



GRADUATE SCHOOL OF BIOMEDICAL SCIENCES CLINICAL & POPULATION HEALTH RESEARCH PROGRAM

Ph.D. THESIS DEFENSE

HAWA OZIEN ABU

MENTOR: Caterina Kiefe, PhD, MD

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Religiosity and Patient Activation and Health Outcomes in Hospital Survivors of an Acute Coronary Syndrome

Religious beliefs and practices are widespread and may influence patient engagement with their healthcare (patient activation) and health outcomes. This dissertation examined the influence of religiosity on patient activation, changes in health-related quality of life (HRQOL), readmissions, and survival after hospitalization for acute coronary syndrome (ACS). We used TRACE-CORE data, a prospective cohort which recruited over 2,000 hospital survivors of ACS in Central Massachusetts and Georgia between 2011-2013. Most study participants acknowledged deriving strength/comfort from religion, praying for their health, and were aware of intercessions made for their health. After adjustment for several sociodemographic, psychosocial, and clinical variables, reports of strength/comfort from religion and receipt of intercessions were associated with high levels of patient activation. Praying for one's health was associated with low activation levels. Petition and intercessory prayers for health were associated with clinically meaningful increases in disease-specific and physical HRQOL within six months of discharge for ACS. Neither strength/comfort from religion, petition, nor intercessory prayers were significantly associated with unscheduled 30-day readmissions and two-year all-cause mortality. These results suggest that most patients use their religious beliefs and practices to cope with a potentially life-threatening illness and that religiosity may influence patient engagement in their healthcare. Since the Joint Commission for Accreditation of Hospital Organization recommends that a spiritual history be taken on all patients admitted to hospitals, our findings buttress the need for healthcare providers to acknowledge and integrate patients' spirituality or religiosity in their management using patient-centered care and shared decision making for improved patient health outcomes.

Mentor(s)

Catarina Kiefe, PhD, MD

Dissertation Exam Committee

Lori Pbert, PhD (Chair)

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