

When Will Faculty Retire?: Factors Influencing Retirement Decisions of Nurse Educators

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ABSTRACT

This cross-sectional study surveyed a random sample of 129 nurse educators teaching in 61 U.S. schools of nursing. After the educators indicated their desire to participate, the survey instrument was e-mailed to them for completion; a 37.6% response rate was obtained. Demographically, the typical respondent was a healthy, 52-year-old, Caucasian female with a PhD in nursing. Outcomes reflected that respondents' mean anticipated age of retirement was 64.4; however, the optimal age of retirement desired by respondents was younger (62.4). The most influential factor affecting the timing of retirement was financial status. Workplace issues, personal and family health, and attitudes about retirement were other factors that affected participants' retirement decisions. The study findings indicate that nurse educators, as a group, do not plan to work beyond age 65.

One of the most critical problems facing the nursing workforce is the shortage of nurse educators and the aging of nursing faculty. According to the American Association of Colleges of Nursing, the average ages of nursing associate professors and assistant professors are 54.2 and 50.5, respectively (Berlin, Stennett, &

Bednash, 2003). The mean age of retirement for nursing faculty is 62.5 (Berlin & Sechrist, 2002). In 1996, the average age of new nurse doctorates was 45. The shortage of educationally prepared nursing faculty is predicted to escalate in the next decade due to the retirement of a gray-ing professoriate (Hinshaw, 2001). The aging of nursing faculty, and the fact that nurses seek doctorates later in life than do members of other disciplines, will seriously affect nursing schools' capacity to educate sufficient numbers of RNs to meet current and future demands.

In light of the current nursing faculty shortage and the average age of nurse educators, the purpose of this study was to describe the age identified by nurse educators as the desired age of retirement and the factors affecting their retirement decisions. As Baby Boomer nursing faculty approach retirement age, what percentage of those anticipate working longer, or shorter, than the traditional retirement age of 65?

The research questions addressed in this descriptive study were:

- At what age do American nurse educators anticipate retiring?
- What variables are influential in their retirement decisions?

Factors known to influence retirement decisions include financial status, health status, and social support. In addition, attitudes about work and meaningful activities, as well as spiritual perceptions, are believed to affect retirement decisions. A description of the projected trends provides helpful information in describing the availability of nursing faculty for the next decade.

LITERATURE REVIEW

Although the literature contains publications that address the current nursing faculty shortage and aging of faculty (Berlin & Sechrist, 2002; DeYoung, Bliss, & Tracy,

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2002), no articles describing nursing faculty members' personal decisions regarding their plans for retirement were found. However, articles on retirement theory (Goldberg, 2002), retirement and nurses (Kelly & Swisher, 1998; Trossman, 2002), and retirement concerns of senior faculty in higher education (Brooks & Shepherd, 1989; Ferren, 1998) offer insight into the factors affecting nurse educators' retirement plans. Financially, the repeal of Social Security restrictions on earnings, adjusted pension plans, and the removal of a mandatory retirement age for teachers in higher education have offered various options and incentives for nursing faculty to work beyond age 65.

Retirement Theory and Nurse Retirement

Two separate theories on aging converge to describe a healthy retirement. As summarized by Goldberg (2002), continuity theory and activity theory describe healthy patterns for active retirees. Continuity theory postulates that continuing life and work patterns into retirement is associated with greater life satisfaction. Continuity is an adaptive strategy of aging, as older adults try to remain connected with their pasts. According to activity theory, reconstructing life by adding new activities consistent with one's previous activities is associated with healthy aging. Productive activity is viewed as important because it provides social contact. Activities, such as volunteering and being involved in social action, can increase retirees' sense of purpose and well-being, and often lead to personal growth and fulfillment.

The qualitative work of Kelly and Swisher (1998) described the transitional process of retirement for nurses. The greatest concerns of respondents ($N = 19$) were related to finances, timing of retirement, discretionary time, activities, and relationships. Financial planning for retirement was considered imperative. The timing of retirement was influenced by access to health insurance, ill health, and family responsibilities. Gains with retirement were described as time to enjoy life and to focus on oneself, to pursue desired activities, and to get things in order. The losses experienced in retirement included loss of contact with friends and colleagues and the resulting fear of isolation, as well as loss of a scheduled life. The need to prepare for retirement was emphasized, from the perspective of both the nurses and their employing institutions.

The American Nurses Association's Commission on Workplace Advocacy (CWPA) designed a national survey to explore nurses' concerns about retirement. The need for understanding pension plans, retirement benefits, financial planning, and investment management is considered essential in the preparation for retirement. The study will also address the transition concerns of nurses after they retire (Trossman, 2002).

Aging Faculty in Higher Education

Nursing is not the only discipline facing a graying of its faculty. As educators in colleges and universities age, a prime concern is their vitality in the areas of teaching and conducting research ((Brooks & Shepherd, 1989). How

does educators' desire to retire compare with their drive to continue their involvement in teaching and research? The opinion is widespread that impending changes in the age structure of the professorship will be seriously detrimental to higher education. However, as countered by Brooks and Shepherd (1989), the productive lifetime of any individual has certain limits, and a great deal of productivity resides in many people older than 65.

Senior faculty, defined as faculty older than 55, comprise at least one third of all full-time tenured faculty in higher education institutions (Ferren, 1998). Long before mandatory requirements for faculty retirement at age 70 were removed in 1994, institutions were concerned that if mandatory retirement were eliminated, senior faculty might choose to work indefinitely. A comprehensive review of both teaching and research productivity confirms certain stability throughout a faculty member's career. Performance of aging faculty results from the complex interactions among personal and institutional factors. Faculty members most likely to continue teaching past age 65 are those at research institutions with actively funded research agendas. Ferren (1998) found that faculty most often consider career satisfaction, alternatives to full-time work, and financial ability when determining the right time to retire.

National Retirement Trends

According to Wilcox (2001), 51% of the nation's 1.8 million federal employees will be eligible to take full or early retirement during the next 4 years. Many colleges and universities, as well as state and local governments, will face a similar situation. Older workers prefer to delay full retirement if they could work part time or have flexible hours. The number of employers offering formal or ad hoc phased retirement is growing steadily, particularly after the recent repeal of the Social Security earnings test for workers 65 and older (King, 1994). Unfortunately, old-style pension plans were not designed with phased retirement in mind. Many plans do not allow use of one's pension until one reaches retirement age. Another obstacle to phased retirement is health insurance coverage. As more Baby Boomers retire, more employers are likely to adjust their benefit packages so part-time employees can continue to be covered by the employer's plan, perhaps by having them pay a larger share of the cost than do full-time employees.

Aging and its Effects on the Nursing Faculty Shortage

Data show that between 1993 and 2001 the average retirement age of nursing faculty was 62.5 (Berlin & Sechrist, 2002). Berlin and Sechrist (2002) projected that 200 to 300 doctorally prepared faculty will exit their positions annually from 2003 through 2012. The greatest number of faculty retirements is projected to occur in 2009, based on the best-case scenario. Faculty 65 and older represent only 3% or less of faculty, but even after the mandatory retirement requirements were removed in 1994, less than

1% of nursing faculty avail themselves of this opportunity (Berlin & Sechrist, 2002).

DeYoung et al. (2002) summarized a variety of potential solutions to the nursing faculty shortage. They inferred that factors such as creative access to university programs, fast tracks to doctoral degrees, funding for faculty recruitment, and partnerships with health care providers will increase the number of nurse educators. They concluded that by linking the nursing shortage and the faculty shortage in public policy and funding initiatives, nurse educators can build a culture of expansion (DeYoung et al., 2002).

As nursing faculty approach retirement age, two major facets must be considered: the individual's personal needs and the needs of the profession. The needs of the nursing profession sometimes conflict with the personal needs of nurse educators. The faculty shortage and its link to the nursing shortage are critical issues. Loss of nursing faculty could be balanced in the short term by faculty who delay their retirement. However, long-term solutions must be sought if the nursing profession is to continue offering quality and accessible education for future nurses.

METHOD

To answer the research questions, a cross-sectional e-mail survey was conducted from February to April 2004. Nurses who taught in American schools of nursing were contacted to participate. The survey was designed to determine respondents' retirement plans and the factors contributing to their retirement decisions. Because little has been published about nurses' decision-making process regarding retirement issues, a cross-sectional survey was the most economical and timely way to gain basic information that was easy to tabulate. The survey was e-mailed to a randomly selected group of nurse educators across the United States.

Sample and Setting

The target population was nurse educators teaching in U.S. schools of nursing. A probability sample of nurse educators was drawn using a multistage sampling approach. A sampling frame of accredited schools of nursing was developed as the first stage. At the time the study was conducted, the most current, comprehensive list of nursing schools in the United States and Canada was in *Peterson's Guide to Nursing Programs* (2004). More than 2,000 programs in 700 institutions were listed in this guide. The sample frame was defined as 555 U.S. schools of nursing listed in *Peterson's Guide to Nursing Programs* (2004); multiple campuses for one institution were not counted separately.

The second stage of the multistage sampling approach was to select 91 clusters, or schools of nursing representing approximately 16% of the sampling frame. The second stage was accomplished by making an alphabetical list of schools of nursing by state and giving each school a number. A random number was selected as the starting point,

then every sixth school was selected to be one of the 91 final clusters in the sample.

The third stage of sampling was to acquire a list of nurses teaching at each of the chosen schools. All nursing programs selected had a Web site with lists of faculty e-mail addresses. Another sampling frame was developed, consisting of lists of faculty for each school. Using a random table of numbers, a random selection of approximately 25% of the faculty from each school was identified. At least one respondent from each school was selected, regardless of faculty size, so each cluster was represented. Because this was a multistage approach, each school of nursing's faculty list was numbered separately, and a new point on the random table was used to select the respondents from each school. The total random sample included 400 nurse educators from 91 schools of nursing across the United States.

Human Subjects Protection

Permission for the study was obtained from the institutional review board (IRB) at the University of Nevada, Las Vegas. An informed consent form that met the IRB criteria was developed and sent to all respondents who agreed to complete the survey. Because the survey was administered via e-mail, it was not possible to have participants actually sign the consent form. Thus, a statement at the end of the consent form indicated that return of the completed survey would be considered acceptance of the informed consent document. Participants were asked to keep a copy of the informed consent form on their computer or in hard copy. Respondents were promised confidentiality but not anonymity, and were cautioned that minimal risks existed because their responses might be subject to scrutiny by their employers through the university networks.

All e-mail correspondence was sent individually, so participants did not have access to each other's identities. All correspondence was kept on a password-secured computer. Returned surveys were printed, then coded without respondents' names. The printed surveys were kept in locked files, and electronic copies were kept on the secured computer. All data will be destroyed 5 years after the study has concluded.

Instrument

Demographic information and retirement plans were elicited from the respondents by having them answer 14 open-ended questions. Information about the influence of various factors was gathered through their responses to 24 open-ended questions and closed-ended statements. Content validity of the survey was established by four content experts who were nursing faculty at the University of Nevada, Las Vegas. The content experts also pilot tested the survey.

Procedure

Potential respondents were asked to respond yes or no to participation in the survey via an e-mail message sent to their workplace e-mail address. Of the 400 total

TABLE 1
Demographic Characteristics of the Sample (N = 129)

| Characteristic | Mean (SD) | Range |
|---------------------------------------|------------|--------------|
| Age | 51.7 (7.2) | 28 to 67 |
| Age of significant other ^a | 53.2 (7.8) | 32 to 76 |
| Number of living children | 1.9 (1.3) | 0 to 6 |
| Years in nursing | 16.2 (9.9) | 1 to 42 |
| Years in current position | 7.9 (6.9) | 0.05 to 30 |
| | | n (%) |
| Gender | | |
| Women | | 121 (93.8) |
| Men | | 8 (6.2) |
| Ethnicity | | |
| Caucasian American | | 113 (87.6) |
| African American | | 9 (7) |
| Hispanic American | | 3 (2.3) |
| Asian American | | 1 (0.8) |
| Other | | 3 (2.3) |
| Marital status | | |
| Married | | 99 (76.7) |
| Divorced | | 15 (11.6) |
| Single | | 9 (7) |
| Widowed or Other | | 6 (4.7) |
| Total household income ^b | | |
| \$10,000 to \$40,000 | | 2 (1.6) |
| \$41,000 to \$70,000 | | 23 (18.1) |
| \$71,000 to \$100,000 | | 34 (26.8) |
| \$101,000 to \$140,000 | | 40 (31.5) |
| \$141,000 and above | | 28 (22.0) |
| Highest academic degree | | |
| Doctorate | | 79 (61.2) |
| Master's | | 49 (38.0) |
| Baccalaureate | | 1 (0.8) |

Note: Percentages may not equal 100% due to rounding.

^a n = 102.

^b n = 127.

message, with the survey attached, was sent to those who did not return the survey by the deadline. The reminder was sent to initial nonresponders 10 to 20 days after the first e-mail request had been sent. No further contact was made with those who replied to the initial e-mail indicating they did not want to participate in the survey.

RESULTS

The total random sample for this cross-sectional survey was composed of 129 nurse educators (response rate = 37.6%) teaching in 61 schools of nursing. The typical survey participant was a healthy, 52-year-old, married, Caucasian woman with a PhD in nursing. She had been a nurse for 16 years and in her current position for 8 years. She reported feeling satisfied with her job. Her combined annual household income was \$120,000. The age of her significant other was 53, and she had two living children. **Table 1** details the respondents' demographic characteristics. Please note that percentages may not equal 100% due to rounding.

The majority of respondents ($n = 99$, 76.7%) had their highest degree in the discipline of nursing, with the remaining 17.8% ($n = 23$) in education and 5.4% ($n = 7$) in other disciplines. The most predominant degrees were

the PhD ($n = 63$, 48.8%) and the MSN ($n = 49$, 38%). Other doctoral degrees indicated were the EdD ($n = 10$, 7.8%), the DNS ($n = 6$, 4.7%) and the DPH ($n = 1$, 0.8%). Specialties in nursing varied and included medical-surgical ($n = 40$, 31%), maternal-child ($n = 22$, 17.1%), mental health ($n = 16$, 12.4%), community ($n = 14$, 10.9%), and other ($n = 36$, 27.9%); one respondent (0.8%) did not indicate a specialty.

requests sent, 57 (14.3%) were returned as undeliverable, leaving a viable sample of 343. No attempt was made to find new addresses for those with undeliverable e-mail addresses.

Participants who agreed to complete the survey received a reply e-mail with an attachment containing the informed consent form, the survey, and instructions on how to complete and return the survey. One reminder

TABLE 2
Participants' Beliefs about Financial Readiness for Retirement (N = 129)

| Statement | Strongly Agree n (%) | Agree n (%) | Neutral n (%) | Disagree n (%) | Strongly Disagree n (%) |
|--|-------------------------|----------------|------------------|-------------------|----------------------------|
| I am financially secure | 33 (25.6) | 58 (45) | 26 (20.2) | 8 (6.2) | 4 (3.1) |
| I have sufficient funds from retirement plans | 17 (13.2) | 38 (29.5) | 38 (29.5) | 25 (19.4) | 11 (8.5) |
| I have other sources for retirement ^a | 30 (23.6) | 28 (22) | 29 (22.8) | 14 (11) | 26 (20.5) |
| My debt-to-income ratio is low | 54 (41.9) | 43 (33.3) | 17 (13.2) | 9 (7) | 6 (4.7) |
| My health benefits are sufficient ^b | 25 (19.5) | 34 (26.6) | 39 (30.5) | 19 (14.8) | 11 (8.6) |

Note: Percentages may not equal 100% due to rounding.

^a n = 127.

^b n = 128.

Retirement Plans

The respondents' mean age of planned retirement, defined as the age at which respondents believed they would retire or be prepared to retire, was 64.4 ($SD = 5.5$, range = 50 to 88). The mean optimal retirement age, defined as the age at which respondents would personally choose to retire, was younger, at age 62.4 ($SD = 6.4$, range = 54 to 100). Planned retirement age for respondents' significant others was 61.7 ($SD = 5.5$, range = 42 to 83).

Factors in Retirement Decisions

Results pertaining to factors that influence nurse educators' retirement decisions were clustered into four categories: workplace issues, financial security, personal and family health, and attitudes about retirement. Participants were asked to add other factors affecting their personal retirement decisions in an open-ended question at the end of the survey.

Workplace Issues. A total of 40.3% ($n = 52$) of respondents reported the workplace option for retirement was a traditional full retirement policy. Another 39.5% ($n = 51$) indicated they had both full and phased options available to them. The remaining 24 (18.6%) respondents who answered the question stated they had only phased or other retirement options.

When asked whether their workplace had a required age for retirement, 12.3% ($n = 15$) of the 122 who responded indicated that a mandatory age for retirement was published. Job satisfaction was an important issue in making retirement plans. On a Likert-type scale ranging from 1 (*satisfied*) to 5 (*unsatisfied*), 77.5% ($n = 100$) of the 129 respondents indicated that job satisfaction was the most important or a very important influencing factor in making plans for retirement.

Financial Security. When retirement plans were being made, financial status was considered the most important or a very important factor for 90.7% ($n = 117$) of the 129 respondents. Financial status included a variety of factors;

therefore, participants were asked to indicate whether they strongly agreed, agreed, were neutral, disagreed, or strongly disagreed with five financial statements. **Table 2** provides details about their responses.

Personal and Family Health. In general, the respondents perceived that they were healthy. At the time of the survey, 86 (66.7%) of the respondents considered themselves to be healthy. Another 42 (32.6%) reported being less than healthy, and only 1 participant (0.8%) reported being unhealthy. When asked whether their health benefits will be sufficient during retirement, 59 (45.7%) participants agreed, 30 (23.3%) disagreed, and 39 (30.2%) were neutral (**Table 2**).

Attitudes About Retirement. After financial security, support from significant others was cited by respondents as the second most important factor in making retirement decisions. The belief that retirement reflects a loss of status was reported as the least important factor in their decisions about retirement. Other influential factors included engaging in mentally challenging and meaningful activities, having support from family and friends, spiritual beliefs, and concerns that job effectiveness had diminished. **Table 3** provides a rank ordering of the most to least influential factors in nurse educators' retirement decisions.

Written Comments

A total of 56 (43.4%) respondents wrote additional comments on the survey regarding the issue of retirement. No new categories apart from those in the survey were identified. Thirteen (23.2%) respondents stated they had no plans to retire or planned to work indefinitely. Two major concerns postponing retirement were care of dependents or having children in college ($n = 8$, 14.3%) and worries about health or health care coverage ($n = 10$, 17.9%). Additional comments reflected financial concerns ($n = 11$, 19.7%) and attitudes about personal career contributions and work environment ($n = 10$, 17.9%).

TABLE 3
Ranking of Factors Influencing Nurse Educators' Retirement Plans (N = 129)

| Factor | Most Important | | | | Not Important |
|--|----------------|------------|------------|------------|---------------|
| | 1 n (%) | 2 n (%) | 3 n (%) | 4 n (%) | 5 n (%) |
| Financial status | 83 (64.3) | 34 (26.4) | 11 (8.5) | 1 (0.8) | 0 (0) |
| Support from significant other ^a | 68 (57.6) | 29 (24.6) | 5 (4.2) | 4 (3.4) | 12 (10.2) |
| Job satisfaction | 49 (38) | 51 (39.5) | 17 (13.2) | 8 (6.2) | 4 (3.1) |
| Mentally challenging activities ^b | 34 (26.8) | 50 (39.4) | 16 (12.6) | 14 (11) | 13 (10.2) |
| Meaningful activities ^c | 37 (28.9) | 44 (34.4) | 24 (18.8) | 11 (8.6) | 12 (9.4) |
| Family support | 25 (19.4) | 43 (33.3) | 32 (24.8) | 18 (14) | 11 (8.5) |
| Diminished effectiveness in job ^c | 21 (16.4) | 45 (35.2) | 22 (17.2) | 14 (10.9) | 26 (20.3) |
| Support from friends ^c | 12 (9.4) | 28 (21.9) | 28 (21.9) | 30 (23.4) | 30 (23.4) |
| Spiritual beliefs ^d | 14 (11.1) | 15 (11.9) | 25 (19.8) | 12 (9.5) | 60 (47.6) |
| Loss of status | 1 (0.8) | 15 (11.6) | 28 (21.7) | 27 (20.9) | 58 (45) |

Note: Percentages may not equal 100% due to rounding.

^a n = 118.

^b n = 127.

^c n = 128.

^d n = 126.

DISCUSSION

As intended, this study describes the desired age of retirement for American nurse educators and the factors affecting their retirement decisions. In light of the current nursing faculty shortage, retirement trends can provide helpful data in projecting the availability of older faculty to bridge the gap between the supply of nurse educators and the increasing demand. To motivate older nurse educators to extend their professional service, the trends and factors influencing educators' retirement decisions need to be considered by those in academic administrative positions. We believe the following study results are important in those considerations.

The demographics of this sample do not differ appreciably from national statistics regarding gender and age of American nurse educators. Eight of the 129 participants were men. At 6%, the men in this sample were representative of the percentage of men in nursing in general. The U.S. Department of Health and Human Services (2000) reported in the *National Sample Survey of Registered Nurses* that 5.4% of nurses in America are men. The same survey reported that the mean age of nurses in practice was 45.2. A report from the American Association of Colleges of Nursing places the average age of nurse educators at 50 to 54, slightly older than the general population of nurses (Berlin et al., 2003). Therefore, the mean age (51.7) of the nurse educators in this sample falls within the national norm for age of nursing faculty.

The average age of retirement for American nursing faculty has been reported as 62.5 (Berlin & Sechrist, 2002). On a positive note, the average anticipated age of retirement of this sample indicated that they planned to work approximately 2 years longer, to the average age of 64.4. However, the results also indicate that these nurse educators perceive age 62.4 to be their optimal age for retirement. In addition, 77% of this sample was married, and the respondents indicated that the planned retirement age of their significant other was 61.7. Thus, the retirement age of one's spouse might be influential in setting a lower age for optimal retirement.

Financial preparedness appears to be the key factor directing the timing of retirement. A representative comment was, "The age at which I can draw full Social Security benefits will be the most important factor in my retirement decision." Written comments reflected that having enough money to retire, having debts, or fears about the stock market and status of retirement funds seriously affected respondents' retirement plans. The need for financial retirement planning and understanding of the financial issues involved with retirement is an issue that has been addressed by the American Nurses Association (Trossman, 2002).

Whereas approximately half of the nurse educators of this sample indicated that their health benefits would be sufficient during retirement, others disagreed or were neutral. Adequate health insurance, as well as availability of Medicare supplemental insurance for medications, were cited as "a critical issue" in being able to afford health care in retirement.

Retirement theory (Goldberg, 2002) addresses the need for healthy patterns for active retirees. These concepts appear to be strongly supported by the respondents who highly ranked having meaningful and mentally challenging retirement activities as influential in planning for retirement. One respondent wrote:

I consider retirement to be entering the next phase of my life. I plan to continue to work but not full time at a college. In this new phase, I will continue the volunteer activities that I have been involved in and spend more time doing the things I like to do.

It appears that changes in Social Security policy, phased pension plans, and the removal of mandatory retirement age have encouraged some respondents to continue working as long as possible. Only 11.6% of this sample worked in an institution with a mandatory retirement age in place. Job satisfaction was ranked as highly important by respondents in their decisions regarding retirement. As noted by one nurse educator:

I have a challenging, demanding, and exciting job. I am very fortunate as I look forward to work every morning. While the current nursing shortage is very problematic from many viewpoints, it has provided many "older" faculty, including myself, with the possibility of working longer and making important contributions to our profession.

Although spiritual values are often cited as influential in making life decisions (Koenig, 2000), these respondents indicated their spiritual beliefs and the possible loss of status accompanying retirement as least important in their retirement decisions.

LIMITATIONS

Several limitations of this study have been identified. The use of random sampling of all schools of nursing in the United States (baccalaureate and graduate programs only) was used to promote findings that could be more readily generalized to the larger population of nurse educators. However, caution is needed in generalization due to the return rate of 38%. There are no agreed-on standards for determining a minimum acceptable survey response rate. However, with a nonresponse rate of 62%, a nonresponse bias must be considered (Fink, 1995; Fowler, 1993).

Wording of some of the survey questions might have elicited more precise information if the statements had been more specific. For example, when support from a significant other was listed as a possible factor influencing retirement plans, the statement did not clarify whether the support was financial or psychosocial. In retrospect, questions about the health of family members and the need to support children's education are important factors in retirement timing.

CONCLUSION

The results of this study indicate that nurse educators' planned retirement age may be increasing, compared with available national data. The respondents identified that financial status, support from their significant others, job satisfaction, and meaningful, challenging activities are the most important issues to consider when planning age of retirement. Attention to these issues by academic institutions could increase the numbers of nurse educators who work beyond age 65.

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