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Religiosity and Patient Engagement in their Healthcare Among Hospital Survivors of an Acute Coronary Syndrome

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Background

• Approximately 1.4 million patients are hospitalized for an Acute Coronary Syndrome (ACS) annually in the United States.

• Optimum management after an ACS requires considerable patient engagement/activation.

• Religious practices permeate people’s lives and may influence engagement in their healthcare. Little is known about the relationship between religiosity and patient activation in hospital survivors of an ACS.

Objectives

• Estimate the prevalence of religious involvement in survivors of an ACS.

• Evaluate the association between religiosity and patient activation/engagement in survivors of an ACS.

Methods

• Data Source: The Transitions, Risks, and Actions in Coronary Events Center for Outcomes Research and Education Study (TRACE-CORE)

• Analytic Sample: Patients (n=2,067) discharged after an ACS from six hospitals in MA and GA (2011-2013).

• Exposure: Three measures of religiosity: strength and comfort from religion, petition prayers for health, and intercessory prayers for health.

• Outcome: Patient activation assessed with the 6-item Patient Activation Measure, and categorized as low (levels 1 and 2) or high (levels 3 and 4).

• Analysis: Logistic regression used to examine the association between religiosity and patient activation.

Results

• Overall, 58% of patients had low levels of activation (Fig 1).

• Patients reported a high prevalence of strength/comfort from religion, petition and intercessory prayers for health (Fig 2).

• A great deal (adjusted OR (aOR): 2.02; 95% CI: 1.44-2.84), little/some (aOR:1.45; 95% CI: 1.07-1.98) strength and comfort from religion were associated with high activation as were intercessory prayers (aOR: 1.48; 95% CI: 1.07-2.05). Petition prayers for health was associated with low activation (aOR: 0.78; 95% CI: 0.61-0.99) (Table 2).

Conclusion and Practice Implication

• Majority of ACS survivors engage in religious practices for their health.

• For a holistic approach in patient care, healthcare providers should ascertain how patient’s religiosity/spirituality may influence their engagement with their healthcare.

Future Research

• Evaluate the relationship between religiosity and patient quality of life.

• Examine the association between religiosity and outcomes including readmissions and survival.

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