



REVIEW ARTICLE

The relevance of gender in the care of hip fracture patients

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Review

Abstract As in many conditions, gender interplays with other social structures of inequality to impact upon women's and men's health and healthcare. This narrative review examines knowledge about sex, gender and hip fracture and suggests ways of highlighting the influence of gender in hip fracture healthcare. These will be considered in relation to two areas. Firstly the multifactorial dimension of hip fractures which identifies ethnicity, marital status, lifestyle, co-morbidities, environment in relation to falls and osteoporosis as important factors influencing the experience of hip fracture. Secondly the importance of acknowledging gender as a key element within research and management of care. Implications for practice are that we need a raised awareness of gender when we assess and care for patients, to ask critical questions about the gender bias in the evidence we use and reflect on how services and care practices may be biased towards gendered assumptions.

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Introduction

Many of the patients with hip fractures cared for on Trauma and Orthopaedic wards are women. In the UK, according to the National Hip Fracture Database (2014), 72.3% of fractures occurred in women. In accepting that hip fractures mainly occur in women there is a danger that there are missed opportunities to consider how practice is influenced by gender inequality. Gender refers to the beliefs and values, socially generated within a culture, about what it is like to be a woman or man; it is different from sex which is related to the biological or physiological differences between women and men (Lorber, 1994). As a social construction, gender also acts as a system of social stratification, structuring and ranking unequal roles and norms that place women in a subordinate position, compared to men, limiting their ability to access and control resources (Sen and Ostlin, 2008). Gender also influences every aspect of our lives as it is embedded in our personal identities, expectations, cultural discourses and institutions, such as workplaces and families (Lorber, 1994).

Moreover, gender, as a social factor, interacts with biological/physiological sex differences and with other sources of social inequalities (social class, race, etc.) to impact upon women's and men's health and needs (Iyer et al., 2008; Sen and Ostlin, 2008). This complex interplay can determine not only our health but also how we diagnose, care for people and allocate healthcare resources. When assessing and caring for hip fracture patients it may be useful to know some of the areas in which patients might be disadvantaged due to gender and reflect on the assumptions that guide our daily practice.

The aim of this narrative review is to examine knowledge about sex, gender and hip fracture and suggests ways of raising awareness of the influence of gender in hip fracture healthcare. Only peer-reviewed articles published in the last 25 years were included. Two areas will be considered. Firstly the multifactorial dimension of hip fractures which identifies ethnicity, marital status, lifestyle, comorbidities, environment in relation to falls and

osteoporosis as important factors influencing the experience of hip fracture. Secondly, the importance of acknowledging the relevance of gender within hip fracture research and management of care.

The multifactorial dimension of hip fractures

There is substantial variation in hip fracture incidence between the sexes, countries and different groups in society (Kanis et al., 2012). This is evident within ethnic groups, in relation to marital status, lifestyle and comorbidity. There are multiple and diverse risk factors and situations that lead to hip fracture and no single factor can completely account for their occurrence (British Orthopaedic Association, 2007; Cummings and Melton, 2002). Therefore, evidence is needed to explain differences in hip fracture rates in a range of populations encompassing gender, ethnicity and age as determinants of health and illness (Solar and Irwin, 2010). This section will discuss some factors where gender plays a role in the experience of hip fracture.

Ethnicity

There are variations in hip fracture rates among different groups in society. Rates of hip fracture are higher in urban and white populations (Cummings and Melton, 2002; Kanis et al., 2012; Melton, 1996). African Americans and Hispanic patients are younger at the time of fracture and have a higher incidence of fracture in men compared to the white population (Sterling, 2011). Recent population data from the USA showed that the highest risk of hip fracture was among Caucasian women (Kanis et al., 2012) and in Europe women have twice the incidence of hip fracture compared to men (Cummings and Melton, 2002). However, in Switzerland age-adjusted incidence of hip fractures is declining among white women in certain age groups, but not among men (Chevalley et al., 2007). In low risk populations, such as Asian or African, the rates between women and

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