

Satisfaction of Patients' Coronary Arteries in Related to Nursing and Medical Care

رضا مرضى الشرايين التاجية ذات العلاقة بالرعاية التمريضية والطبية

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المستخلص:

أهداف الدراسة: تهدف الدراسة إلى تقييم رضا مرضى الشرايين التاجية للرعاية المقدمة من الممرضة والطبيب ومعرفة العلاقة بين رضا المرضى مع الخصائص الاجتماعية والخصائص السريرية للمرضى

المنهجية: دراسة وصفية أجريت باستخدام تصميم منهج التقييم للمدة من ٣ حزيران ٢٠١٢ إلى ٣١ كانون الثاني ٢٠١٣. حيث تم اختيار عينة غير احتمالية شملت (٦٠) مريض من المرضى الذين كانوا يراجعون (المرضى الداخليين أو الخارجيين) إلى المستشفى التعليمي في بعقوبة مع تشخيص مرض الشريان التاجي. وقد تم بناء وتطوير الاستبيان من قبل الباحث بناء على مراجعة الأدبيات والبحوث السابقة لتقييم رضا لرعاية وتكونت من (٣) أجزاء. الجزء الأول شمل الخصائص الديموغرافية وشملت المعلومات، العمر، الجنس، المستوى التعليمي، الحالة الاجتماعية، والدخل الشهري، وشمل الجزء الثاني البيانات السريرية أما الجزء الثالث احتوى فقرات المعلومات المتعلقة بالحالة المرضية. تم تحديد الثبات من خلال استعمال مقياس (الاختبار القبلي والبعدي) وتم تحديد مصداقية الاستبانة من خلال عرضها على الخبراء من ذوي الاختصاص وتم تحليل البيانات باستعمال الاحصاء الوصفي (التكرار والنسبة المئوية) والاحصاء الاستدلالي (معامل ارتباط بيرسون واختبار t).

النتائج: أظهرت نتائج الدراسة أن أعلى نسبة (٥٣,٣%) هو الذكور تحت الفئات العمرية (٦٠-٦٩) و (٣٦,٧%) منهم غير قادرين على القراءة والكتابة وأظهرت الدراسة أن (٧٥,٠%) من العينة متزوجات، (٤١,٧%) من عينة الإناث وريبات البيوت (٦١,٧%) ممن شملهم الاستطلاع يعيشون في المدينة، و (٩١,٧%) من العينة كان مصدر واحد للدخل الشهري و (٦١,٧%) من العينة اشاروا بعدم كفاية الدخل الشهري. و ظهرت نتائج الدراسة أن المرضى الذين يعانون من مرض الشريان التاجي غير راضين عن مستوى الرعاية المقدمة من الممرضة والطبيب في معظم المجالات.

التوصيات: أوصت الدراسة بضرورة إعداد برنامج تدريبي لمقدمي الرعاية الصحية للمريض لغرض توجيهه و تعريف المرض للمريض و كل ما يتعلق بهذا المرض.

Abstract:

Objectives of the study: The study aims to assess satisfy of the coronary artery patients for the care product from the nurse and physician and to find out the relationship between patient satisfaction with the social and the clinical characteristics of the patients.

Methodology: A descriptive design study conducted using the evaluation approach for the duration of June 3rd 2012 to January 31, 2013. Non-probability sample of (60) patients who were visiting or admitted (inpatient or outpatient) to the teaching hospital in Baquba with the diagnosis of coronary artery disease. A questionnaire have been built and develop by the researcher based on review of literature and previous research, the form included of (3) parts: Part I demographic characteristics such as age, gender, education level, marital status, occupation, monthly income, the second part of clinical data and the third part assessing the satisfaction of patient about the quality of the physicians care, the quality of nurses care and satisfaction in general. ⁽¹²⁾ Reliability was identified through the use of (test and retest).The validity was identified by offering experts with competence. The data were analyzed using descriptive statistics and inferential statistical analysis approach

Results: The results of the study showed that the highest percentage (53.3%) was males under age groups (60-69) and (36.7%) of the sample were unable to read and write. The study showed that (75.0%) of the sample were married, (41.7%) of the sample were female and housewife (61.7%) of the respondents live in the city, and (91.7%) of the sample had one source of income and (61.7%) of the sample had not sufficiently a monthly income. The results of the study shows that the patients with coronary artery disease were not satisfy with the care provided by the nurse, the physician and general care in most of the sub domains.

Recommendations: The study recommended there is a need to writing standard education program for the nurse and the physician in cardiac care unit to improve the care provided to the patient and establishment cardiac center rehabilitation in all governorate to produce the service to the patient

Keyword: satisfaction, in patient satisfaction.

Introduction:-

According to the World Health Organization, chronic diseases are responsible for 63% of all deaths in the world, with cardiovascular disease as the leading cause of death ^(1,2) and in the UK, USA, Canada and Australia. 25.4% of all deaths in the USA today are caused by heart disease ⁽³⁾.

Coronary artery disease remains the single most common cause of death in the United States, European Union ⁽⁴⁾. It is the largest single killer of American males and females ⁽⁵⁾. Cardiovascular disease is the leading cause of death in the United Kingdom, accounting for around 191,000 (or 1 in 3) deaths every year. Coronary heart disease causes the death of 1 in every 4 men and 1 in every 6 women in the United Kingdom ⁽³⁾. (CVD) accounted for more than 238,000 deaths in the UK in 2002. 39 percent of deaths in the UK are from CVD. 35 percent of premature deaths in men and 27 percent of women are from CVD ⁽⁶⁾.

The good health of nations is a key to human development and economic growth and it is important to analyze health systems' performance and to share what knew with governments and the international community ⁽⁷⁾.

Dictionary definitions attribute the term "satisfaction" to the Latin root status, meaning "enough". Something that satisfies will adequately fulfill expectations, needs or desires, and by giving what is required, leaves no room for complaint. The term satisfaction has a very particular use in health care, where it is an essential component of evaluations, and is used to make economic and resource decisions. Patient satisfaction is a summary term that refers to the diverse range of patients' reactions to the experience of health care. It is increasingly assessed in surveys of health care settings as a measure of the quality of care ⁽⁸⁾. Satisfaction is a relative concept, it is a reflection of consumers' evaluations of the quality of care they receive, compared with a subjective standard ⁽⁹⁾.

Patient satisfaction is one of the most important indicators for service excellence ⁽¹⁰⁾. Patient satisfaction is the health care recipient's reaction to aspects of the service experience. Patient satisfaction belongs to the service dimension as opposed to the technical dimension of quality of care. Most patients report few problems related to the technical quality of care in hospitals and moreover do not feel qualified to judge technical quality and therefore assume technical competence ⁽¹¹⁾.

The objective of our study is to assess the satisfaction of patients with coronary artery disease related to their disease and to find out the relationship between the satisfaction and clinical characteristic.

Methodology:

A descriptive design study was carried out in Baquba teaching hospital in Diyala governorate. The study was initiated from June 3rd 2012 to January 31 2013. Non-probability sample of (60) patients who were visiting or admitted (inpatient or outpatient) to the hospital with the diagnosis of coronary artery disease or previous history attended the teaching Baquba hospital. Exclusion criteria included patients who were too ill to approach, and who had cognitive deficits that would interfere with questionnaire completion.

A questionnaire was adapted and developed to measure the patient satisfaction scale ⁽¹²⁾. The developed questionnaire consists of (3) parts.

Part I. Demographic data: It is concerned with demographic characteristics information such as; age, gender, level of education, marital state, occupation, residence and monthly income.

Part II clinical data: It includes information of patient about the disease such as; current diagnosis, duration of disease, the number of admission to hospital, previous disease, the period of hypertension and diabetes mellitus, have information about health state and the source of information.

Part III- satisfaction questionnaires: The presented questionnaires are adopted and

modify from a review of previous research to assess the satisfaction of patient with coronary artery disease. It is composed of (3) domains these are (Quality of Physicians care contains (9) items. Quality of Nursing care contains (8) items and general hospital service care contains (3) items).⁽¹²⁾ the questionnaire were rated and scored by five level type option scales (liker's scale); as (excellent, very good, good, medium and poor or weak).⁽¹³⁾ For rating the items scored as 5 for excellent, 4 for very good, 3 for good, 2 for medium and 1 for poor. The highest score of the questionnaire, the greater satisfy of

patient for quality of care. The Content validity was determined for the instrument through a panel of experts. As a result of conducting a Pilot study, reliability was determined by the test and retest method, and Pearson rank formula. Reliability coefficients were (0.88).

Data were collected through the utilization of the developed questionnaires and the interview technique as a means of data collection. The data were analyzed using descriptive statistics and inferential statistical analysis approach.

Results:

Table 1. The socio- demographic characteristic of the study sample (sample size =60)

Sample characteristic	frequency	Percentage	Cumulative
Age	30-39	4	6.7
	40-49	7	11.6
	50-59	10	16.7
	60-69	25	41.6
	70-79	10	16.7
	80 and above	4	6.7
Gender	Male	32	53.3
	Female	28	46.7
Level of education	Not read and write	22	36.7
	Read and write	9	15.0
	Elementary	11	18.3
	Junior	13	21.7
	Diploma	2	3.3
	Bachelor	3	5.0
Marital state	Single	1	1.7
	Married	45	75.0
	Divorced	1	1.7
	Widowed	13	21.7
Occupation	Employee	6	10.0
	Self-employee	12	20.0
	Retired	17	28.3
	Housewife	25	41.7
Residency	City	37	61.7
	Village	23	38.3
Financial Source	One source	55	91.7
	Two source	5	8.3
Average monthly income	Sufficient	4	6.7
	Barely Sufficient	19	31.6
	Not Sufficient	37	61.7
Smoking	Previously	16	26.7
	Still smoking	21	35.0
	Not smoking	23	38.3

Table (1) showed that the highest percentage (53.3%) was males at age group (60-69), and the highest percentage (36.7%) of the sample cannot read and write. About marital state the highest percentage (75.0 %) of samples was married and (61.7 %) live in the city.

Concerning the occupational status the study presented the highest (41.7%) of samples are housewife. and about the average of monthly income the majority (91.7%) of samples has one source of income and the highest percentage of samples (61.7%) where their monthly income not sufficient.

Regarding to the smoking the highest percentage (38.3%) of samples was not smoking and (35.0%) of them is still smoking.

Table 2. The clinical characteristics of the study sample (sample size =60)

Clinical characteristic		F.	%	Cum.
Current Diagnosis	Angina	28	46.7	46.7
	MI	32	53.3	100.0
Duration of illness	Less than one month	21	35.0	35.0
	1-6 months	4	6.7	41.7
	6-12 months	14	23.3	65.0
	More than 1year-5 years	13	21.7	86.7
	More than 5 years	8	13.3	100.0
Previously admitted to hospital	Yes	26	43.3	43.3
	No	34	56.7	100.0
If the answer yes the number of previously admitted to hospital	1-3	16	26.7	26.7
	4-7	5	8.3	35
	More than 8	5	8.3	43.3
	Nil	34	56.7	100.0
Previous disease	HT	13	21.7	21.7
	DM	6	10.0	31.7
	HT+ DM	10	16.7	48.3
	HT+ DM + Atherosclerosis	2	3.3	51.7
	No previous disease	29	48.3	100.0
Incidence of blood pressure	Less than one year	1	1.7	1.7
	1-3 years	3	5.0	6.7
	4-8 years	9	15.0	21.7
	More than 8 years	12	20.0	41.7
	Nil	35	58.3	100.0
Incidence of diabetes	Less than one year	1	1.7	1.7
	4-8 years	9	15.0	16.7
	More than 8 years	8	13.3	30.0
	Nil	42	70.0	100.0
Catheterization	Yes	6	10.0	10.0
	No	54	90.0	100.0

F= frequency, %= percentage, cum=cumulative MI= myocardial infarction, DM=diabetes mellitus, HT= hypertension

Table (2) presented that the (53.3%) of the sample is MI and less than one month (35.0%). The (43.3%) of the sample is admitted to hospitals about (1-3) time while (56.7%) of the sample not admitted.

Regarding to the previous disease the (31.0%) of the sample have BP, DM, BP and DM or BP and DM and Atherosclerosis while the (48.3%) of the sample no have previous disease. The finding shows the duration of incidence of the previous disease was 8 years and more.

Concerning to the catheterization (90.0%) of the sample were not do any cardiac intervention while except (10.0%) made catheterization.

Table 3. Satisfaction domain and sub domain of the study sample

	domains	Mean of score	SD.	RS
1-	Physician care			
	ability to get an appointment with doctor	1.77	.745	35.4
	spending enough time with your doctor	1.87	.77	37.4
	your doctor is best for you	1.95	.746	39.0
	friendly and courteous doctor deal with you	2.32	.833	46.4
	instruction your doctor	1.65	.820	33.0
	understand your doctor for your health need	1.50	.770	30.0
	information obtained from doctor about health	1.20	.480	24.0
	information obtained from doctor about current treatment	1.08	.334	21.5
	information obtained from doctor about test result	1.07	.252	21.4
	Total physician care	1.6	.422	32
2-	Nursing care			
	Nursing care to the patient	2.98	.390	59.6
	Treat them with you	2.97	.410	59.4
	To give you enough time	2.92	.424	58.4
	To answer your question	2.82	.596	56.4
	Attention that went for you convenience	2.45	.723	49.0
	Information obtain from nurse about current treatment	1.12	.415	22.4
	Information obtain from nurse about health	1.10	.399	22.0
	Information obtain from nurse about test result	1.02	.129	20.4
	Total Nursing care	2.17	.296	43.4
3-	General care			
	Care provider during stay in hospital	2.73	.634	54.6
	Doctor decision discharge from hospital	2.0	.759	40.0
	Medical advisory service from hospital	1.47	.596	29.4
	Total General care	2.06	.496	41.2

SD= standard deviation, RS= Relative sufficiency

Table (3) presented the mean, stander deviation and relative sufficiency of the domain and sub-domain of the satisfaction. The RS of the items show low score in quality of the medical care. Concerning to the nursing care the table revealed the (RS) of the items was low score in satisfaction of quality of nursing care

Table 4. Association between socio-demographic characteristics of coronary artery disease patients and their satisfaction with the nursing and medical care

Sample characteristic		Frequency.	Mean± SD	Significance
Age	30-39	4	38.00±1.63	F=.429 P=.826 Df=5
	40-49	7	37.71±5.40	
	50-59	10	39.40±5.92	
	60-69	25	37.24±4.63	
	70-79	10	39.10±6.02	
	80 and above	4	36.50±4.43	
Gender	Male	32	37.50±5.37	t=-.775 P=.094 Df=58
	Female	28	38.50±4.50	
Level of education	Not read	22	37.54±5.65	F=1.268 P=.291 Df=5
	Read and write	9	38.33±2.50	
	Elementary	11	38.81±3.21	
	Junior	13	37.53±5.82	
	Diploma	2	32.00±4.24	
	Bachelor	3	42.66±5.13	

Table 4. Continues

Marital state	Single	1	38.00±	F=.116 P=.951 Df=3
	Married	45	38.02±5.20	
	Divorced	1	35.00±	
	Widowed	13	38.00±4.61	
Occupation	Employee	6	35.50±1.37	F=1.687 P=.180 Df=3
	Self-employee	12	39.41±4.16	
	Retired	17	36.47±6.29	
	Housewife	25	38.88±4.56	
Residency	City	37	37.89±5.68	t=-.147 P=.029 Df=58
	Village	23	38.08±3.65	
Financial source	One source	55	37.80±4.93	t=-.860 P=.555 Df=58
	Two source	5	39.80±5.49	
Average monthly income	Sufficient	4	34.50±4.12	F=1.088 P=.344 Df=2
	Barely Sufficient	19	37.94±3.86	
	Not Sufficient	37	38.35±5.48	
Smoking	Previously	16	37.81±4.63	F=.207 P=.813 Df=2
	Now	21	37.52±4.93	
	Not smoking	23	38.47±5.37	

SD= stander deviation, Sig= significance, t= independent samples t test, F = F-statistics, P value= probability level, DF= degree of freedom.

Table (4) presented no statistical difference between socio-demographic characteristics of coronary artery disease patients and their satisfaction with the quality of medical and nursing care at $p \leq 0.05$, except residency.

Table 5. Association between clinical characteristic of coronary artery disease patients and their satisfaction with the nursing and medical care

Sample characteristic		frequency	Mean± SD	Significance
Current Diagnosis	Angina	28	39.96±4.93	t=3.12 P=.511 Df=58
	MI	32	36.21±4.36	
Duration of illness	Less than one month	21	37.19±5.01	F=1.453 P=.229 Df=4
	1-6 months	4	38.75±5.73	
	6-12 months	14	36.14±5.11	
	More than 1year-5 years	13	39.38±5.31	
	More than 5 years	8	40.50±2.26	
Previously admitted to hospital	Yes	26	39.57±4.82	t=2.272 P=.799 Df=58
	No	34	36.73±4.78	
If the answer yes	1-3	16	40.56±4.76	F=2.616 P=.060 Df=3
	4-7	5	39.40±4.97	
	More than 8	5	36.60±4.56	
	Nil	34	36.73±4.78	
Previous disease	BP	13	37.69±4.32	F=.054 P=.994 Df=4
	DM	6	37.33±2.50	
	HT+ DM	10	38.10±5.74	
	HT+ DM+ Atherosclerosis	2	37.50±12.0	
	No previous disease	29	38.20±5.18	

Table 5. Continues

Incidence of blood pressure	Less than one year	1	39.00±	F=1.297 P=.283 Df=4
	1-3 years	3	33.33±6.11	
	4-8 years	9	36.55±4.44	
	More than 8 years	12	39.83±5.30	
	Nil	35	38.05±4.81	
Incidence of diabetes	Less than one year	1	46.00±	F=2.218 P=.096 Df=3
	4-8 years	9	35.22±4.84	
	More than 8 years	8	39.62±4.37	
	Nil	42	38.04±4.88	
Catheterization	Yes	6	38.83±5.77	t=.447 P=.806 Df=58
	No	54	37.87±4.92	
Get of Information	Yes	23	39.65±4.90	t=2.134 P=.913 Df=58
	No	37	36.91±4.77	
Source of information	Physician	14	40.92±3.79	F=3.110 P=.022 Df=4
	Nurse	5	40.40±5.02	
	Health worker	2	36.50±7.77	
	Media	2	32.00±4.24	
	Nil	37	36.91±4.77	

MI= myocardial infarction, DM=diabetes mellitus, HT= hypertension, SD= standard deviation, t= independent samples t test, F = F-statistics, P value= probability level, df= degree of freedom.

Table (5) revealed that no statistical deference between clinical characteristics of coronary artery disease patients with their satisfaction of quality of medical and nursing care at $p \leq 0.05$ accept the source of information presented statistical deference at $p \leq 0.05$.

Discussion:

The demographic characteristics of coronary artery disease patients (Table 1)

Regard to the gender the study presented that the males with high percentage (53.3%) of sample. This result agrees with evidence which is available in study that reports men have a greater risk of heart attack than women do, and men have heart attacks earlier in life than women⁽²³⁾. However, the age of 70 years and over, the risk consider is equal for men and women.

Concerning of the occupational state the study presented the highest (41.7%) of samples are housewife. and about the average monthly income the (91.7%) of samples have one source of income and the highest percentage of samples (61.7%) not sufficient monthly income. These results agree with evidence is available in the studies that mentioned a total of 450. (66.4%) of the study population comprised of males. The majority of the patients (58.9%)

were in rural areas. 53.55% were employed while the rest were students, housewives, or were retired. Most of the patients (87.2%) were married⁽²¹⁾.

The clinical characteristics of coronary artery disease patients (Table 2)

Concerning to the current diagnosis the study presented that the (53.3%) of the sample is MI and less than one month (35.0%). The (43.3%) of sample is admitted to hospitals about (1-3) time. This result supportive evidence is available in the study that stated the (53%) had a confirmed myocardial infarction, and 47% had unstable angina⁽²⁴⁾.

Regarding to the previous disease the (31.0%) of the sample have BP, DM, BP and DM or BP and DM and Atherosclerosis while the (48.3%) of the sample no have previous disease. The finding show the duration of incidence of the previous disease was 8 years and more. This result supportive evidence is available in the study that indicated the hypertension and

diabetes mellitus were the two most common illnesses afflicting CAD patients⁽¹⁸⁾.

Concerning to the catheterization the (90.0%) of the samples were not do any cardiac intervention while except (10.0%) were make catheterization. That's the reason for the reluctance of patients for cardiac catheterization procedure due to the absence of a special catheter center in the governorate and the consequent transfer or refer them to other centers outside the governorate and this needs to be additional expenses may be most families are unable to cover.

Concerning to the source of information the study showing that the (61.7%) of the sample reported no getting of information during admitted to hospital while the (23.3%) of the sample have the information from the physician and (8.3%) from the nurse. This results aren't consistent evidence is available in the study that revealed in their study that revealed the majority of patients (69.4%) indicated the most information from nurse, while (30%) indicated physician⁽¹⁴⁾.

Association between socio-demographic characteristics of coronary artery disease patients and their satisfaction with the nursing and medical care (Table 4)

The study presented no statistical difference between socio-demographic characteristics and the Satisfaction of patients with quality of medical and nursing care at $p \leq 0.05$, accept residency. These results consistent evidence is available in the studies that stated there is a weak association between patients' age and in patient satisfaction with the quality of hospital services^(15, 25). And these findings is disagree with findings available in the study that stated a statistically significant relationship exists between patient reports of nurse caring and satisfaction with nursing care ($r=0.72$, $p=0.000$)⁽²²⁾.

The evidence is available in the study that found a wide variation of responses with satisfaction slightly above the midpoint. Specifically, 73% felt that they needed more information about the effect of angina on their

daily activities. The patients who had been hospitalized with angina were dissatisfied with the amount of information that they were given⁽²⁶⁾.

Association between clinical characteristics of coronary artery disease patients and their satisfaction with the nursing and medical care (Table 5)

The study revealed that no statistical significance difference between clinical characteristics and the Satisfaction of patients with medical and nursing care at $p \leq 0.05$ except the source of information presented statistical difference at $p \leq 0.05$. These results supported evidence is available in the study that revealed the positive correlation between overall satisfaction and the amount of information received during hospital stay was low, but significant ($q = 0.20$; $p = 0.049$, respectively). The more information the patient reported to receive, the more satisfied he/she was with the hospital stay in general⁽²⁰⁾. And these results disagree with evidence is available in the study that stated the overall satisfaction of patients with ACS was significantly associated ($p < 0.05$)⁽¹⁶⁾.

Also, the finding supportive evidence is available in study that reports about the quality domains generating, the greatest dissatisfaction (information about condition, cost of care available and ease getting to the doctors)⁽¹⁷⁾.

The present study revealed that dissatisfaction of patients with coronary artery disease of medical and nursing care

Recommendations:

1. The study recommended the need to set up a training program for health team of health care providers of the patient for the purpose of guiding and definition of patient illness and related.
2. Pamphlets or manual should distribute to coronary artery disease patients that include information regarding disease, treatment, and lifestyle, nutritional and other information.
3. Establishment of a center for heart surgery in each governorate to provide services directly to patients and without transport or transferred to

other hospitals outside the governorate and these contain all the centers and devices and materials that cover the needs of this governorate.

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