Evaluation of Individual Cognitive Ability Status Changes and Retirement Satisfaction in Retired Elderly in Torshiz in 1399

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Abstract

Introduction: Considering the importance of recognizing individual changes in old age and the special importance of retirement satisfaction, this study was conducted to determine the relationship between cognitive ability of retirees from individual change and retirement satisfaction in great Torshiz.

Materials and Methods: This cross-sectional descriptive-analytical study was conducted in 1399 on 330 randomly selected retirees in Kashmar city. Data were collected using demographic, retirement satisfaction and cognitive ability of individual changes questionnaires. Data were analyzed by descriptive statistics with SPSS software version 16.

Results: The mean age of participants was 62.05±4.13. Retirement satisfaction was 20.27±7.69. Retirement satisfaction was significantly associated with marital status, age, income, type of property, study, entertainment, sports, television watching (P <0.05). The mean cognitive ability of retirees was 5.60±3.61, that the degree of cognitive ability was related to factors such as the number of hours spent watching TV and the type of illness involved (P <0.05). Statistical test did not show a significant relationship between retirement satisfaction and cognitive ability (P = 0.16).

Conclusion: Because most of the retirees had poor cognitive ability, it seems necessary to improve the cognitive ability of retirees in the last years of their careers. There was no relationship between cognitive ability and retirement satisfaction, which may be due to the region under study. Therefore, it is recommended to re-study in another environment to evaluate this relationship.

Keywords: Aging, Cognitive ability, Retirement, Satisfaction

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Introduction

Retirement and old age are phenomena often related each other. Retirement, by definition, means leaving the service, following an increase in age and years of work, leaving a personal career and a lifetime job, a life-disrupting event and an important event in the second half of working life. Retirement is one of the critical moments of life and is one of the most important transfer of roles that one can experience. In retirement, feelings of loss can occur in financial, status, power, privilege, safety, and self-confidence dimensions that are challenging. A wide range of factors happen in daily life, in addition to material and leisure issues, change with retirement, including changes in individual roles, communication patterns, self-esteem, support groups, structure, and lifestyle. Retirement with the stress of separation from work leads to habituation, feelings of emptiness, unhappiness, anxiety about not seeing friends and colleagues, boredom and crying, frustration, depression and even fear of death. These factors can lead to maladaptation and the negative symptoms of retirement, called retirement syndrome, which include a set of symptoms such as feelings of inadequacy, emptiness and anxiety, anxiety, depression, fear of rejection, and post-retirement anxiety. Experience different.

Each of these factors can affect retirement life satisfaction. Life satisfaction is a clear sign of adaptation to different aspects of the elderly and in fact reflects the balance between a person's aspirations and his current situation. Continuing the evolution of the elderly in old age is possible when he can adapt to change and shortcomings with realism and flexibility, and spend these years of his life with a sense of worth and effectiveness. Research shows that most retired seniors are in poor mental health, have poor social functioning, spend more time at home, and have less social participation, which underscores the importance of addressing the social needs of the elderly. It does so.

Elderly cognitive ability expresses the elderly ability in self-management, self-care and self-awareness of changes in personal life that assesses the eight areas of cognition of physical ability, self-esteem, spirituality, commitment, role performance, positioning, self-management and self-esteem in the elderly. The elderly face many problems and deficiencies in this period and experience more changes than other periods of life. Loss of various resources and debilitating diseases in old age leads to a feeling of powerlessness in the elderly. Feelings of powerlessness are associated with low levels of preventive health behaviors, poorer health, and longer periods of illness. In fact, retirement for the elderly means separating from an active and credible role and joining a passive one. This can lead to anxiety, depression, and sometimes confusion for those who have not anticipated or prepared for it beforehand. On the other hand, considering that the phenomenon of aging is a common thing, preparing the population for old age should be an integral part of social and economic development policies and should be combined with great effort at all levels of the country, local, family and individual.

In short, active old age is created by the ability of the elderly in the biological, psychological and social fields. Considering the growing population of the elderly and the reduction of their physical and mental abilities, it is necessary to pay attention to the ability of the elderly from individual changes. Retirees' awareness of these changes and comprehensive knowledge of their resources and those around them, and the use of resources that increase their sense of control and self-efficacy, will enable them to perform daily activities. Due to the importance of recognizing individual changes in old age and the special importance of retirement satisfaction, this study was conducted to determine the relationship between retirees' cognitive ability of individual change and retirement satisfaction in Tarshiz in 1399.

Methodology

This descriptive analytical cross-sectional study was conducted in 1399. The study population included 330 retirees of government jobs in Kashmar, Khaillabad and Bardaskan. Inclusion criteria included willingness to cooperate in the research project, age 50 to 74 years, awareness of place, time and person, no acute or chronic mental illness, no physical disability, retired employee, and exclusion criteria included failure to reach the employee retirement stage. Random multi-stage cluster sampling was used in this study. The sample size was determined based on the correlation coefficient formula with 95% confidence and 80% test power. According to the study of Bagheri et al. (16), the average life satisfaction rate in the elderly was 19.84 with a standard deviation of 5.2. Considering $Z = 1.96$, $d = 0.52$, the sample size was 300 people, which due to the loss of people, 330 people were studied. Data were collected from the questionnaire tool in person for three months and also the method of distributing the questionnaires was done manually and in person. In this study, demographic questionnaires, retirement satisfaction questionnaire and elderly change cognitive ability questionnaire were used. The Elderly Cognitive Capability Questionnaire of individual changes has 25 items and in the form of eight factors, respectively, recognition of physical strength, self-
Esteem, spirituality, commitment, role performance, situational awareness, self-management and self-assessment. The first factor with 5 items (1, 2, 3, 4 and 8), the second factor with 5 items (13, 15, 16, 20 and 21), the third factor with 2 items (19 and 18), the fourth factor with 2 items (5 and 9), the fifth factor with 4 items (7, 10, 11 and 12), the sixth factor with 2 items (14 and 22), the seventh factor with 3 items (23, 24 and 25) and the eighth factor with 2 items (6 and 17), are determined. Is. Tarighat et al. Stated that the dimensions of the questionnaire with Cronbach's alpha were 0.62-0.84 and internal stability with a correlation coefficient of 0.96, which had a good reliability. This questionnaire scored with a minimum score of 1 and a maximum score of 3 for each item, the minimum total score of the questionnaire was 25 and the maximum total score of the questionnaire was 75.

Retirement Description Index Questionnaire (Retirement Satisfaction) had 34 questions and its purpose is to assess employees' attitudes toward retirement. In this study, retirement satisfaction refers to the score that employees gave to 34 questions. This questionnaire is designed based on a 5-point Likert scale that each item is completely disagree (score one), disagree (score two), have no opinion (score three), agree (score four) and completely agree (score five). If the score of the questionnaire was between 34 and 68, the retirement satisfaction was poor, the score between 68 and 102 was the average retirement satisfaction, and the score above 102 was considered very good retirement satisfaction. The reliability of this questionnaire in this study was 0.85. The questionnaires were read to the participants by the researcher and were completed based on their answers. SPSS software version 16 was used for data analysis; Spearman's correlation coefficient was used to investigate the correlation between different dimensions of cognitive competence with retirement satisfaction. Significance level in this study was considered 0.05. This study was approved by the ethics committee of Sabzevar University of Medical Sciences with the code IR.MEDSAB.REC.1398.111. Informed consent was obtained from the participants and they were assured that the information would be confidential and that their participation in the research was optional.

Results

The mean age of participants was 62.05±4.13. Retirement satisfaction was 76.29±20.27. Retirement satisfaction was significantly associated with marital status, age, income, type of property, study, entertainment, sports, television watching (P<0.05). The mean cognitive ability of retirees was 5.60±3.61.4, that the degree of cognitive ability was related to factors such as the number of hours spent watching TV and the type of illness involved (P<0.05). Statistical test did not show a significant relationship between retirement satisfaction and cognitive ability (P=0.16).

The results of this study showed that most of the retirees' cognitive ability was weak. It seems that improving the cognitive ability of retirees in the last years of work is necessary. Most of his retirement satisfaction was moderate and there was no significant relationship between retirement satisfaction and cognitive ability. Retirement satisfaction can be influenced by the study environment, so it is recommended that the relationship between cognitive competence and retirement satisfaction be done in another environment.

Discussion

The aim of this study was to determine the relationship between retirees' cognitive ability of individual changes and retirement satisfaction in Great Torshiz. The results of this study showed that most of the retirees had poor cognitive ability and satisfaction with their retirement was moderate. In this study, retirement satisfaction was significantly associated with marital status, age, income, type of property, study, entertainment, sports, television watching and cognitive ability was significantly associated with factors such as the number of hours of television watching and the type of disease involved. According to the results of the present study, a significant relationship was observed between financial status (income) and retirement satisfaction, which is consistent with the findings of the Şener study. Şener et al found that there was a positive correlation between having a regular income and retirement satisfaction. Also, studies in line with the results of the present study showed that age is associated with retirement satisfaction because people who retire at an older age have less health and their life satisfaction decreases due to illness. Failure to meet the special needs of the elderly, especially the elderly who are financially poor and do not have adequate health and welfare facilities, causes in this period of life, instead of feeling happy, success in life and a good end, in many cases alone and suffer from disability, disability, illness, homelessness and despair. Therefore, it is important and necessary to implement support programs that emphasize the value and respect of the elderly, in the fields of
medicine, health, psychology, economics and society, and to value these hidden assets that have led to the transformation and dynamism of the country in the past. Provide conditions for the return of the elderly to the context of society. According to the results of the present study, a significant relationship was observed between the weekly participation hours of the elderly in cultural, social, entertainment and recreational relations and study and exercise hours with retirement satisfaction, which is consistent with the results of Rasoulzadeh et al. Maintaining the health of the elderly requires paying attention to their health and well-being throughout their lives and supporting changes in their lifestyle, which is achieved through a variety of occupational, cultural, social and rehabilitation partnerships as well as the benefit of an appropriate environment. Health in old age is related to the social environment in which a person lives. A study showed factors such as entertainment, physical fitness, culture, environment and facilities may have an effect on life satisfaction of the elderly. In the present study, the level of retirement satisfaction was moderate. Since retirement satisfaction affects the life satisfaction of retirees. In this regard, Niknami et al. showed that only 46.6% of retired elderly people were satisfied with their lives, which indicates that 50% of the elderly were not satisfied with their lives. Also in the study of Salimi et al., showed the level of life satisfaction in retired elderly was low and were involved problems such as mental and social disorder. The reason for the difference may be the young age and the city where the retirees live. Also, Tagharobi study et al. showed, 43% of the elderly reported low life satisfaction and most of them had moderate life satisfaction. Satisfaction in retirement life is associated with adequate preparation for retirement. In the present study, the cognitive ability of retirees was low. Rahmati et al. showed that factors such as self-processing, self-compassion and positive emotion have a significant relationship with cognitive ability and self-processing and positive emotion can predict cognitive ability in the elderly.

**Conclusions**

The results of this study showed that most of the retirees' cognitive ability was weak. It seems that improving the cognitive ability of retirees in the last years of work is necessary. Most of his retirement satisfaction was moderate and there was no significant relationship between retirement satisfaction and cognitive ability. Retirement satisfaction can be influenced by the study environment, so it is recommended that the relationship between cognitive competence and retirement satisfaction be done in another environment.

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**Conflict of Interest:** There was no conflict of interest in this study.
بررسی وضایت توانمندی شناختی از تغییرات فریدی و رضایت از بازنشستگی در سالمندان بازنشسته تریشی بزرگ در سال 1399

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چکیده

شناختی، رضایت از بازنشستگی و رضایت، اغلب پدیده‌ای هستند که شخص می‌تواند در حد ضعیف باشد. این ارتباط می‌تواند بر روی ارتباط معنی‌داری بین توانمندی شناختی با رضایت از بازنشستگی تأثیر بگذارد. این مطالعه توصیه می‌کند تا تحقیقات گسترده‌ای در محیط‌های مختلف و احتمالاً در ابعاد مالی، توانمندی شناختی از بازنشستگی و رضایت از بازنشستگی در سالمندان به صورت ارائه شود.

مقدمه

1. مقدمه

بازنشستگی و سالمندی، اغلب پدیده‌های مرتبه‌ای هستند که در یک تقارن زمانی با یکدیگر می‌پیوندند. [۱] بازنشستگی به طبقی تعریف می‌شود که ع mínی خروج از ارائه خدمات به دنبال افزایش سن و سنین کاری [۲] ترک حرفه فریدی و شغل دوست. 

* تاریخ دریافت: 1400/05/05

کلیدواژه‌ها:

بازنشستگی، شناختی، رضایت، پرستاری، سالمندی

مجله علمی پژوهشی دانشگاه علوم پزشکی سبزوار، شماره ۳۹، شماره ۲، سال ۱۳۹۹، ص. ۴۴۸-۴۶۰

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بیماری هما در است [19] پژوهش‌ها نشان می‌دهد اگر سالمندان از تغییرات دوران سالمندی آگاه باشند می‌توانند با بهبودی راه‌های بیماری، توان خود را حفظ کنند و از توانایی‌هایشان به‌طورگیری بهبودی داشته باشند. توانمندی شناختی سالمندان، حیثیت مختلف تغییرات فردی مثل تغییرات جسمی در اثر کاهش پیشی، خودداری و خوددارویی مثل انجام عناوین دوره و تکمیل ابزار مناسب توانمندی در انجام عناوین‌های زنده را در دیدار [20] اگاهی، از اعمال مهم در توانمندی سالمندان می‌باشد. پرستاران می‌توانند از این توانمندی را رفع کنند تا به خود آنها بپیوندند. درآمد از این توانمندی کمک می‌کند که کنترل و خودکاری در این دوران زندگی مه‌دیدگان کمک کند. [21]. در این دیدگاه، پرستاران شناخت‌های قابل توجه‌تری در توانمندی‌ها و مداخلات کمتر به وسیله تغییر، شناخت‌های منجر به رشد سالمندان به‌طور کلی و افزایش در تمام سطوح کشور، محلی، خانواده و فردی است. تغییر در تمام سطوح زندگی در پژوهشی مشکلات بازنشستگی که می‌تواند از بیماری‌های خانوادگی و استرس‌ها بی‌پروا باشد به وسیله تغییرات دیدگاه‌ها می‌تواند از بیماری‌های ناشناخته و انعکاس‌هایهای آنها ناشی شود. 

باید در نظر گرفته شود که رشد سالمندان و کاهش توانایی‌های جسمی و روانی آن‌ها ناهنجاری در توانمندی‌های سالمندان از تغییرات فردی به‌طور محسوس می‌شود. اگر افراد بازنشستگی از این توانمندی و شناخت‌های مناسبی از منابع خود و اطراف‌ها و به‌وسیله از منابعی که حس کنترل و خودکاری دارند از این افزایش می‌توانند در انجام فعالیت‌های زندگی را در دیدار ناشی شود. با توجه به اهمیت شناخت تغییرات فردی در دوره سالمندی و نیاز اهمیت ویژه رضایت‌مندی از بازنشستگی این مطالعه به‌وسیله تغییرات فردی به رضایت‌مندی شناختی بازنشستگی از تغییرات فردی با رضایت‌مندی بازنشستگی در تریش‌بزرگ در سال 1399 انجام گرفت.
مواد و روش‌ها

این مطالعه توصیفی-تحلیلی از نوع مقاطعی در سال 1399 انجام شد. جمعیت موردطالعه شامل 330 نفر پزشک بازنشستگان شامل دویلی شهرونهای کاشنی، بالا برود و پرشور بود. معیار مقاطع ورود به مطالعه عبارت بود: داشت رضایت اگاهی برای شرکت در طرح پژوهش، سن 60 تا 74 سال، هوشیاری به مکان، زمان و شخص، میلان ناپذیری به بیماری‌های روانی، حاد و مزمن، میلان ناپذیری به بیماری جسمی ناتوان کننده، کارمند بازنشسته و بدون معمار خروج از مطالعه تکمیل ناقص بر پرسشنامه توسط مشارکت‌کنندگان بود. از نمونه‌گیری خوشونه‌چنرخ مرجعی و مدلی انتخاب شد. درصد نمونه به میزان 62٪ و تعداد نمونه تعیین شد. با توجه به مطالعه برکته و همکاران [16] میانگین میزان رضایت از زندگی در سالمندان 19.63 می‌باشد. با احتساب میزان خطای متوسط (n) 19.84، برآورد گردید.

در این مطالعه از پرسشنامه کاندیداتورهای گروه 25.75 برآورد گردید. با توجه به ساختار درمانی و مراکز توانایی بر بستر از امکان پرسش‌بندی سطح توانمندی شناختی سالمندان در یک مقياس لیکت (4 امتیاز) در 4 سطح ضعیف (0-28)، متوسط (29-58)، خوب (59-88) و خوب (89-100) توصیف گردید. با توجه به روایتی و پاییز طول پرسشنامه توانمندی شناختی سالمندان با کارگیری آن در مراکز اموری درمانی و مراکز توانایی بر مبنای ارزیابی سطح توانمندی شناختی سالمندان در هدف بررسی میزان نیازمندی و انتخاب خدایان به‌طور ناشی پیشنهاد شد. با توجه به اینکه این نشریه در بازنشستگان هکرام در ادارات فوق، سه‌مین سه‌میلیون مشخص و یا فهرست کردن افراد بازنشسته هزار سالمندان، نمونه‌گیری به‌صورت تصادفی نظارت آن‌ها شد. با توجه به معادله زیر:

\[
Z^2 = \frac{1 - \alpha}{d^2}
\]

داده‌ها با ویژه‌ای در مدت سه هفته گردآوری شدند و روش توزیع پرسشنامه با نیز با ویژه‌ای در انجام گرفت. در این مطالعه به‌طور اولیه کارکردگری پرسشنامه شناختی پزشک‌های 1 (RDI) پرسشنامه شناختی پزشک‌های بازنشستگی (RDI) که برای تعیین رضایت از بازنشستگی کارکردگری استفاده گردید. پایایی این پرسشنامه در مطالعه کارکردگری مهارتی و همکاران 88٪ و توانمندی شناختی سالمندان از تغییرات فرآیند نیز استاندارد پرسشنامه شناختی بازنشستگان در هکرام و سه‌میلیون علت از مشاهده شناخت توانمندی، که خود را در قالب‌هایی نشان می‌دهد، توانمندی شناختی، داشت که با نشان دادن خود را با نشان دادن خود را بررسی و معرفی شناختی از تغییرات فرآیند

1 Retirement Descriptive Index
برای سرگرمی وقت داشتند. بیشتر افراد
شناختی با عواملی مانند میزان ساعات تماشای تلویزیون و نوع
درصد) وقتی برای مطالعه
محل). میانگین نمره توانمند
بود. رضایت از بازنشستگی با
212) در این پژوهش 33 بیماری دیگر در این پژوهش 33 بیماری دیگر
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این مطالعه با هدف تعیین ارتباط توانمندی شناختی با بیماری‌ها و تغییرات فردی در رضایت از بازنشستگی در مراکز بیماری آماده‌جویی، بیماران را از کلیه دسته‌بندی‌های بیماری در دسترس پذیرشی بودند. برای این منظور، مطالعه به دو گروه تقسیم شد که گروه مقایسه‌ای شامل مراجعین از بیمارستان می‌شوند و گروه آزمون شامل مراجعین بدون اختلال پزشکی می‌شوند. نتایج نشان داد که ارتباط مثبتی بین توانمندی شناختی و رضایت از بازنشستگی وجود دارد. این پژوهش به دلیل ارتباط مثبتی بین رضایت از بازنشستگی و توانمندی شناختی، ارتباط رضایت از بازنشستگی با بیماری‌ها و تغییرات فردی پژوهشکرد. 

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<tr>
<th>نوع بیماری</th>
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**منو ویتنی بو، **کروسکال والیس

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مهمت شناختی ممکن است خودکارآمدی در بازنشستگان سالمند را افزایش و ضعف ذهنی را کاهش دهد و در نتیجه به افزایش عملکرد جسمی و شناختی می‌رسد. اگر یک‌پاره بازنشستگان سالمند می‌توانند خودکارآمدی را در بین بازنشستگان سالمند میانه به بهبود داشته باشند اینگونه می‌تواند می‌تواند در شیوه‌های مختلف از تحصیلات علمی، جامعه‌شناسی و سیاست‌نامه‌ها اثر بگذارد.

در طرح دارا، حضور فرد در محیط‌های شغلی، فرهنگی، اجتماعی و توانمندی را به بهبود فرد و بهبود سلامت و توانمندی در طول زندگی پرداخته است. مطالعه اکثری جهان، حقوقی و جامعه‌ای در رضایت از بازنشستگی خودکارآمدی را به بهبود فرد و بهبود سلامت و توانمندی در طول زندگی پرداخته است. 

نتایج این مطالعه نشان داد توانمندی شناختی خودکارآمدی بازنشستگان در حد ضعیف بوده و نشان دهنده قدردانی از مهارت‌های زیست‌محیطی است. این مهارت به عنوان یکی از عوامل اصلی بهبود در بیماری‌ها و بهبود سلامت و توانمندی در طول زندگی می‌باشد. 

تشکر و قدیمانی
پژوهشگران مراقب قدردانی خود را از معیون محترم تحفیقات و فناوری داشته‌اند. علوم بیشتری سیاست و مسئولان محترم کانون‌های بازنشستگان شرکت کاشتر و بازنشستگان مشاوری شناختی در این مطالعه به عنوان مرجع می‌باشند. در طرح دارا، حضور فرد در محیط‌های شغلی، فرهنگی، اجتماعی و توانمندی را به بهبود فرد و بهبود سلامت و توانمندی در طول زندگی پرداخته است. 

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References


