United States and Britain. He found that professors often continued some aspects of their academic work-life and role after retirement, such as: working as emeritus professors in universities and colleges, conducting research, and contributing to producing new knowledge or other creative works. They also engaged in part-time education and consultation work, read academic journals, and attended conferences to keep themselves up-to-date in their field. They continued to publish work, but also to pursue some non-academic / non-professional leisure activities. Retired professors not only liked to continue working on their scholarly activities after retirement, but they also advised and encouraged other professors due to retire to refrain from severing ties with their academic life (Dorfman, 1997).

Our findings in this study were similar to what participants have reported in previous studies. That is, professors continued working and volunteering in scholarly activities related to nursing and health. According to Dorfman (1997), retired professors asserted that academic life taught a number of skills that should be used effectively even after retirement. They classified themselves as active and professional in teaching, research, and curricular development, and they still used these strengths after retirement. In addition, retired professors from medical or health backgrounds indicated that patient care and education were their strengths, and they continued to provide patient care in different ways after retirement. Paul Roman and Philip Taitetz (1967) stated that: "When the opportunity for continued professional activity in retirement is provided by organizations, such as colleges and universities, the majority of individuals will remain engaged in at least some of the roles they played before retirement" (Paul Roman & Philip Taitetz, 1967, cited in Dorfman, 1997). In the view of retirees, opportunities offered by institutions included facilities for continued professional work, such as office space, laboratories, libraries, and secretarial assistance, and also an institutional climate that encouraged continued interaction with the retiree's departmental and university colleagues

(Paul Roman & Philip Taietz, 1967, cited in Dorfman, 1997).

Various studies shed light on the relationship between retirement and health. Rosenkoetter and Garris (1998) noted that any changes resulting from retirement influenced other life patterns and aspects for retirees and their significant others, for example, when income changes, food quality, access to luxury items; leisure activities, and health status altered. Some of these changes might influence health status negatively or positively. That is, some studies concluded that retirement was a stressful and traumatic life change that could lead to the development of physical and mental challenges, should the retirees not cope effectively with this event (Shwartz, 2004). Other studies found that retirement was a rewarding positive change since it was an opportunity for retirees to experience freedom from work routine and constraints, enjoy new opportunities and choices, and enhance their quality of life and their well-being (Pepin & Deutscher, 2011; Shwartz, 2004). This inconsistency in previous results regarding the relationship between retirement and health was explained by Ng et al. (2016), who indicated that earlier studies looked at the concept of retirement in terms of only one aspect (i.e., change in work status), neglecting a number of others (i.e., role change, age, identity, and concerns). However, our findings in this study indicated that retired nursing professors had positive attitudes toward retirement; and they were still healthy, enjoying their leisure activities, and having time and freedom.

The divergent understandings and stereotypes of retirement are used differently by travel agencies and medical companies (Ng et al., 2016). Travel agencies use positive images of retirement for marketing their products, whereby retirees are portrayed in advertisements as healthy and active. Their aim is to sell travel packages, whereas in advertisements for medical agencies, elderly people with physical health problems that require their medical products are portrayed. Ng et al. (2016) suggested that there was a need for social policies to change the misconceptions that relate retirement with poor health, and that the focus should be on showing the bright, positive, healthy side of retirement, and on preparing retirees well psychologically for retirement. Our findings showed that retired nursing professors were healthy and liked traveling, and even if they had health issues, they could manage their diseases.

Previous studies suggested engaging retirees in designed health programs that focused on

promoting their psychological well-being and self-growth. One of these programs to promote health and enhance successful retirement for retirees is entitled Learning in Later Life (LLL) (Leung et al., 2008; Ng et al., 2016). Engaging retirees in cognitive-enhancing programs, such as LLL, has many health benefits. Leung et al. (2008) mentioned some examples of these benefits such as: preparing retirees to adapt well to life changes, empowering them to take care of themselves so that they remain healthy and productive, improving their sense of satisfaction and self-esteem, and enhancing their physical and mental functions, and their cognitive abilities and memories. However, these learning programs may not be suitable for retired nursing professors in Canada who exhibited an ability to take care of themselves, stay healthy, and manage their health issues, since they had been prepared by their professional career for this change in life. Retired nursing professors continued using their skills, knowledge, behaviors, activities and their old and new ways of knowing to manage and deal successfully with their retirement and stay healthy and productive to the best of their ability.

The findings of this study indicated that the retired nursing professors were healthy and pursued healthy behaviors that kept them fit, active, and productive as long as possible. These findings can be used to build a long-term care plan to promote good health based on the process of aging and its requirements. Nurses, in general, are well prepared for health promotion through their education, experience, personal skills, resources, and needs. The retired nursing professors continued to observe many aspects of a healthy lifestyle after retirement to promote their health and prevent diseases, and self-manage their health issues.

Moreover, since Canada is facing a shortage of doctorally prepared nurses to work as educators, teaching and preparing nurses (Canadian Nurses Association [CNA] & Canadian Association of Schools of Nursing [CASN], 2013), it is very important that higher education institutions use the findings of this study to encourage these nurses to remain in their positions for as long as they are active and productive, or to rehire them again after their retirement in a casual or part-time capacity. The findings of this study showed that participants were eager to keep working on scholarly work related to Academia and the nursing profession. They demonstrated a tendency to continue doing what they had done before retirement, using old and new ways of knowing to manage their life after retirement. Universities and colleges also can utilize retired nursing professors, by encouraging them to take up

emeritus status and continue with research, participate in supervisory committees for graduate students, serve as guest speakers, or teach full or partial courses, according to their expertise. To maximize the advantages of emeritus professors, universities and colleges must provide them with all facilities and resources they need to continue their academic productivity in these institutions.

Although this study revealed many aspects of the retired nursing professors' experience after their retirement, more quantitative and qualitative studies are needed for a deeper and more comprehensive understanding. For example, any particular aspect reported in this study could provide a starting point for a separate study to enhance understanding of nursing professors' experience of retirement. Different stages of the retirement experience, from pre- to post-retirement, and the process of adjustment involved, are worthy of attention and further research. It is recommended that studies be conducted selecting participants from different cultural backgrounds and genders in order to understand how retirement experiences differ. Future research might involve different data collection methods, such as face-to-face interviews, and an enlarged sample size.

Conclusion

This descriptive phenomenological study contributes to the limited studies related to nursing professors' experience of retirement. The findings suggest (through the lens of Continuity theory, and Carper's ways of knowing) that retired nursing professors experience a positive and rewarding life after their retirement and have positive attitudes to many aspects of their retirement. They maintain activity and productivity, and they use their past and new knowledge to manage their lives after retirement. They feel healthy, happy, relaxed, and they enjoy their freedom to pursue their hobbies, and other activities, and to volunteer in nursing organizations and community agencies. They enjoy a social life with family and friends, and they continue with formal or informal learning, receiving certain retirement benefits from some of their former institutions. In general, retired nursing professors feel satisfied about what they have achieved in their working life. These findings have important implications for retired nursing professors themselves (who are still able to be active and productive) and for organizations, who will benefit from recognizing the qualifications and knowledge that retired nursing professors can offer.

Ethical aspects and conflict of interest

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Author contributions

Conception and the study design (KA, CAR), data collection (CLL), data analysis and interpretation (KA, EA), drafting the article (KA, EA, CLL, CAR), critical revision of the article (KA, MA) final approval of the version to be published (all authors).

References

- Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist*, 29(2), 183–190. <https://doi.org/10.1093/geront/29.2.183>
- Canadian Nurses Association [CNA] & Canadian Association of Schools of Nursing [CASN]. (2013). *Registered nurses education in Canada statistics 2011-2012: registered nurse workforce, Canadian production: potential new supply*. https://cna-aiic.ca/~media/cna/files/en/nsfs_report_2011-2012_e.pdf
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13–24. <https://doi.org/10.1097/00012272-197810000-00004>
- Denton, F. T., & Spencer, B. G. (2009). What is retirement? A review and assessment of alternative concepts and measures. *Canadian Journal of Aging*, 28(1), 63–76. <https://doi.org/10.1017/S0714980809090047>
- Dorfman, L. T. (1997). *The sun still shone: professors talk about retirement*. University of Iowa Press.
- Duffy, L., & Aquino-Russell, C. (2007). The lived experience of women with cancer: phenomenological findings expressed through poetry. *The Canadian Oncology Nursing Journal*, 17(4), 193–198. <https://doi.org/10.5737/1181912x174193198>
- Giorgi, A. (1970). *Psychology as a human science: a phenomenologically based approach*. Harper & Row Publishers.
- Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. T. Fischer, L. E. Murray (Eds.), *Duquesne studies in phenomenological psychology* (2nd ed., pp. 82–103). Duquesne University Press.

- Giorgi, A. (1985). *Phenomenology and psychological research*. Duquesne University Press.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235–260. <https://doi.org/10.1163/156916297X00103>
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 243–273). American Psychological Association. <https://doi.org/10.1037/10595-013>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Duquesne University.
- Guba, E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage.
- Leung, A., Chi, I., & Chiang, V. (2008). Chinese retirees' learning interests: a qualitative analysis. *Educational Gerontology*, 34(12), 1105–1121. <https://doi.org/10.1080/03601270802349361>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Ng, R., Allore, H. G., Monin, J. K., & Levy, B. R. (2016). Retirement as meaningful: positive retirement stereotypes associated with longevity. *Journal of Social Issues*, 72(1), 69–85. <https://doi.org/10.1111/josi.12156>
- Nimrod, G., & Kleiber, D. A. (2007). Reconsidering change and continuity in later life: toward an innovation theory of successful aging. *The International Journal of Aging and Human Development*, 65(1), 1–22. <https://doi.org/10.2190/Q4G5-7176-51Q2-3754>
- Pepin, G., & Deutscher, B. (2011). The lived experience of Australian retirees: 'I'm retired, what do I do now?' *British Journal of Occupational Therapy*, 74(9), 419–426. <https://doi.org/10.4276/030802211X13153015305556>
- Reis, M., & Gold, D. P. (1993). Retirement, personality, and life satisfaction: a review and two models. *Journal of Applied Gerontology*, 12(2), 261–282. <https://doi.org/10.1177/073346489301200209>
- Rosenkoetter, M. M., & Garris, J. M. (1998). Psychosocial changes following retirement. *Journal of Advanced Nursing*, 27(5), 966–976. <https://doi.org/10.1177/073346489301200209>
- Russell, R. C. & Aquino-Russell, C. E. (2011). Living and working between two worlds: using qualitative phenomenological findings to enhance understanding of lived experiences. In S. Mariano, M. Mohamed, & Q. Mohiuddin (Eds.), *The role of expatriates in MNCs knowledge mobilization* (pp. 177–192). Emerald Group Publishing Limited. [https://doi.org/10.1108/S1876-066X\(2011\)0000027012](https://doi.org/10.1108/S1876-066X(2011)0000027012)
- Santopinto, M. D. A. (1987). *The relentless drive to be ever thinner: a phenomenological study*. Unpublished masters thesis, University of Western Ontario, London, Ontario.
- Shwartz, N. (2004). Like a high wave: adjustment to retirement. *The Gerontologist*, 44(2), 229–236. <https://doi.org/10.1093/geront/44.2.229>