Recovery experiences of patients under 60 with fragility hip fracture: A qualitative study

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Defining fragility hip fracture

**Hip fracture:** All fractures of the proximal femur
(Archibald 2003)

**Fragility fracture:** A fracture resulting from low-energy injury e.g. fall from standing height
(Oetgen et al 2009; Chesser et al 2011)
Background

A serious injury, often due to a sudden, traumatic event, characterised by a complex recovery journey.

Relatively uncommon in young adults but:

• Significance is underestimated (Boden et al. 1990)
• Potentially profoundly societal and individual social and economic implications (Holt et al. 2008)
• Can have devastating effects on patient and family (Young and Resnick 2009, Vilardo and Shah 2011)
• Minimally represented group in the literature, social discourse and healthcare policy, with little known of their recovery experiences and long-term outcomes (Janes et al. 2018)
Aims

1. To explore the recovery experiences of under 60s and identify potential service improvements
2. To test The Silences Framework
Methodology and Method

• Criticalist, anti-essentialist philosophy
• Interpretive methodology
• Guided by The Silences Framework:
  Stage 1 - Working in silences
  Stage 2 - Hearing silences
  Stage 3 - Voicing silences
  Stage 4 - Working with silences

## Participant characteristics

<table>
<thead>
<tr>
<th>Time since injury</th>
<th>No. participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4yrs</td>
<td>14</td>
</tr>
<tr>
<td>5-9yrs</td>
<td>13</td>
</tr>
<tr>
<td>10yrs</td>
<td>3</td>
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</tbody>
</table>
Age/sex

Participant characteristics

- Age 18-40yrs: 3 (Female: 3, Male: 0)
- Age 41-50yrs: 2 (Female: 0, Male: 2)
- Age 51-60yrs: 16 (Female: 12, Male: 4)

Place of Fall
- Street / Car park: 10
- Home: 7
- Leisure - cycling: 5
- Leisure - other: 4
- Shop / Café: 2
- Social event: 2
Findings

One cross-cutting theme: Communication

Four main themes:

Experience of care
Impact on self
Impact on others
Moving forward
Wide variation in care quality

‘He was fantastic – he listened to me then did something’ (AVS)

‘Once discharged you’re in no-man’s land’

‘...quite horrendous...you weren’t nursed you were processed...worst time of my life...the lack of care really...lack of humanity’ (RP)
‘...I don’t fit the classic demographic for that kind of injury...so it might not be the first port of call for diagnosis...people that are under 50...’ (GA)

Challenging social & professional norms

‘A fit young man like you doesn’t go around breaking your hip. (ST)

‘...you don’t present like a fractured hip...one of them looked at me and said have you always had a problem with falling Mrs...I think they actually thought I was...an alcoholic.’ (SJP)
Loss (...and finding)

‘got to stay where I am doing what I’m doing...it’s a loss...that was my chance...don’t think it’ll come again’ (DH)

‘Car to bar [shoes]...it’s like a loss of femininity for a woman.’ (DM)

‘Blessing in disguise...I’ve found myself again.’ (GT)

‘...they were...saying I was playing on it...I should be able to...walk...they said “I’ve had a hip replacement and it’s a six-week recovery”...’ (LL)
‘I was quite an active person and...I have this fear of falling over...and that’s sad...its very difficult to explain...what happens to me...I become very vulnerable...but I couldn’t say to anybody I am absolutely terrified, petrified’. (MES)
‘... such a lot of pain...I struggled...even now, sometimes it’s so hard...I just keep going because I need my wages...feel like I’ve aged fifteen years...’ (DH)

Resilience

‘I just had to get on with it...nobody else could do it for me.’ (RP)

‘...I asked about physiotherapy...said I...can’t do my job the way I am...he just dismissed it...said you’re a motivated man you won’t need it...there wasn’t no plan...you just go do it kind of thing...’ (MS)
Looking to the future

‘...getting myself into a position where I’ve got support systems...financial outgoings are minimal...I’ve got something to fall back on...’ (SF)

‘...limited shelf-life’ (GT)

‘...didn’t think it would affect me permanently...still have this half-hearted hope that one day...things will be as they were...think I’m deluding myself a bit really but don’t want to lose that...’ (VJJ)
In conclusion

• Improved public & professional **awareness** of fragility fracture in the under 60s is needed

• Long term multi-faceted **impact** was very common

• **Listening** to & involving patients & families is crucial

• Nurses must **tailor care** to the needs of younger patients

• **Further research** to address the gap in the literature, policy & professional discourse is needed
Thank you

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References

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