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Navigating retirement transitions: A psychological exploration among healthcare retirees in Southwestern Nigeria

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Abstract: Retirement is a significant life transition that often requires deep psychological adjustments, especially among healthcare professionals who are used to structured and demanding work environments. In Nigeria, little attention has been given to the emotional experiences of retirees in the healthcare sector. This study explored the lived experiences of retired healthcare workers' psychological transition through their emotional adjustments and coping strategies. This study explored the lived experiences of psychological transitions of retired healthcare workers through their emotional adjustments and coping strategies. Informants were 21retirees from three purposively selected federal health institutions in Southwest Nigeria. Eligible individuals had been retired for at least two years. Data were collected through in-depth interviews, audio-recorded with consent, transcribed verbatim, and analyzed using Interpretative Phenomenological Analysis, with coding managed in NVivo Version 12. Two main themes, being prepared and emotional adjustment emerged, and limited resources. Participants described readiness for retirement as feelings of relief and positive emotions associated with freedom from demanding work schedules and occupational stress, allowing more time for family, rest, and personal interests. However, they also acknowledged the gradual physical and emotional changes associated with aging, which shaped their expectations and required lifestyle adjustments. Financial strain and coping strategies significantly shaped post-retirement well-being. Many participants reported difficulties adjusting to reduced or irregular income and adopted coping strategies such as careful budgeting, reliance on family support, small-scale income-generating activities, and the use of personal savings to meet daily needs. Psychological challenges intensify two years post-retirement. Consistent with Activity Theory, continued engagement and comprehensive emotional, social, and financial preparation support healthier retirement transitions. Therefore, retirement transition preparation programmes should extend beyond pre-retirement seminars to include ongoing post-retirement support, such as counselling, peer support groups, and opportunities for continued social and community engagement.

Keywords: Retirement; transition; psychological well-being; retirees; Nigeria

Introduction

Retirement transition: Nature and qualities

Retirement is a major life transition involving social, behavioral, and psychological changes (Dang et al., 2022; Vigezzi et al., 2025). It disrupts daily structure and identity, making it a critical period for understanding well-being and coping in later life (Kiani & Ehsan, 2024). Anticipation of this shift may trigger retirement anxiety (Ujoatuonu et al., 2023), as work often provides income, identity, social connection, and purpose (Silver, 2023). Consequently, retirement is a complex and deeply personal experience.

Retirement may result from age, tenure, health, or institutional regulations. After decades in familiar roles, retirees must renegotiate routines and identity (Bordia et al., 2020; Lee et al., 2025). Its impact on mental health is shaped by the work context individuals leave (Fleischmann et al., 2020; Vigezzi et al., 2025) and the adaptive demands of post-retirement life (Vyas & Okereke, 2020). Exiting demanding yet meaningful careers may therefore have enduring psychological effects (Fleischmann et al., 2020; Wang et al., 2024). Transition effects may vary by occupation in ways less well studied. The lived psychological transition to retirement among healthcare professionals in developing contexts such as Nigeria is not documented (Abayomi & Olawale, 2023; Hofäcker et al., 2023). This gap is particularly critical for healthcare workers, whose demanding and identity-defining careers may heighten adjustment challenges.

Retirement transition is shaped by pre-retirement role identities and the gradual adjustment process (Bordia et al., 2020). Rising life expectancy has extended post-retirement years, heightening the need for preparation (Gianfredi et al., 2025; Malhotra & Joshi, 2025). Lifestyle modification supports mental health during this period (Henning et al., 2021), while smooth adjustment depends on financial security, social networks, meaningful engagement, and pension planning (Hutchinson & Ausman, 2024). Empirical evidence links retirement preparation and positive perceptions to better long-term psychological and physical outcomes (Chan et al., 2021; Lee et al., 2025). Psychological readiness is especially critical for those anticipating involuntary or disruptive retirement (Bačová et al., 2023), and planning enhances confidence and well-being (Liu et al., 2022).

Healthcare workers face distinct physical and emotional demands that often intensify with seniority. Many view retirement as relief from occupational strain (Lee et al., 2025; Záhorcová et al., 2021), and stress may initially decline (Fonseca et al., 2024), indicating a

bidirectional relationship. However, retirement well-being is shaped by prior work stress, memory valence, and self-esteem, which influence retirement attitudes (Taylor, 2022). Thus, retirement may represent both relief and psychological adjustment (Lee et al., 2025).

Gender shapes retirement experiences. Among Korean retirees, men's social participation declines more sharply than women's after retirement (Lim-Soh & Lee, 2023), increasing vulnerability to isolation. Adjustment may be further complicated by prior physically demanding work (Bakker & de Vries, 2021; Dean et al., 2022). Those whose self-worth is strongly tied to professional roles may experience identity loss and reduced well-being (Bordia et al., 2020).

Professional identity is a core component of self-concept, providing purpose and belonging (Prilleltensky, 2020). Physicians, for instance, often struggle to detach from identities central to their sense of self (Manor & Holland, 2022). Retirement can disrupt this framework, leading to uncertainty and reduced self-esteem, especially among those whose careers were identity-defining and among men with career-centered roles (Fleischmann et al., 2020; Bartol & Grah, 2024; Manor & Holland, 2022). Evidence suggests retirees may adapt rather than replace prior identities, underscoring the need to foster meaningful roles and community engagement in later life (Záhorcová et al., 2021).

Retirement evokes diverse emotional responses, including vulnerability, isolation, stress, and regret as individuals redefine their roles (Silver, 2023). Concerns about longevity and mortality further shape psychological, financial, and health-related well-being. Financial insecurity may prompt post-retirement employment, particularly among healthcare workers. Anxiety often arises from perceived unpreparedness, involuntary retirement, or fear of identity loss (Adetunji & Gumede, 2024; Manor & Holland, 2022).

Addressing these challenges requires comprehensive retirement planning across financial, health, social, and psychological domains. Resilience, social connectedness, and purposeful engagement facilitate successful adaptation (Noviarini et al., 2021). Retirement planning also influences physical health, depressive symptoms, and life satisfaction through enhanced confidence (Liu et al., 2022). While health, social, and psychological planning improve well-being via increased confidence, financial planning directly supports life satisfaction (Adetunji & Gumede, 2024; Vigezzi et al., 2025). Thus, retirement preparation is multidimensional, extending beyond financial readiness alone.

Theoretical foundations

The study is grounded in Continuity Theory, developed by Robert Atchley in the 1970s, which posits that individuals age successfully by maintaining consistency in identity, values, and activities (Figure 1, Atchley, 1989). From this life-course perspective, retirees preserve familiar roles and routines shaped by personal history and social context. The theory distinguishes between internal (self-concept) and external (social roles) continuity, emphasizing stability during transitions such as retirement, health changes, and family shifts. It thus provides a structured lens for examining the emotional and social complexities of retirement (Guedes & Melo, 2022).

The Nigeria context

Nigeria is in the second phase of demographic transition, with a growing older population (Ebimgbo & Okoye, 2021; Mbam et al., 2022). This shift is associated with reduced earning capacity and higher rates of chronic disease (Garzaro et al., 2022; Osareme et al., 2024). Age-related degeneration may be compounded by prior occupational strain. Retired healthcare workers, particularly from physically demanding hospital settings, may experience lingering work-related stress and musculoskeletal conditions such as osteoarthritis (Canetti et al., 2020; Eldin et al., 2021; Hulshof et al., 2021; Shemtob et al., 2022). Thus, the interaction between aging and occupational exposure complicates post-retirement health outcomes.

Given Nigeria's demographic trends and the demanding nature of healthcare work, understanding healthcare professionals' psychological transition to retirement is critical (Ujoatuonu et al., 2023). The transition can therefore carry a unique psychological burden, particularly where retirement entails a sudden disengagement from high-responsibility and high-adrenaline environments. These contextual realities provide a compelling rationale for examining the lived experiences of healthcare retirees specifically, as their adjustment processes may reflect occupationally shaped meanings of work, purpose, and self beyond those typically observed in other sectors (Ujoatuonu et al., 2023). Their adjustment is often shaped by occupational meanings of work, purpose, and identity, alongside factors such as strain, gender, preparation, and resources (Bordia et al., 2020; Harris & Fasbender, 2025). Yet context-specific evidence in developing settings remains limited. Addressing this gap is essential for informing culturally relevant policies and practice guidelines that promote psychological well-being and quality of life in retirement.

Goal of the study

This study explores and interprets how healthcare retirees in Southwestern Nigeria make sense of their psychological transition into retirement, a population whose post-retirement experiences remain underexplored.

The research question is "How do healthcare retirees in Southwestern Nigeria make sense of and navigate the psychological transition to retirement?"

By examining the lived experiences associated with this transition and its implications for health and well-being, the study seeks to inform the development of responsive policies and practice guidelines aimed at enhancing the quality of life of retired healthcare professionals.

Methods

Research design

This study adopted Interpretative Phenomenological Analysis (IPA) to examine the psychological effects of retirement among healthcare workers (Larkin et al., 2021; Smith & Fieldsend, 2021; Smith & Osborn,

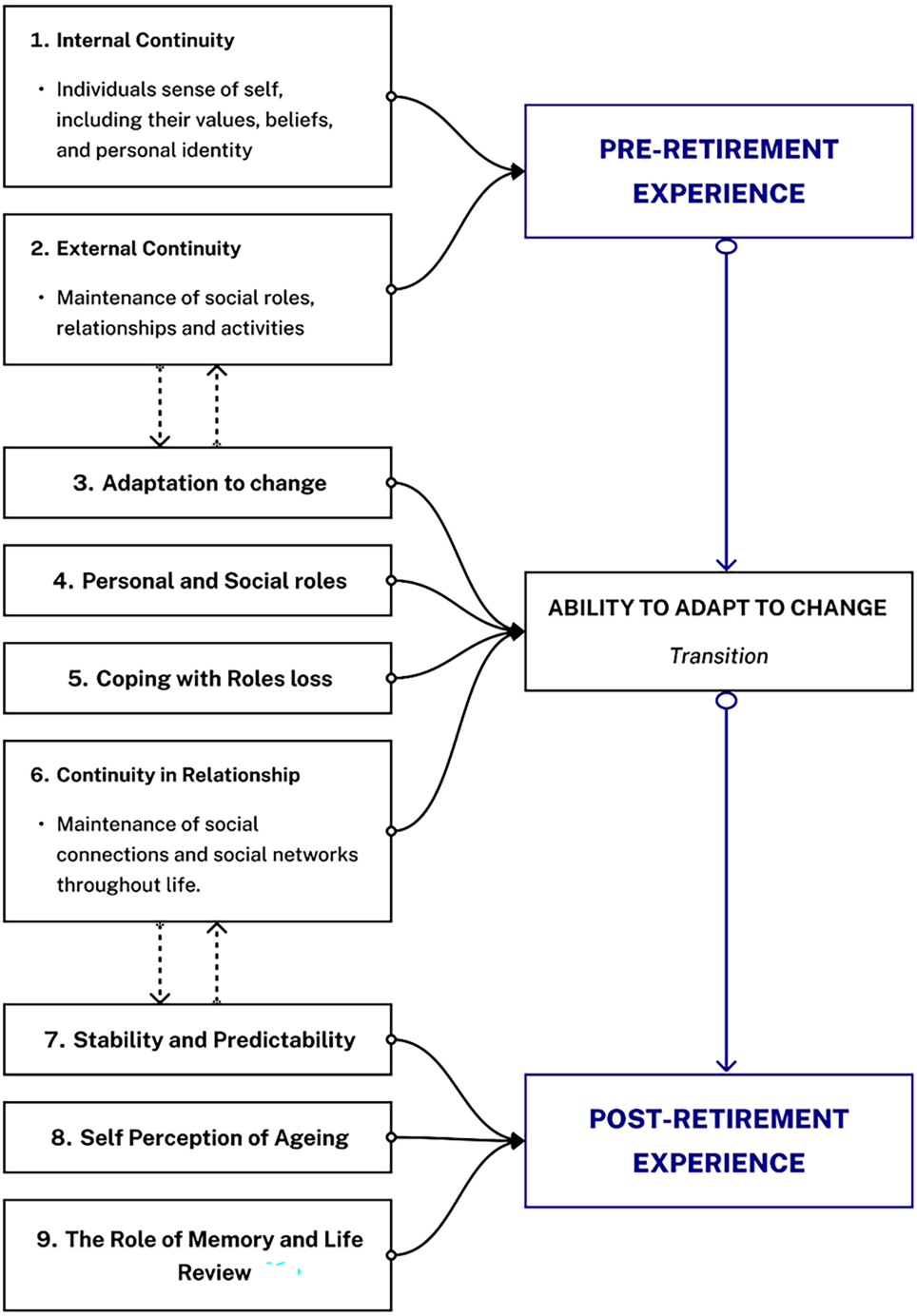

Figure 1. Elements of the continuity theory–adapted from Atchley (1989)

2015; Beck, 2019). IPA is suited to exploring lived experiences and the meanings individuals attribute to significant life transitions, recognising participants as active interpreters of their experiences. Its idiographic orientation allows for detailed, case-by-case analysis, facilitating a nuanced understanding of individual psychological processes within their sociocultural contexts (Smith, 2004).

Participants and setting

This study was conducted among 21 retirees from three selected health institutions in Lagos, Oyo, and Ogun states in southwestern Nigeria. who had been retired for at least two years. The sample included both male (n = 7, age range 55–68) and female (n = 14, age range 55–68) retirees (see Table 1 for participant characteristics).

Data collection

Data were collected on the lived experiences of retired persons; the effect of socio-economic factors on their quality of life; the psychological effect of retirement; and the factors that affect the accessibility of geriatric services. Probe questions were used flexibly to deepen exploration as issues emerged, facilitating collaborative meaning-making during the interviews (Curtis & Keeler, 2022). To ensure credibility, prolonged engagement was maintained, with interviews lasting 40 to 60 min. Interviews continued until

Table 1. Biographic details of the participants

Participants' gender & age in years.	Number of participants per phase of study	Specializations of the participants	Years of experience post-retirement	Country Nigeria (State-specific)
F (61 years)	21	Nurse	3	Lagos
F (62 years)	21	Nurse	6	Lagos
M (63 years)	21	Medical laboratory scientist	3	Lagos
F (61 years)	21	Nurse	3	Lagos
F (63 years)	21	Community health consultant	5	Lagos
M (63 years)	21	Electrical engineer	3	Lagos
M (63 years)	21	Administrator/Auditor	4	Lagos
M (63 years)	21	Confidential secretary	3	Lagos
M (63years)	21	Nurse	3	Lagos
M (55 years)	21	Health information officer	3	Lagos
F (68years)	21	Nurse	8	Oyo
F (68 years)	21	Health assistant	13	Oyo
F (61years)	21	Nurse	4	Oyo
F (64years)	21	Radiographer	7	Oyo
F (64years)	21	Nurse	4	Oyo
F (66years)	21	Nurse	12	Ogun
F (63years)	21	Nurse	7	Ogun
F (55years)	21	Nurse	6	Ogun
F (64years)	21	Nurse	4	Ogun
F (58years)	21	Nurse	7	Ogun
M (68years)	21	Anaesthetic technician	8	Ogun

Note. Lagos-Lagos University Teaching Hospital, Idi-Araba. Oyo-University College Hospital, Ibadan. Ogun-Federal Medical Centre, Abeokuta.

data saturation was reached, meaning no new information was emerging, indicating comprehensive coverage of the topic.

Procedure

The study received ethical approval from the Biomedical Research Ethics Committee of the University of KwaZulu-Natal (BREC/00003058/2021). Prior to data collection, institutional approvals were obtained, and interview times and venues were confirmed at least one week in advance. Participants were provided with information sheets and consent forms, and informed consent was obtained before participation.

All interviews were audio-recorded with participants' consent, and field notes were taken to capture contextual information. Audio recordings were transcribed verbatim, and the data were systematically analysed.

Data analysis

Interview transcripts were analysed using the six-step IPA procedure described by Smith and Osborn (Larkin et al., 2021). NVivo version 12 software was utilised to support data organisation and thematic development, with superordinate and subordinate themes derived to reflect participants' accounts of the psychological effects of retirement.

Results

A total of twenty-one participants took part in the in-depth interview, seven males and fourteen females, their ages ranging from 55–68 years, the average years post-retirement being 3.57 in males and 4 years in females. Two superordinate themes and five subordinate themes were generated from the study.

Superordinate theme 1: Retirement preparation

Preparation plays a big role in how retirement affects a person's mental well-being. Planning can reduce stress and help people adjust better to this new phase of life. Adequate preparation makes retirement smoother and improves overall happiness. Some of them were privileged to attend pre-retirement seminars, while some could not. Those who plan well are more likely to handle the changes easily, stay strong, and feel more satisfied during retirement. In this study, most of the respondents left service statutorily but not all of them were prepared adequately to face the challenges that accompanied it, but all of them were happy that they were going to experience relief from work, having put in many years of hard work. The sub-themes are relief and positive emotions associated with freedom from work and degenerative processes.

Sub-theme 1. Relief and positive emotions associated with freedom from work

Most respondents described a sense of relief and emotional upliftment following retirement. They attributed this to the demanding nature of their former healthcare roles, which often involved long hours and intense responsibilities. Retirement provided them with the opportunity to slow down, engage in personal interests, and regain control over their time. This newfound freedom contributed to an

improved sense of well-being and satisfaction with life after work, as expressed:

> *"Before retirement, I used to wake up around 4 am, say my morning prayers, then I will prepare breakfast before leaving for work, but now that I have retired, I wake up at 5 am. So, with retirement, there is relaxation for me. That is why I see retirement as a relief."* ***(F, LAG 02)***
>
> *"I have the time to visit my grandchildren, I have more time to relax at home and do a lot of things that I love doing. I am very creative, I love to do a lot of handcrafts, so now I have the time to do all those things than before"* ***(F, OYO 04.)***
>
> *"When you are on duty, church program and family functions you will not be able to take part. . . . . .all that one has stopped..... I said 35 years of bedside nursing. Besides, I don't have anything in my brain that I want to do, just let me relax first."* ***(F, OGUN, 03)***

Sub-theme 2. Degenerative processes

This sub-theme captures the physical and emotional challenges that accompany aging, which were often intensified by the physical strain of healthcare work. Many retired workers reported lingering health issues, such as musculoskeletal pain and chronic conditions, resulting from years of physically intensive tasks. These age-related health challenges are deeply intertwined with their occupational history, reflecting the long-term impact of professional demands on their bodies and overall health in retirement, as stated below:

> *"I was weak when I retired, ... I had arthritis, no work can be done without a healthy, strong leg. I had fasciitis in one and arthritis in the other, so I could not walk. The nature of the job and the intensity have had a significant impact on me; I was constantly on my feet, and operating theatre work was extremely demanding."* ***(F, OYO 03)***
>
> *"When I was in service, I had a very bad arthritis, but it improved just before I retired. . . . . I would have loved to do brisk walking as well, but I could not do that because of insecurity, it is not advisable to take a walk alone"* ***(F, LAG 01)***
>
> *"I attend the physiotherapy clinic for infra-red treatment for lumbar spondylosis associated with regular lifting of patients at work. I also attend the eye clinic, to check my intraocular pressure, while I monitor my blood pressure and blood sugar at home, I have a sphygmomanometer and glucometer at home"* ***(F, OGUN 04)***

Superordinate theme 2: Emotional adjustment to retirement

This theme highlights the psychological and lifestyle shifts that accompanied the transition into retirement. While some participants found the adjustment smoother due to prior exposure to retirement education, such as seminars, workshops, or informal advice, others struggled with significant changes in their routines, social roles, and personal identity. The transition often involved redefining self-worth outside the professional sphere, coping with emotional strain, and adapting to limited resources at home. The related sub-themes include feelings of loss of identity, anxieties, and constrained household resources.

Sub-theme 1. Feelings of loss of identity

Many of the respondents expressed that it was initially difficult coping with the thoughts of not going to work, having gotten used to the routine of early morning rise, and they sometimes miss the work, which gives a feeling of loss or professional identity, while finding new sources of fulfilment and self-worth, as seen in the quotes:

> *"Immediately after I retired, I didn't like it because by 7 o'clock I would still be in bed, so I would just be thinking, just thinking what are you doing here like err maybe I was wasting my time, so I will be thinking, what can I do oh God, something will just strike me that but you have retired, you worked for 35 years so why are you now thinking that you are jobless"* ***(F, OYO,03)***
>
> *"Well, the psychological change for me was at the initial stage. I was depressed because I am an interactive person, and I realized I would no longer be going up and down. At work, I enjoyed interacting with students in the postgraduate program. After retirement, I felt lonely, especially since my husband's work kept him away. Thankfully, a friend helped me find a position at a new school, which ended that idle period. Before that, I was on the verge of depression."* ***(F, LAG 05)***

Sub-theme 2. Anxieties

Sources of anxiety among retirees range from financial to psychological. Some are in despair because of the reduction in their pension payment, which is usually below their take-home before retirement. This is felt much more amongst those who had not saved enough before the commencement of the pension payment, or those who still have additional responsibilities like paying for children's school fees and rent. Such individuals may need to supplement their monthly income by looking for alternative income, such as returning to some form of employment, as stated below:

> *"It took about 6–7 months for my pension allowance to be sorted, imagine, the stress that I had to endure. Retirement life is not for the faint-hearted, let me tell you."* ***(M, LAG 10)***
>
> *"I opened a small business where I could sell some healthy-living products. unfortunately, there were no sales because we moved to a suburb, and the people in the neighbourhood could not afford them. So, there were no sales, the business did not work and I had already invested in the shop. I was worried. Later I stopped going to the shop because there were no sales, and eventually closed it. . . . . It was a bit tough"* ***(F, LAG, 01)***

A few respondents who still had children in school at the time of retirement expressed concern about making the transition to retirement difficult for their family:

> *"The children were still in university when I retired, and you know what that means? I did not find it easy at all. I was worried. I joined those local people to collect a microfinance loan so that I would have money to train my children. . . . . I thank God every one of them have completed their education now"* ***(F, OGUN, 03)***

Sub-theme 3. Constrained resources at home

Retirees often rely on platforms like WhatsApp and Facebook for engagement due to limited activities at home. Frustrations with unreliable electricity and unsafe environments further restrict outdoor activities, increasing isolation, as shown in the following quotes:"

> *"You see, there is no electricity many times, so I cannot subscribe to the internet, anytime and watch a film, play music, or watch any drama series, I will go to my room and tried to sleep, to no avail. Sometimes, even if I do not want to sleep, taking a stroll in the neighbourhood is not safe"* ***(F, OYO 01)***
>
> *"In my neighborhood, there is a poor supply of electricity, and buying a generator is also a problem because of the absence of fuel. The area can be without fuel for two weeks, and it becomes no one's business"* ***(F. OGUN 05)***
>
> *"We have a platform for retirees, a WhatsApp group, where retirees can interact and express themselves. They are utilizing the group to share some devotional readings, some share riddles, and jokes, we all gain from the information "* ***(F, LAG, 01)***

Discussion

This study explored the psychological impact of retirement on healthcare workers and its significance. Despite challenges, respondents generally adjusted well to post-retirement life. Most reported a smooth transition, as their retirements were voluntary and statutory, reflecting positive expectations (Chan et al., 2021).

The study revealed that most respondents prepared for retirement through seminars or advice from predecessors, with a focus on financial planning. Many saved for future needs, built personal homes, or started small businesses to sustain income until pensions began. However, some admitted to inadequate or no preparation. These findings align with Bačová et al. (2023) and Liu et al. (2022) and other studies in Nigeria by Iloakasia (2025); Eboh and Agabi (2021) and Dauda et al. (2024), who emphasize that proper preparation reduces stress and enhances well-being in retirement. Respondents who planned thoroughly experienced better adjustment, resilience, and satisfaction.

As retirement drew nearer, particularly for those in demanding hospital roles, many eagerly anticipated relief from rigorous routines, consistent with Záhorcová et al. (2021) and Fonseca et al. (2024). The strain of early morning schedules and physically demanding tasks led to a desire for rest, with significant relief reported upon retiring. Job-related stress and demanding routines were linked to health issues such as arthritis, diabetes, hypertension, and back pain, necessitating ongoing care in retirement (Aabo et al., 2023; Serhal et al., 2020). Respondents expressed concerns over limited government support and advocated for subsidized or free healthcare services for retirees. Negative perceptions of health and insufficient support highlight risks of depression in retirement, underscoring the importance of routine mental health assessments for older adults (Dang et al., 2022).

This study corroborates existing literature, showing that retirement brings both positive and negative changes (Záhorcová et al., 2021). Most respondents engaged in activities at home, places of worship, and within their communities to ease the transition. Key factors supporting this adjustment included engaging in new activities, maintaining relationships, and good health (Záhorcová et al., 2021). Contrary to research suggesting gender differences in retirement transitions, where men are less likely to attend social gatherings compared to women (Lim-Soh & Lee, 2023), respondents in this study, regardless of gender, reported staying occupied, albeit at their own pace.

After the initial excitement of retirement faded, many respondents expressed a desire to return to work. Accustomed to early routines, they continued activities like praying, cooking, watching videos, or browsing the internet. Over time, some began to feel unproductive and considered part-time or volunteer work to maintain their skills and contribute to younger generations. Studies describe these feelings as a "loss of identity" caused by the disruption of familiar routines. Professional roles often provide purpose, social interaction, and achievement, forming a core part of identity (Manor & Holland, 2022; Prilleltensky, 2020). Transitioning into retirement may lead to uncertainty and diminished self-esteem, especially for those whose careers were central to their sense of self (Fleischmann et al., 2020). Men, in particular, are more affected due to traditionally career-focused roles (Bartol & Grah, 2024). Consequently, the loss of valued professional roles and social connections may disrupt psychological stability and a positive sense of self. Engaging in meaningful activities and new roles can mitigate these effects (Záhorcová et al., 2021). Other findings illuminate processes of agentic coping, whereby retirees actively disengage from former roles and construct new identities. However, this process may also involve periods of inertia that prolong adjustment, sometimes culminating in identity tension or crisis that prompts deeper exploration and eventual identity redefinition (Bordia et al., 2020).

Retirement also brought financial concerns for many respondents, especially in a struggling economy. Strategies to ease the transition included boosting savings, starting small businesses, diversifying investments, and securing retirement homes. Those with ongoing responsibilities, such as children still in school, adopted creative approaches, such as joining thrift societies to access loans. One respondent sought financial support from older children to ensure younger siblings could complete their education before the respondent retired. These findings align with Manor and Holland (2022), who note that retirement anxieties often stem from financial insecurity,

loss of professional identity, and adjusting to new routines. Such uncertainties frequently drive retirees to seek post-retirement employment, as reflected in some respondents' experiences. This also aligns with other studies among Nigerian retirees (Faronbi et al., 2021; Nwankwo et al., 2023). While concerns about lifespan and mortality can influence retirees' psychological and cultural outlook (Ajemunigbohun et al., 2019), none of the respondents explicitly mentioned such anxieties. Instead, their focus remained on immediate and practical concerns during their transition.

The study identified experiences of frustration and boredom among retirees, many of whom reported allocating part of their income to purchase mobile data to remain socially connected through platforms such as WhatsApp, Facebook, and Instagram. This finding aligns with a qualitative study of Canadian Baby Boomers, which highlighted the complexities of leisure during the transition to retirement, as individuals adjusted to increased free time alongside shifting priorities and available resources (Genoe et al., 2022). Some retirees who relocated to suburban areas for financial reasons reported adjusting to social interactions across different socioeconomic contexts. These findings underscore the importance of retirement planning programmes that strengthen retirees' emotional, cognitive, and motivational resources. They are consistent with a descriptive survey conducted in Southeastern Nigeria, which found a strong positive relationship between retirement planning and post-retirement adjustment (Nwankwo et al., 2023).

While developed countries provide amenities such as senior centers and subsidized recreational facilities to improve retirees' quality of life, such support is largely absent in developing nations like Nigeria, highlighting the need to improve care and welfare for older adults (Mobolaji, 2024). The psychological challenges faced by retired healthcare professionals are significant. Addressing these issues through group-specific interventions can help prevent boredom, loneliness, and dementia, ultimately improving retirees' well-being.

Implications for research and practice

The research findings will inform Inclusive planning for the effective, seamless retirement of deserving employees. The Nigerian government should enact policies that facilitate a seamless shift from active work to retirement for healthcare workers. The Federal Government should mandate the integration of structured pre-retirement programmes into public and private sector employment, commencing at least five years before retirement. These programmes should focus on psychological readiness, identity transition, health promotion, and financial planning. To support post-retirement well-being, the National Senior Citizens Centre should strengthen community-based social engagement initiatives, including the establishment of senior activity centres that promote social participation, physical activity, and skill-based income generation, in line with national healthy ageing and social welfare objectives.

Additionally, intervention programs aimed at enhancing retirees' quality of life should be prioritized.

Strengths and limitations and future recommendations

This study offers contextually grounded insight into the psychological experiences of healthcare retirees in Southwestern Nigeria, an under-researched population within retirement and occupational psychology. The use of Interpretative Phenomenological Analysis enabled an in-depth exploration of lived experiences and meaning-making processes surrounding retirement transitions. Inclusion of retirees at least two years post-retirement allowed for reflection on sustained psychological effects beyond initial adjustment. The study's methodological rigor, rich qualitative data, and engagement with relevant theoretical frameworks enhance its credibility and practical relevance for policy and retirement support interventions within the Nigerian and broader African context

The main limitation of this study is the non-generalizable nature of qualitative research. Employing a mixed-methods approach could have strengthened the findings by incorporating tools to measure retirees' psychological well-being.

Conclusion

This study sheds light on the psychological effects of retirement on healthcare workers in Southwestern Nigeria. The findings underscore the importance of adequate psychological preparation to ease retirees' transition, prevent adjustment difficulties, and promote well-being during retirement. Hospital administrators, in collaboration with nursing managers, should implement retirement preparation programs that address psychological and emotional readiness, as well as financial planning, to ensure smoother transitions.

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Availability of Data and Materials: The data supporting the findings of this study are available under the terms of the Creative Commons license. Attribution 4.0 International (CC-BY 4.0). Access to the data will be provided in accordance with ethical guidelines and data-sharing policies, ensuring participant confidentiality is maintained. The data are available from the corresponding author on reasonable request.

Ethics Approval: This study was guided by the Helsinki Declaration's ethical criteria for human participants (Association, 2014). The study received ethical approval from

the Biomedical Research Ethics Committee of the University of KwaZulu-Natal (BREC/00003058/2021). Prior to data collection, institutional approvals were obtained, and interview times and venues were confirmed at least one week in advance. Participants were provided with information sheets and consent forms, and informed consent was obtained before participation. All interviews were audio-recorded with participants' consent, and field notes were taken to capture contextual information. Audio recordings were transcribed verbatim, and the data were systematically analysed.

Conflicts of Interest: The authors declare no conflicts of interest.

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