



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

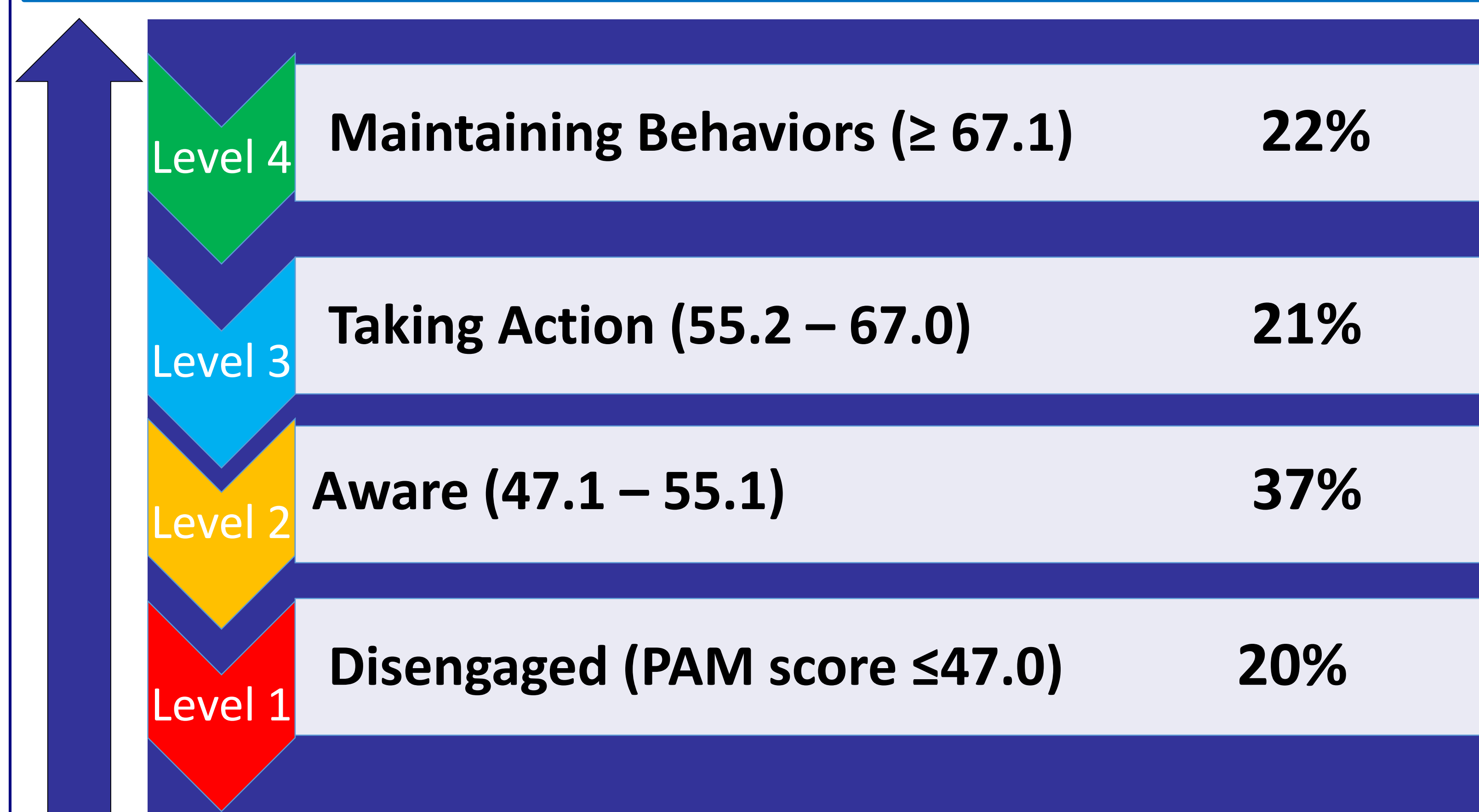


Table 1. Study Participant Characteristics

Characteristic	Petition Prayers for Health	
	Yes (n= 1,258)	No (n=809)
Sociodemographic		
Age, mean(yrs)	62	60
Women	41%	22%
Non-Hispanic Black	22%	6%
\leq High school education	50%	43%
Behavioral and Clinical		
Non-Smoker	34%	25%
No Alcohol use	50%	33%
Length of stay, ≥ 3 days	56%	47%
Cardiac rehabilitation referral	31%	49%
Psychosocial		
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).

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Fig 2. Prevalence of religiosity

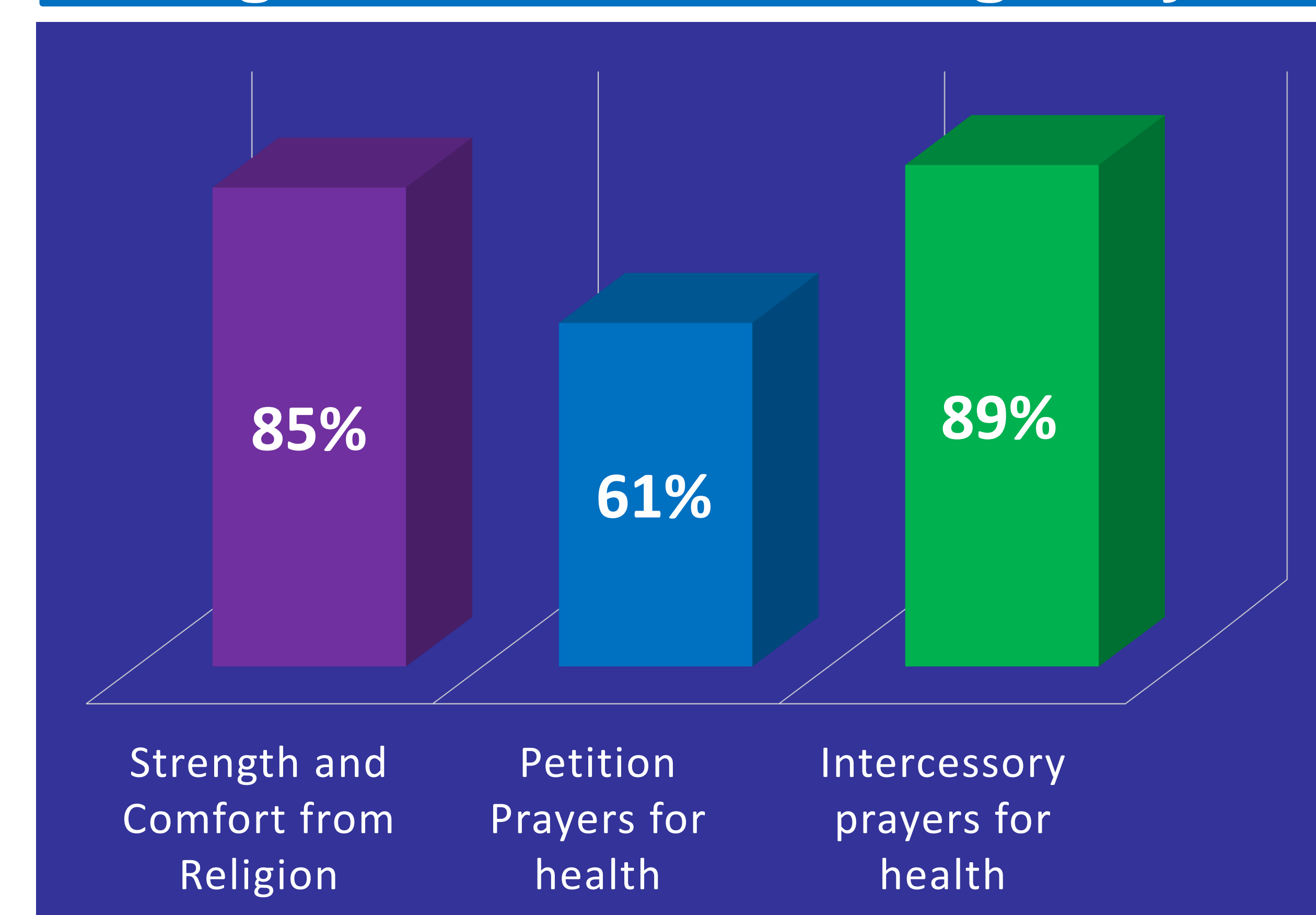


Table 2. Association between religiosity and patient activation

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