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Religious Spiritual Coping in African American Women with Hypertension

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INTRODUCTION

In the U.S. an estimated 77.9 million Americans have hypertension (HTN) and 59 million have pre-hypertension. HTN accounts for one in six deaths in the U.S. African American (AA) women have a very high prevalence of HTN (44.0%) and higher cardiovascular mortality at all ages. Treatment Adherence is essential for blood pressure control and estimates of adherence to hypertension treatment are 51%. African Americans have lower adherence rates than Whites. Evidence shows a strong connection between religion, spirituality and physical health.

PURPOSE

To identify the religious/spiritual (R/S) coping behaviors of African American (AA) women with primary hypertension, and explore how R/S coping influences adherence to high blood pressure (HBP) therapy.

METHODS

- Design: A mixed method research design with a concurrent triangulation approach.
- Setting: Baptist Church in Rural East Texas
- Sample: N=20 African American Women With Hypertension



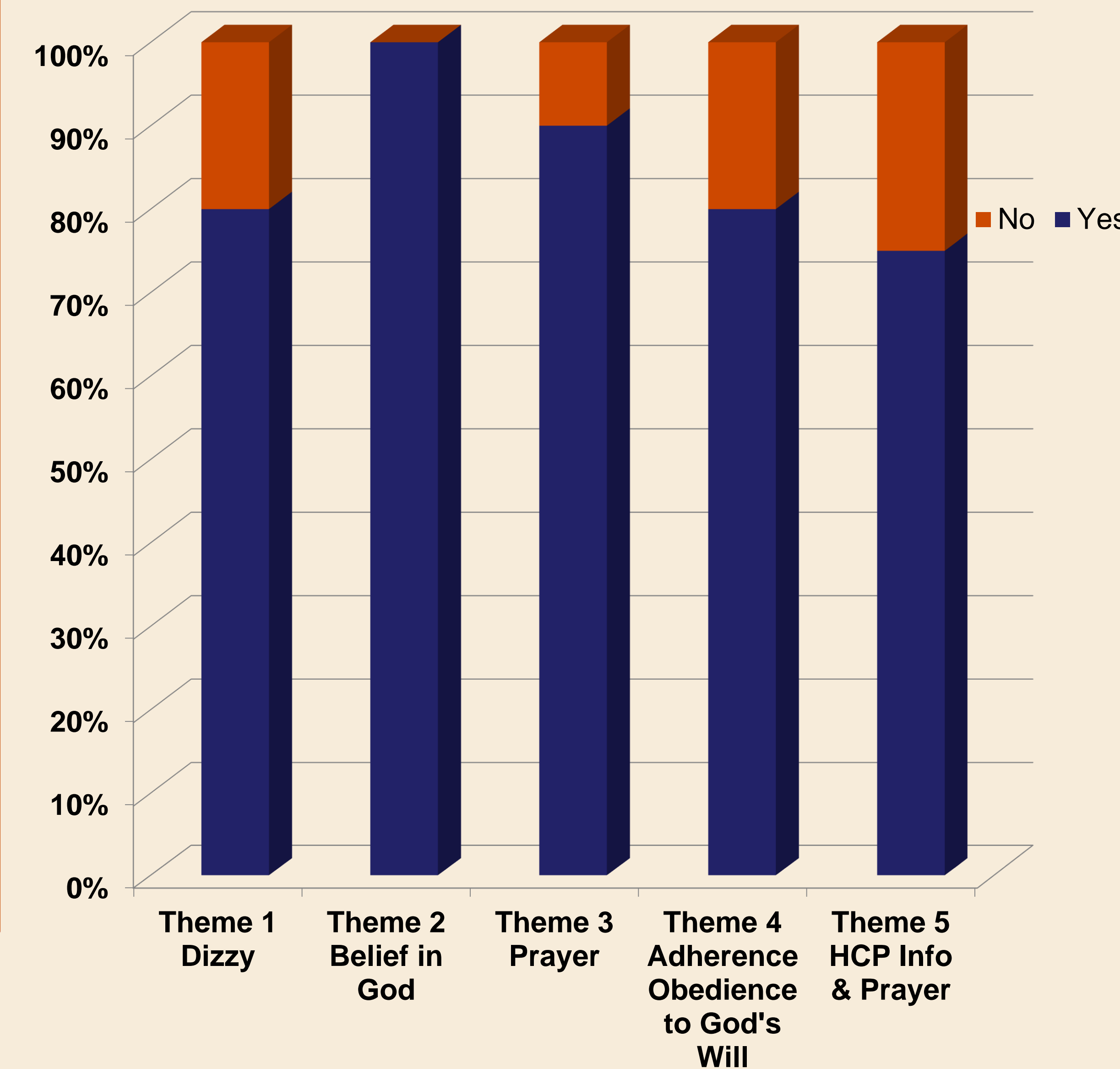
MEASUREMENTS/INSTRUMENTS

- Sociodemographic Survey
- BP, Weight, Height, BMI
- The Hill-Bone Compliance to High Blood Pressure Therapy Scale (HBCHBPT)
- The Brief Multidimensional Measurement of Religiousness /Spirituality Questionnaire (BRIEF COPE)
- Semi-structured Interview Guide

RESULTS

Themes

- (1) Feelings of dizziness, lightheaded, sick
- (2) Belief in God or Supreme Being
- (3) Prayer as primary coping mechanism
- (4) Adherence is conceptualized as obedience to God's will
- (5) Healthcare providers can pray, provide information



DISCUSSION

The Mean BP was controlled and adherence scores indicated 80% adherence for 65% (n=13) of participants. R/S coping behaviors were present in 90% (n=18) and the R/S connection to adherence was identified in 80% (n=14) of the women. All (100%) participants identified with a belief in God and prayer was used by participants as the most powerful method of managing their high blood pressure, taking medicine, and coping with stressors.

Participant "A" stated, "I just talk to God and ask *Him* to help me remember to take it (BP med)."

CONCLUSIONS

This study affirms the positive influence of religious/spiritual coping on adherence to high blood pressure treatment. The importance of religious/spiritual coping warrants further research in other populations.

Clinical implications: R/S coping methods can serve as a means to empower patients with chronic diseases.

Variable	Mean	SD
Age (Years)	64	±11.6
BMI	37	±1.76
BP	133/85	±20/12
HBCHBPT Score	21.15	±6.31
Sodium Subscale	6.5	±2.25
Appointment	4.7	±1.26
Medication	11.7	±3.7