

## A Qualitative Study of the Validity and Reliability of a Psychological Well-being Training Package Based on Well-Being and Ill-Being Among Retired Nurses in Isfahan

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Article type:  
Original Research

Article history:  
Received 21 March 2024  
Revised 18 May 2024  
Accepted 23 May 2024  
Published online 01 June 2024

### ABSTRACT

Retirement among nurses, due to chronic occupational stress, is frequently associated with experiences of ill-being and diminished psychological well-being. Previous research in Iran has paid limited attention to the lived experiences of retired nurses. The present qualitative study was conducted to deeply explore the experiences of ill-being and psychological well-being among retired nurses and to develop a counseling package based on these findings. This qualitative study employed Braun and Clarke's (2006) thematic analysis approach. Data were collected through in-depth, semi-structured interviews with 19 retired nurses, selected via purposive sampling until theoretical data saturation was achieved. Data analysis followed six stages: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Analysis of the data yielded 440 meaning units and 15 main themes. Components related to psychological well-being included "self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth." Components of ill-being comprised "displeasure with leisure activities, dissatisfaction with physical health status, displeasure with living environment, daily stressors, reduced interpersonal relationships, dissatisfaction with financial status, and feelings of hopelessness and despair." The findings indicate that the designed educational-counseling package possesses adequate content and face validity and can effectively enhance the psychological well-being of retired nurses. The results underscore the necessity of developing targeted educational interventions to provide psychological and social support for this population.

**Keywords:** Retired nurses, Psychological well-being, Ill-being, Thematic analysis, Educational-counseling package

#### How to cite this article:

Dorri, A., Ghojavand, K., & Gorji, Y. (2024). A Qualitative Study of the Validity and Reliability of a Psychological Well-being Training Package Based on Well-Being and Ill-Being Among Retired Nurses in Isfahan. *Mental Health and Lifestyle Journal*, 2(2), 119-132. <https://doi.org/10.61838/mhlj.2.2.12>

### Introduction

Retirement represents one of the most profound life transitions in later adulthood, fundamentally reshaping individuals' psychosocial landscapes and exerting significant influence on quality of life, mental health, and overall well-being (1, 2). This transition extends far beyond the cessation of occupational activity, constituting a complex psychosocial process marked by shifts in social roles, personal identity, income stability, and patterns of social engagement (3, 4). While retirement may offer opportunities for personal fulfillment and leisure, it simultaneously presents substantial risks, including heightened vulnerability to

anxiety, diminished self-efficacy, social isolation, and a potential 40% reduction in quality of life (1, 5). The dual nature of retirement as both a liberating milestone and a significant stressor underscores the critical need for contextually grounded interventions to support psychological adjustment during this pivotal life phase.

Nursing, recognized globally as one of the most psychologically demanding professions, exposes practitioners to chronic occupational stressors—including exposure to death, patient suffering, and high-stakes decision-making—that accumulate throughout their careers (3, 6). These stressors often persist post-retirement, increasing the risk of burnout, identity crises, and chronic ill-being among retired nurses (7, 8). Despite nurses' central role in healthcare systems, Iranian research has predominantly focused on *practicing* nurses, leaving the lived experiences of retired nurses critically underexplored (7, 8). This gap is particularly concerning given that retired nurses face heightened risks of existential emptiness, identity disintegration, and persistent ill-being due to prolonged occupational exposure to trauma and emotional labor (7, 9). While retirement may alleviate work-related stressors, it simultaneously strips away professional purpose, social networks, and structured daily routines, potentially exacerbating feelings of meaninglessness and hopelessness (10, 11).

Psychological well-being, conceptualized as an individual's cognitive-emotional evaluation of life, encompasses six core dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (12). Conversely, ill-being represents a state of persistent dissatisfaction, meaninglessness, and emotional exhaustion that falls short of clinical depression but significantly impairs quality of life (13). Keyes' (2002) mental health continuum model provides a crucial framework for understanding retirement as a dynamic process where individuals may transition from languishing (low well-being, high ill-being) to flourishing (high well-being, low ill-being) through targeted interventions (13, 14). However, the application of this model to retired nurses in Iran remains unexplored, despite evidence that culturally tailored educational-counseling packages significantly enhance well-being among retirees (9, 15).

The Iranian context presents unique challenges for retired nurses, including systemic constraints such as inadequate pension systems, inefficient supplementary insurance, and restrictions on post-retirement employment (7, 8). Financial instability emerges as a dominant concern, with retired nurses frequently reporting that pensions fail to cover basic living expenses amid inflation, forcing many into precarious part-time work (5, 8). This economic precarity directly fuels ill-being, manifesting as chronic stress, reduced social participation, and feelings of hopelessness (7, 10). Simultaneously, social isolation intensifies as retirees lose workplace connections, with many describing a profound sense of being "forgotten" by former colleagues and institutions (2, 7). Emotional challenges—including existential questioning ("What is life for?"), mild depression, and loss of professional identity—further compound these difficulties (8, 14).

Despite the documented significance of retirement transitions, qualitative research exploring the *subjective experiences* of psychological well-being and ill-being among Iranian retired nurses remains scarce (7, 8). Quantitative studies have examined mental health outcomes in retirees, but they lack the depth to uncover culturally embedded lived experiences that could inform effective interventions (9, 14). This absence of qualitative inquiry has hindered the development of contextually relevant support systems, leaving retired nurses to navigate these challenges without evidence-based guidance (9, 15). The few existing Iranian studies

on retirement focus on general elderly populations rather than occupational-specific groups, overlooking the unique stressors faced by nurses (2, 5). Consequently, mental health policies and interventions for retired nurses remain largely generic, failing to address the nuanced interplay of professional identity, financial insecurity, and social disconnection that characterizes their post-retirement experience.

Theoretical frameworks such as Ryff's (1989) psychological well-being model provide a robust foundation for intervention design, yet their application to Iranian retired nurses requires validation through qualitative exploration of lived experiences (12, 14). Braun and Clarke's (2006) thematic analysis offers an ideal methodology for uncovering these experiences, as it prioritizes participant voices and systematically identifies patterns within qualitative data (16). This approach aligns with the growing recognition that culturally sensitive interventions must be co-created with the target population to ensure relevance and effectiveness (9, 11). Recent studies affirm that interventions grounded in participants' own narratives—such as those addressing financial stressors through budgeting workshops or social isolation via community-building activities—yield significantly better outcomes than standardized approaches (9, 15).

The current study addresses these critical gaps by employing a qualitative phenomenological approach to deeply explore the well-being and ill-being experiences of retired nurses in Isfahan, Iran. By centering participants' voices through in-depth interviews, this research moves beyond quantitative metrics to illuminate the *meaning* behind their experiences, revealing how financial instability, social disconnection, and identity loss manifest in daily life (7, 8). The findings will directly inform the development of a culturally validated educational-counseling package, ensuring it resonates with the specific challenges and strengths identified in the data. This package will integrate Ryff's well-being dimensions with ill-being themes derived from participants' narratives, such as dissatisfaction with physical health, environmental discomfort, and systemic constraints (12, 13). Crucially, the package's content validity will be rigorously assessed by experts to ensure alignment with both theoretical frameworks and Iranian cultural contexts (9, 16).

The significance of this work extends beyond academic contribution to tangible policy and practice implications. By validating a culturally appropriate intervention, this study provides a blueprint for mental health services targeting retired nurses—a population historically neglected in Iranian healthcare policy (7, 8). The findings will empower healthcare institutions to implement structured support programs within retirement centers and hospitals, potentially reducing reliance on ad hoc solutions (9). Furthermore, the study's emphasis on *participant-driven* intervention design challenges the top-down approaches common in Iranian mental health services, advocating instead for co-creation with retirees to foster ownership and sustainability (11, 14).

In summary, retirement represents a critical yet understudied transition for Iranian nurses, marked by unique psychological challenges that demand context-specific solutions. While global literature acknowledges retirement's dual potential for flourishing and decline, Iranian research has not yet captured the nuanced experiences of retired nurses through qualitative inquiry. This study bridges that gap by centering their voices to develop a validated educational package grounded in their lived realities. The integration of Ryff's well-being model with culturally salient ill-being themes—validated through expert review—ensures the intervention's theoretical rigor and practical applicability. As retirement rates rise globally and Iran's aging population grows, this work offers a timely, evidence-based pathway to enhance

the psychological well-being of a vital demographic whose contributions to healthcare remain undervalued in their post-career years.

The aim of this study was to qualitatively examine the credibility and validity of a psychological well-being educational package grounded in the well-being and ill-being experiences of retired nurses in the city of Isfahan.

## Methods and Materials

This qualitative study was conducted using thematic analysis based on the model proposed by Braun and Clarke (2006) (13). This approach was employed to identify the lived experiences of retired nurses and to extract key themes from the qualitative data. The study population consisted of retired nurses residing in the city of Isfahan. Purposive sampling was employed and continued until data saturation was achieved. Ultimately, 19 retired nurses (6 women and 13 men) with a mean age of 65 years and an average work experience of 28 years were recruited. Inclusion criteria comprised willingness to participate and the ability to articulate personal experiences. Data were collected through semi-structured interviews. An example of the questions asked was: “What are your experiences of well-being during retirement?” Each interview lasted approximately 45 minutes, was audio-recorded, and subsequently transcribed verbatim. Data were analyzed following the six-phase framework proposed by Braun and Clarke (2006):

1. Familiarization with the data
2. Initial coding
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

To ensure data trustworthiness, peer review and participant validation were conducted. The data were organized and analyzed using MAXQDA software.

### **Educational Package Design**

The educational package consisted of ten sessions focusing on coping skills, stress management, and enhancing social relationships. The content validity of the package was confirmed by 10 psychologists and nursing experts, yielding a Content Validity Index (CVI) of 0.85.

### **Details of the Psychological Well-Being Educational Package**

#### **Objective of the Educational Package:**

The objective of the educational package was to enhance psychological well-being and reduce ill-being—including stress, social isolation, and hopelessness—among retired nurses. The package was developed based on 15 themes extracted from the thematic analysis of the qualitative study.

#### **Theoretical Framework:**

The educational package was developed based on Ryff's (1989) Psychological Well-Being model, which encompasses six core dimensions (9):

- Self-Acceptance
- Positive Relations with Others
- Autonomy

- Environmental Mastery
- Purpose in Life
- Personal Growth

Additionally, themes related to ill-being—such as dissatisfaction with leisure, physical health concerns, environmental discomfort, daily stress, reduced social interactions, financial dissatisfaction, and feelings of hopelessness—were also taken into account in the package design.

### **Structure and Content of the Sessions**

Each session lasted 60 to 90 minutes and was conducted as a group workshop with 15 participants. The activities were designed in accordance with the themes extracted from the qualitative analysis.

### **Implementation Method**

- **Format:** Group workshops
- **Location:** Retirement centers or teaching hospitals in Isfahan
- **Facilitators:** Trained psychologists or nurses
- **Duration:** 10 weeks, with each session lasting 90 minutes

### **Validation**

- **Content Validity:** The package's content was confirmed by 10 experts, yielding a Content Validity Index (CVI) of 0.85.
- **Implementation Validity:** The package was deemed adaptable and suitable for the cultural context of Iran.

### **Session Content**

Based on the themes extracted from the qualitative analysis—such as dissatisfaction with leisure, dissatisfaction with physical health, environmental discomfort, daily stress, reduced social interactions, financial dissatisfaction, and feelings of hopelessness—the session content was designed. The content was developed in accordance with the study findings and established psychological intervention approaches, including cognitive-behavioral therapy, mindfulness, and life skills training:

#### **Session 1: Introduction and Familiarization with Well-Being and Ill-Being**

- **Objective:** Introduce the concepts of psychological well-being (based on Ryff's model) and ill-being (e.g., social isolation, stress).
- **Activities:** Group discussion on retirement experiences, presentation of Ryff's model, and goal-setting for the program.
- **Tools:** Initial self-assessment questionnaire (e.g., Ryff's Psychological Well-Being Scale).

#### **Session 2: Self-Acceptance and Identity Management Post-Retirement**

- **Objective:** Enhance self-acceptance and reduce the sense of loss of professional identity.
- **Activities:** Self-reflective exercises (e.g., writing positive professional memories), self-compassion techniques.
- **Link to Findings:** Addresses the themes of "self-acceptance" and "feelings of hopelessness."

#### **Session 3: Enhancing Social Relationships**

- **Objective:** Improve positive relationships with others and reduce social isolation.

- **Activities:** Training in communication skills (active listening, expressing emotions), group activities to foster social bonds.
- **Link to Findings:** Addresses the theme of “reduced social interactions.”

#### **Session 4: Daily Stress Management**

- **Objective:** Reduce daily stress and enhance resilience.
- **Activities:** Mindfulness-based techniques (e.g., deep breathing), relaxation exercises.
- **Link to Findings:** Addresses the theme of “daily stress.”

#### **Session 5: Autonomy and Decision-Making**

- **Objective:** Enhance independence and self-confidence in post-retirement decision-making.
- **Activities:** Problem-solving exercises, discussion of new roles (e.g., volunteering).
- **Link to Findings:** Addresses the theme of “autonomy.”

#### **Session 6: Environmental Mastery**

- **Objective:** Empower participants to manage environmental challenges (e.g., financial issues or home environment).
- **Activities:** Resource management training (e.g., budgeting), exercises for organizing the living environment.
- **Link to Findings:** Addresses the themes of “environmental mastery” and “financial dissatisfaction.”

#### **Session 7: Purpose in Life**

- **Objective:** Establish new goals and meaning in life post-retirement.
- **Activities:** SMART goal-setting exercises, discussion of spiritual or volunteer activities.
- **Link to Findings:** Addresses the theme of “purpose in life.”

#### **Session 8: Personal Growth and Lifelong Learning**

- **Objective:** Encourage development of new skills and interests.
- **Activities:** Introduction to learning opportunities (e.g., online classes), creativity exercises.
- **Link to Findings:** Addresses the theme of “personal growth.”

#### **Session 9: Managing Physical and Environmental Dissatisfaction**

- **Objective:** Reduce ill-being related to physical health and environmental factors.
- **Activities:** Physical self-care training (e.g., light exercise), techniques for improving the living environment.
- **Link to Findings:** Addresses the themes of “dissatisfaction with physical health” and “environmental discomfort.”

#### **Session 10: Consolidation and Future Planning**

- **Objective:** Consolidate learned skills and plan for continued well-being.
- **Activities:** Review of progress, development of a personal plan for continued practice, final evaluation.

**Tools:** Post-intervention questionnaire (e.g., Ryff’s Psychological Well-Being Scale).

## Findings and Results

In this study, data obtained from 19 in-depth, semi-structured interviews with retired nurses were analyzed. A total of 440 statements were coded, leading to the extraction of 15 main themes categorized into two overarching domains: "well-being" and "ill-being." The thematic analysis revealed that the retirement experience for nurses encompasses diverse dimensions, including personal growth, satisfaction, psychological stress, and a sense of loss of social role.

**Table 1: Distribution of Themes**

Theme	Frequency	Female(n = 6)	Male(n = 13)
Well-being Themes:	-	-	-
Self-acceptance	9	5	4
Positive relationships with others	12	7	5
Autonomy	8	4	4
Mastery over the environment	10	5	5
Purpose in life	11	6	5
Personal growth	7	4	3
Ill-being Themes:	-	-	-
Displeasure with leisure activities	6	3	3
Dissatisfaction with physical condition	13	7	6
Environmental discomfort	5	3	2
Daily stress	10	5	5
Reduction of social relationships	12	8	4
Economic dissatisfaction	14	6	8
Feeling of hopelessness	9	5	4
Total:	106	58	48

The themes related to well-being included self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

Participants, in terms of self-acceptance, referred to a sense of satisfaction with the past and coming to terms with physical limitations. One of the nurses stated: "Now that I am retired, I am proud of myself. Although I am no longer as physically active as before, I feel that I have fulfilled my role." (Female nurse, 57 years old)

Another participant stated: "I have knee and back pain; I cannot work as I used to," or "I noticed that my vision has significantly declined." (Female nurse, 59 years old)

Within the theme of positive relations with others, maintaining relationships with former colleagues and family members was highlighted as a source of psychological and social support.

"Keeping in touch with old friends makes me feel that I am still part of the team and have not been forgotten." (Male nurse, 64 years old)

The theme of autonomy also referred to the ability to make independent decisions and the sense of freedom experienced after retirement.

"At last, I can decide for myself when to rest or read a book, without duty schedules or night shifts!" (Male nurse, 56 years old)

Under the theme of environmental mastery, participants described a sense of control over their new living conditions and the management of personal resources as indicators of effective adjustment to retirement. Additionally, purpose in life was associated with engagement in volunteer activities, social participation, or the transfer of professional experience to younger generations.

Ultimately, personal growth was conceptualized as a continuous process of learning, re-evaluating values, and embracing new roles in retirement life.

In contrast, experiences of ill-being encompassed themes such as lack of enjoyment in leisure activities, dissatisfaction with physical condition, environmental discomfort, daily stress, reduced social relationships, economic dissatisfaction, and feelings of hopelessness.

Within the theme of dissatisfaction with physical condition, most participants referred to chronic pain and a decline in physical functioning: “My body is no longer what it used to be... I feel that I no longer have the energy to do anything” (male nurse, 67 years old).

Economic dissatisfaction was one of the most recurrent themes, associated with concerns about living expenses and comparisons to income during employment:

“I am a tenant, and my pension only covers the rent. I never imagined I would end up here” (male nurse, 60 years old).

Within the theme of reduced social relationships, gradual isolation and disengagement from the workplace and colleagues reinforced feelings of loneliness and insignificance.

Additionally, the theme of hopelessness reflected a negative perception of the future and a diminished sense of personal worth, which in some statements was accompanied by mild depression and feelings of helplessness.

Based on data analysis, seven key themes were identified as the most recurrent and influential factors shaping the experiences of well-being and ill-being among retired nurses:

**1) Financial Instability (Economic Ill-being):**

**Observations:** This theme emerged frequently in the data, with statements such as “the pension is meager” and “inflation has made life difficult” (Male nurse, 55 years old). Retired nurses experience severe financial pressure, which often forces them to seek part-time employment (such as working as a rideshare driver). This theme aligns with Keyes’ model (10) regarding the lack of financial well-being and represents a major barrier to achieving financial wellness. Policies such as increasing pension benefits or providing low-interest loans are recommended to alleviate these pressures.

**2) Retirement Satisfaction (Psychological Well-being): Observations:** Statements such as “I am free from the social security system” and “I enjoy it because I manage my own life” (Male nurse, 55 years old) reflect a sense of freedom, autonomy, and satisfaction with retirement. This theme is prominent among nurses who view retirement as an opportunity for personal growth. This finding aligns with Ryff’s model (9) regarding autonomy and environmental mastery. Educational programs and meaningful activities can enhance this sense of control and self-determination.

**3) Emotional Challenges (Psychological Well-being): Observations:** Themes such as meaninglessness (“What is life for?”) and mild depression (“I have been feeling a little depressed”) (Female nurse, 62 years old) were observed in many interviews due to separation from the professional nursing role. These challenges indicate the need for psychological interventions, such as group counseling or volunteer activities (e.g., community health education), to restore a sense of meaning and reduce psychological distress.

**4) Social Isolation (Social Well-being): Observations:** Statements such as “My interactions with colleagues have decreased,” “I have drifted away from old friends,” and “I am not in contact with former

coworkers; I feel lonely, as if I have been forgotten” (Male nurse, 65 years old) indicate a reduction in social interactions, particularly after leaving the workplace. This theme is associated with decreased social well-being in Keyes’ model (2002). Establishing social groups for retirees or organizing activities such as group walks may help mitigate this issue.

**5) Emotional Regulation and New Activities (Psychological Well-being): Observations:** Activities such as “I keep myself busy with plants and gardening” or “I have returned to work” (Female nurse, 58 years old) reflect efforts to cope with distress and enhance well-being. These coping strategies can be incorporated into counseling programs, such as skill-building workshops or cultural classes, to support retirees’ psychological well-being.

**6) Declining Health and Physical Limitations (Physical Well-being): Observations:** Statements such as “My joints have stiffened” (Female nurse, 61 years old) indicate a decline in physical ability, although some nurses reported relative health (“I have no physical problems”) (Female nurse, 64 years old). This theme highlights the need for physical health programs, such as light exercise or improved access to healthcare services, to support retirees’ physical well-being.

**7) Systemic Limitations (Systemic Well-being): Observations:** Dissatisfaction with systemic services, such as “Supplementary insurance is not efficient” and “Social security does not allow me to work” (Male nurse, 57 years old), was reported in many interviews.

Data from 19 interviews comprised 440 initial statements, which were condensed into 15 main themes. The frequency of each main theme was calculated by counting the number of interviews in which the theme appeared. The analysis was conducted manually using Microsoft Excel. The purpose of this analysis was to identify the most frequently occurring themes in order to emphasize them in the research findings and to justify the proposed intervention.

**Table 2: Summary of the Themes Extracted from the Well-being and Ill-being Experiences of Retired Nurses**

Row	Main Themes	Subthemes	Relationship to Well-being / Ill-being
1-2	Financial Instability	Decrease in income, forced overtime work	Financial ill-being
3-4	Retirement Satisfaction	Escape from work pressure, autonomy, and personal enjoyment	Psychological well-being
5-6	Emotional Challenges	Meaninglessness of life, boredom, and mild depression	Psychological ill-being
7	Emotional Regulation	Alternative activities (gardening, walking)	Psychological well-being
8	Social Isolation	Reduction in relationships with colleagues	Social ill-being
9	Strengthening Social Relationships	Support from family and relatives	Social well -being
10	Declining Physical Health	Physical weakness and mobility limitations	Physical ill-being
11	Maintenance of Physical Health	Good access to healthcare services	Physical well -being
12-13	Systemic Constraints	Inefficient insurance, prohibition of social security employment	Systemic ill-being
14-15	Engagement in New Activities and Psychological Support	Return to work, counseling, and cultural classes	Psychological well-being and reduction of isolation

Table 2 categorizes 15 main themes into two overarching domains—psychological well-being (rows 3–4, 7, 9, 14–15) and ill-being (rows 1–2, 5–6, 8, 10–11, 12–13)—with subthemes and their relationship to well-being. Key well-being themes include Retirement Satisfaction (escape from work pressure, autonomy), Emotional Regulation (gardening/walking), Strengthening Social Relationships (family support), Maintenance of Physical Health (healthcare access), and Engagement in New Activities (counseling/cultural classes), while ill-being themes encompass Financial Instability (income decline, forced overtime), Emotional Challenges (meaninglessness, depression), Social Isolation (reduced colleague interactions), Declining Physical Health (mobility issues), and Systemic Constraints (inefficient insurance).

**Table 3: Frequency of Main Themes**

Row	Main Theme	Number of Interviews Including the Theme	Frequency Percentage (Out of 19 Interviews)	Sample Quote
1	Financial Instability	18	%94.7	"The retirement pension is insignificant."
2	Social Isolation	16	%84.2	"My relationships with colleagues have decreased."
3	Emotional Challenges	15	%78.9	"I feel a sense of meaninglessness."
4	Retirement Satisfaction	14	%73.7	"I have been abandoned by the social security system."
5	Health Decline	12	%63.2	"My joints are stiff."
6	Strengthening Relationships	11	%57.9	"I interact more with relatives."
7	Emotional Management	10	%52.6	"I engage with plants and gardening."
8	Systemic Limitations	9	%47.4	"The supplementary insurance is ineffective."
9	New Activities	9	%47.4	"I am working again."
10	Health Maintenance	8	%42.1	"I don't have any physical problems."
11	Retirement Strategies	5	%26.3	"Counseling has been very helpful."

Table 3 quantifies the prevalence of these themes across 19 interviews, revealing Financial Instability as the most pervasive issue (94.7% of interviews, e.g., "The retirement pension is insignificant"), followed by Social Isolation (84.2%, e.g., "My relationships with colleagues have decreased") and Emotional Challenges (78.9%, e.g., "I feel a sense of meaninglessness"). Retirement Satisfaction (73.7%) and Health Decline (63.2%) were also highly frequent, while Strengthening Relationships (57.9%), Emotional Management (52.6%), and Systemic Limitations (47.4%) appeared less often. Notably, Retirement Strategies (e.g., counseling) were cited by only 26.3% of participants, indicating low awareness of support resources.

**Table 4. Overall evaluation of the content of the package for psychological well-being and ill-being based on the psychological well-being and ill-being of retired nurses (by 10 experts in the field of psychology and counseling)**

Experts	Content compliance of the arranged sessions with the counseling package process of psychological well-being and ill-being education	The suitability of the sessions with the structure and steps required in the psychological well-being and ill-being training consultation package	Adequacy of time allocated for the steps and skills of the counseling package of psychological well-being and ill-being education	Adequacy of the counseling package for psychological well-being and ill-being education	Overall evaluation of package for psychological well-being and ill-being education
First	1	1	1	1	1
Second	1	%9	%9	%9	1
Third	%9	1	1	1	%9
Fourth	1	%8	%9	1	1
Fifth	%8	1	%7	1	1
Sixth	1	%8	%7	%9	%9

Seventh		%8	1	1	1	1
Eighth		%6	%5	%9	%8	1
Ninth		1	%7	1	1	9
Tenth		%9	1	1	1	%9
Agreement coefficient	CVR	%787	%60	%60	%787	%875
	CVI	%832	%80	%80	%875	%912

The findings from the table indicate that the expert professors' overall evaluation of the content of the psychological well-being and ill-being package was positive. According to their assessments, the package is deemed to have appropriate content validity. It is important to note that for this study, the desired Content Validity Ratio (CVR), considering the 10 evaluators, should exceed 0.49, and the desired Content Validity Index (CVI) should be greater than 0.70.

## Discussion and Conclusion

The present study's qualitative exploration of psychological well-being and ill-being among retired nurses in Isfahan revealed a complex interplay of facilitating factors and barriers, with financial instability emerging as the most pervasive challenge (94.7% of participants), followed by social isolation (84.2%) and emotional challenges (78.9%) (7, 8). These findings align with Keyes' (2002) mental health continuum model, which conceptualizes well-being as a dynamic state where individuals navigate between flourishing and languishing (13). Crucially, the study identified six well-being dimensions—self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, and personal growth—that directly correspond to Ryff's (1989) psychological well-being framework (12). For instance, participants described enhanced autonomy through retirement freedom ("I can decide when to rest without night shifts"), reflecting Ryff's dimension of *autonomy* (14). Similarly, *purpose in life* manifested through volunteer activities and knowledge transfer to younger generations, corroborating Hosseini Nia and Hatami's (2019) finding that retirees who engage in meaningful post-career roles report higher well-being (14).

The dominance of ill-being themes, particularly *financial instability* ("The pension is insignificant"), resonates with Mohammadi and Razavi's (2023) study of Iranian retired health workers, which identified economic insecurity as the primary driver of psychological distress (8). This finding is further contextualized by Alipour and Rafiei's (2021) qualitative work, which documented how Iranian retirees face systemic constraints like "inefficient supplementary insurance" and "prohibition of social security employment," directly contributing to hopelessness (7). Notably, the study revealed a critical gap: only 26.3% of participants referenced counseling or structured support strategies, underscoring the underutilization of existing mental health resources—a pattern consistent with Noubahar et al.'s (2013) observation that Iranian retirees often lack awareness of psychological services (2).

The emotional challenges theme ("I feel a sense of meaninglessness") aligns with Shin et al.'s (2024) global analysis of retirement transitions, which identified identity loss as a key predictor of ill-being among professionals who derived self-worth from their careers (10). This is particularly acute for nurses, whose work involves high emotional labor and exposure to mortality, leading to "existential emptiness" post-retirement (7, 9). The study's *social isolation* theme ("I feel lonely, as if forgotten") echoes Markowski et al.'s (2020) global review, which linked workplace disconnection to reduced social capital and well-being in retired nurses (3). Critically, the *emotional regulation* theme—where participants engaged in gardening or

walking to cope—supports Ghafari and Karimi's (2022) validation of activity-based interventions for elderly well-being (9). This directly informs the educational package's design, which integrates such strategies into structured sessions (e.g., Session 7: *Purpose in Life*; Session 9: *Physical Health Management*).

The package's content validity (CVI = 0.875) was robustly supported by expert consensus, confirming its alignment with both Ryff's well-being model and the culturally specific ill-being themes identified (9, 16). This validation is significant given that prior Iranian studies on retirement interventions often lacked cultural adaptation (9). For example, Nilab et al. (2019) demonstrated that culturally tailored approaches (e.g., incorporating family support in counseling) significantly improved outcomes for Iranian women (15), a principle directly applied in this study's *Strengthening Social Relationships* theme (Session 3). The package's emphasis on *systemic constraints* (e.g., financial literacy training in Session 6) also addresses a gap noted by Rezaei et al. (2021), who found that Iranian retirees require policy-level interventions to alleviate economic stressors (5).

The study's findings extend beyond Iranian context by reinforcing global evidence that retirement transitions are not merely chronological events but psychosocial processes requiring targeted support (11). For instance, the high prevalence of *health decline* (63.2%) mirrors Fassino et al.'s (2002) observation that physical limitations significantly reduce quality of life in elderly populations (1). However, the study uniquely identifies *retirement satisfaction* (73.7%) as a well-being enhancer—where nurses described liberation from work pressures—aligning with Shin et al.'s (2024) gender-informed analysis showing that autonomy post-retirement correlates with higher well-being (10). This duality (satisfaction vs. ill-being) underscores Keyes' (2002) continuum model, where well-being is not static but responsive to contextual factors (13).

This study's primary limitation is its geographic and occupational specificity: data were collected exclusively from retired nurses in Isfahan, limiting generalizability to other Iranian regions or occupational groups. While this focus enabled deep cultural contextualization, it may overlook regional socioeconomic variations (e.g., rural vs. urban retirement experiences) or differences between medical and non-medical retirees. Additionally, the sample size (n=19) and purposive sampling, though sufficient for thematic saturation, may not capture the full spectrum of experiences within this population. The absence of longitudinal data also prevents assessment of how well-being evolves over time post-intervention. Finally, the reliance on self-reported interviews introduces potential social desirability bias, as participants may underreport distress to align with cultural norms of resilience.

Future studies should expand to multi-regional samples across Iran (e.g., Tehran, Mashhad, Shiraz) to examine how cultural, economic, and geographic factors moderate retirement experiences. Comparative research with retired healthcare workers from non-nursing professions (e.g., physicians, technicians) would clarify whether the identified themes are occupation-specific or universal. Longitudinal designs tracking participants for 12–24 months post-intervention would strengthen causal inferences about the package's efficacy. Crucially, future work should investigate gender differences in well-being experiences, as the current study included only 6 women—too few for robust gender analysis. Additionally, mixed-methods approaches combining qualitative insights with quantitative scales (e.g., Ryff's Psychological Well-Being Scale) would provide triangulated evidence of intervention impact. Finally, research should explore the

feasibility of scaling the educational package to national levels, including cost-benefit analyses for Ministry of Health implementation.

Healthcare institutions should integrate this validated educational package into existing retirement support systems, particularly within Ministry of Health retirement centers and hospital-based counseling services. Training programs for psychologists and nurses should prioritize the package's culturally adapted sessions, emphasizing practical skills like financial literacy (Session 6) and social reconnection (Session 3). Community health workers could facilitate group workshops in local cultural centers to reach retirees with limited mobility. Policymakers must address systemic barriers by advocating for pension reforms that align with the financial instability theme (e.g., inflation-adjusted pensions, supplementary insurance improvements). Crucially, retired nurses themselves should be engaged as peer mentors to lead sessions on identity reconstruction and purpose-building, leveraging their lived expertise to foster trust and relevance. Finally, mental health services should proactively market these interventions to retirees through community networks, as low awareness of support resources was a key barrier identified in this study.

In conclusion, this study provides the first culturally grounded evidence of well-being and ill-being experiences among Iranian retired nurses, demonstrating that a contextually designed educational package can effectively address their unique challenges. By centering participants' voices and validating the intervention through expert consensus, the research offers a replicable model for enhancing psychological well-being in retirement transitions—a critical step toward recognizing retired nurses as valuable contributors to Iran's healthcare ecosystem rather than passive recipients of support.

### **Acknowledgments**

The authors express their deep gratitude to all participants who contributed to this study.

### **Authors' Contributions**

All authors equally contributed to this study.

### **Declaration of Interest**

The authors of this article declared no conflict of interest.

### **Ethical Considerations**

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

### **Transparency of Data**

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

### **Funding**

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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