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Mar 22nd, 12:00 PM

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


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### Repository Citation

Abu HO, McManus DD, Kiefe CI, Goldberg RJ. (2019). Religiosity and Patient Engagement in their Healthcare Among Hospital Survivors of an Acute Coronary Syndrome. Community Engagement and Research Symposia. <https://doi.org/10.13028/vb4f-cr19>. Retrieved from [https://escholarship.umassmed.edu/chr\\_symposium/2019/posters/12](https://escholarship.umassmed.edu/chr_symposium/2019/posters/12)

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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.

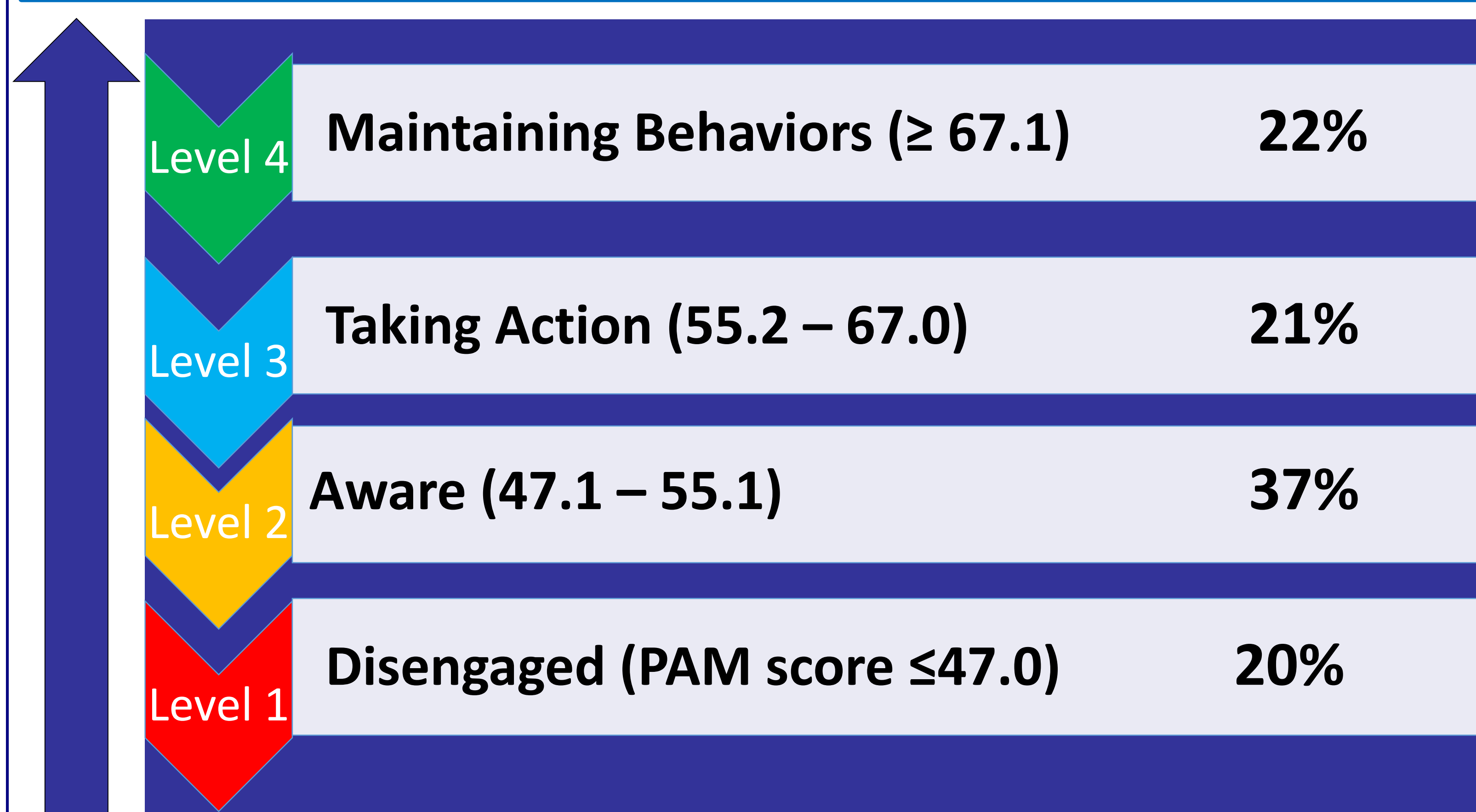
## Objectives

- 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.

**Fig 1. Patient Activation During Hospitalization**



**Table 1. Study Participant Characteristics**

Characteristic	Petition Prayers for Health	
	Yes (n= 1,258)	No (n=809)
<b>Sociodemographic</b>		
Age, mean(yrs)	62	60
Women	41%	22%
Non-Hispanic Black	22%	6%
$\leq$ High school education	50%	43%
<b>Behavioral and Clinical</b>		
Non-Smoker	34%	25%
No Alcohol use	50%	33%
Length of stay, $\geq 3$ days	56%	47%
Cardiac rehabilitation referral	31%	49%
<b>Psychosocial</b>		
Low health literacy	36%	39%
High perceived stress	54%	40%
Moderate/Severe Depression	26%	16%
Moderate/Severe Anxiety	31%	21%

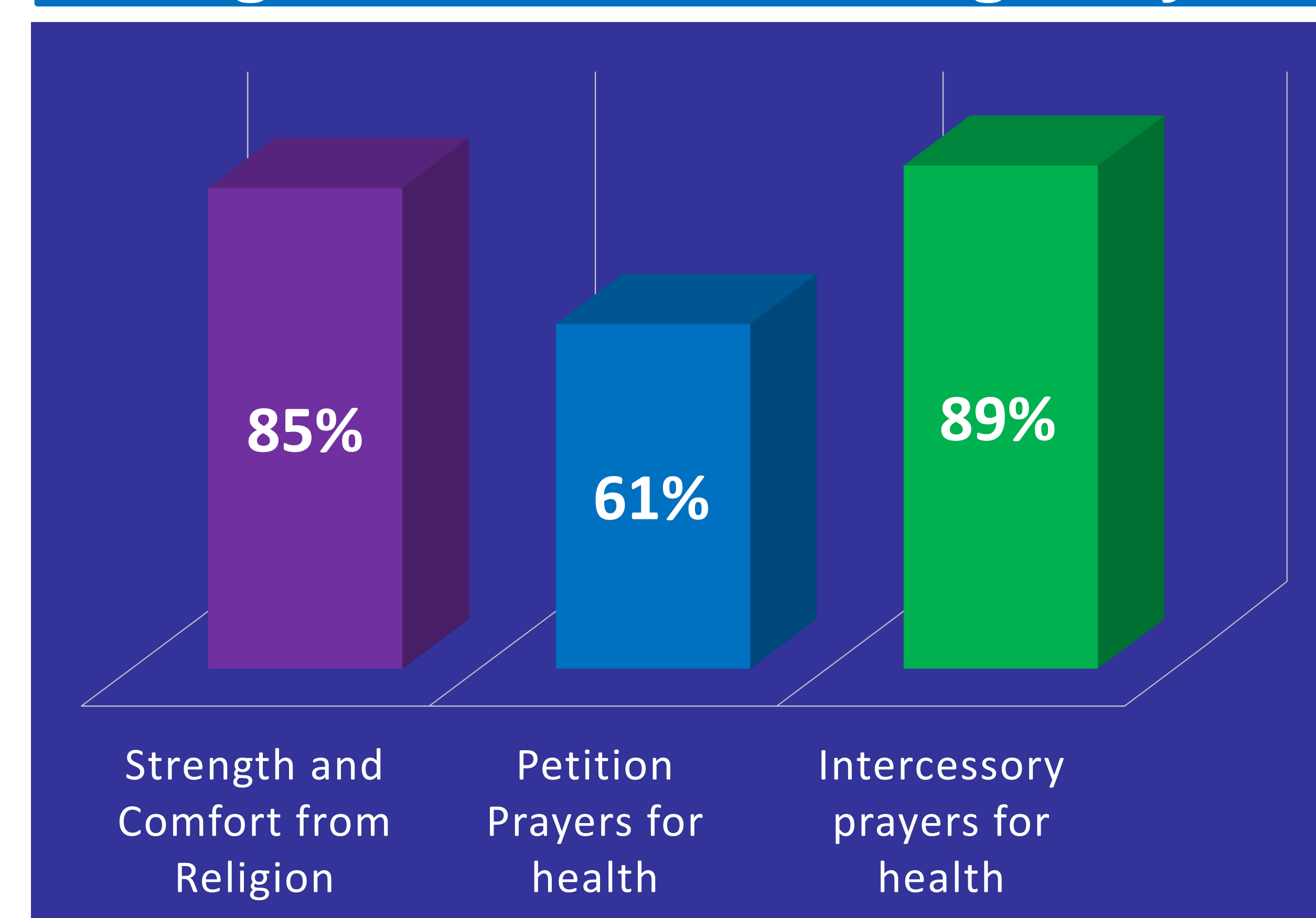
## Results

- 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).

## Acknowledgements

Funded by the National Heart, Lung, and Blood Institute (NHLBI U01HL105268)

**Fig 2. Prevalence of religiosity**



**Table 2. Association between religiosity and patient activation**

Religiosity Measures	Low Patient Activation (%)	*Adjusted Odds Ratios (95% CI)
<b>Strength and Comfort from Religion</b>		
A great deal	56	2.02 (1.44-2.84)
A little/Some	58	1.45 (1.07-1.98)
None	64	Ref
<b>Petition prayers for health</b>		
Yes	58	0.78 (0.61-0.99)
No	57	Ref
<b>Intercessory prayers for health</b>		
Yes	56	1.48 (1.07-2.05)
No	67	Ref

\*Adjusted for age, gender, race/ethnicity, level of education, ACS type, length of index hospitalization, comorbidities, health literacy, depression, anxiety and perceived stress

## 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.