



Integration of notions of sex and gender in interventions aimed at promoting the adoption of shared decision-making by health professionals: secondary analysis of a Cochrane systematic review

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Plan

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Introduction and relevance

- ✓ Shared decision making (SDM) benefits patients and healthcare professionals. (Légaré et al., 2012)
- ✓ In people with diabetes, SDM can help make appropriate choices for the management of diabetes and promote management. (Tamhane et al., 2015)
- ✓ However, the implantation of PDP is not optimal in clinical practice. (Legare et al., 2018)

Introduction and relevance

- ✓ Knowledge translation researchers hypothesized that good practice implementation interventions such as SDM would become more effective if they integrated the concepts of sex and gender. (Tannenbaum et al., 2016)
- ✓ The integration of sex and gender is essential to produce precisely targeted interventions, improve the quality of the evidence and correct health inequalities (especially in people with diabetes). (Johnson et al., 2007; Tannenbaum et., 2017; Seghieri et al., 2017)
- ✓ The first step is to use the terms correctly. We do not know how well these interventions use the variables variables 'sex 'and 'gender'

Objective

Evaluate the integration of sex and gender into interventions, including those related to diabetes, to promote adoption of SDM by health professionals

Methods

- ✓ **Study design:** Secondary analysis of the Cochrane systematic review.
(Légaré et al., 2018)
- ✓ **Data source:** All studies included in the review (n= 87)

Cochrane Database of Systematic Reviews

Interventions for increasing the use of shared decision making by healthcare professionals

Cochrane Systematic Review - Intervention | Version published: 19 July 2018 [see what's new](#)

<https://doi.org/10.1002/14651858.CD006732.pub4>

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Methods

Evaluate the consideration of sex and gender

- ✓ Definition of sex and gender according to CIHR and NIH.

(<http://cihr-irsc.gc.ca/e/47830.html>; https://orwh.od.nih.gov/sites/orwh/files/docs/NOT-OD-15-102_Guidance.pdf)

- ✓ Definition of the correct use of the concepts of sex and gender.

- ✓ Criteria for the correct use of concepts

- * Non binary

- * Appropriate categories

- * Non-interchangeability

Methods

✓ Data Extraction

- Characteristics of the studies (authors, year of publication, country, etc.)
- Mention of "sex", "gender" and associated terms (eg female, male, woman man,..)
- Number and type of categories used to describe "sex" or "gender" and how are they used to describe the attributes of participants in the study

✓ Data Analysis:

- Description of the characteristics of the studies and mention of the concepts of sex and gender and / or associated terms.
- The proportion of studies that correctly used sex and gender.

Results

Table 1. Description of the 87 studies included according to the mention of "sex" and / or "gender" and the associated terms terms associated with sex / gender

Mention of "sex" and/or "gender"	All studies	Diabetes Studies
Sex/Gender	n=87	n=5
Sex	37 (42.5)	3 (60.0)
Gender	36 (41.4)	3 (60.0)
Sex and/or gender	58 (66.7)	3 (60.0)
Neither sex or gender	29 (33.3)	2 (40.0)
Mention of "sex" and/or "gender"		
Female	53 (60.9)	1 (20.0)
Male	52 (59.8)	3 (60.0)
Woman/Women	38 (43.7)	3 (60.0)
Man/Men	11 (12.6)	1 (20.0)
Girl	1 (1.2)	0
Sex, Gender and/or related terms mentioned	83 (95.4)	3 (60.0)

Results

Table 2. assessment of the criteria for the correct use of the concepts of sex and / or gender

Criteria	Number of studies	Number of studies in diabetes
1. Non-binary of sex and / or gender (n=58)	n=58	n=5
Sex		
Binary usage	36 (62.1)	3 (60.0)
Non-binary usage	0	0
Unclear use	22 (37.9)	2 (40.0)
Gender		
Binary usage	34 (58.6)	3 (60.0)
Non-binary usage	0	0
Unclear use	24 (41.4)	2 (40.0)
2. Use of appropriate categories (n=58)		
Sex		
Appropriate (Female/Male)	28 (48.3)	2 (40.0)
Inappropriate (Female/Male)	8 (13.8)	1 (20.0)
Not clear	22 (37.9)	2 (40.0)
Genre		
Appropriate (Female/Male)	8 (13.8)	2 (40.0)
Inappropriate (Female/Male)	26 (44.8)	1 (20.0)
Not clear	24 (41.4)	2 (40.0)

Results

Table 2. evaluation of the criteria for the correct use of the concepts of sex and / or gender (continued)

Criteria	Number of studies	Number of studies in diabetes
3. Non-Interchangeable use (n=83)		
Yes	16 (19.3)	1 (20.0)
No	48 (57.8)	3 (60.0)
Unclear	19 (22.9)	1 (20.0)
Correct use of sex and gender (n=58)		
Correct use	0	0
Incorrect	35 (60.3)	3 (60.0)
Unclear	23 (39.7)	2 (20.0)
Respect of the criteria (2 and 3) (n=58)	16 (19.3)	1 (20.0)

Discussion

- ✓ **Non-binarity:** Lack of knowledge of the concepts and poor quality of report related to the concepts of interest.
- ✓ **Lack of knowledge of appropriate categories:** Recent notions. But studies published after 2016 show similar and non-interchangeable results.
- ✓ **Non- interchangeability:** sex is used as a gender proxy.
- ✓ **Limitations:** Difficulty of evaluating the non-binarity according to our definition.

Conclusion

- ✓ In interventions aimed at the adoption of SDM by health professionals, the correct use of sex and gender is not optimal.
- ✓ Interventions for diabetes are no exception.
- ✓ Standardization of terminology would be a good starting point for measuring and reporting on sex and gender in SDM implementation interventions.



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