

Screaming silences: lessons from the application of a new research framework

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Introduction

This paper presents the lessons learned from the application of The Silences Framework (Serrant-Green 2011) by a Doctoral candidate in nursing exploring hip fracture in younger people. The study had two origins. First was a realisation that younger people (i.e. under 60s) did not feature in the dominant discourses regarding isolated hip fracture following minor trauma, also known as fragility hip fracture (Oetgen et al 2009, Chesser et al 2011).

Fragility hip fracture in the under 60s

Factors such as their relatively small numbers (Thuan and Swiontkowski 2008), youth (Thomas and Heberton 2013) and lower rates of complications and co-morbidities (Chesser et al 2011) contribute to the relative invisibility and inadvertent 'silencing' of individuals under 60 years of age with this injury. This has led to almost exclusive emphasis on fragility fracture in the elderly or hip fracture in the multiply injured trauma patient (Janes 2016), positioning isolated hip fracture patients under 60 outside traditional healthcare and societal norms. In addition, over stretched healthcare services under increasingly financial pressure (DH 2014, HM Treasury 2015) means this patient group is at the margins of healthcare and largely without the means to have their voice heard.

Younger people with fragility hip fracture may not initially seem marginalised as this term is commonly associated such issues of advantage and power related to ethnicity, sexuality or age for example. Marginalised people however have been defined as those at the edge of society in relation to health, economic or political factors (Blessett and Pryor 2013). Thus, isolated hip fracture patients under 60 years of age are marginalised by omission as they have-not been identified as having specific health needs requiring tailored services (Thomas and Heberton 2013).

The second origin of this study was the publication of The Silences Framework (Serrant-Green 2011). The 'screaming silences' (hereafter termed 'silences') concept on which the framework is based, is defined as:

‘...areas of research and experience which are little researched, understood or silenced’ (Serrant-Green, 2011, p 347)

This framework was specifically designed for exploring under-researched or otherwise marginalised groups and provided a mechanism for making sense of personal hip fracture recovery experiences and the gap in the literature identified. The only other study to have used The Silences Framework (Serrant-Green 2011) explored the health needs and experiences of ex-offenders living in the community (Eshareturi et al 2015) but their paper did not critically explore the application of this new research framework in practice. The quality of this new research framework was not yet established and Serrant-Green (2011) welcomed further testing of its applicability in research practice and other contexts. Using this framework for the young hip fracture study enabled testing of its quality and potential contribution to silences research development. It was therefore used to guide the study from conception and design through to completion.

Methodology and study design

The criticalist philosophy on which the The Silences Framework (Serrant-Green 2011) is based fitted well with the study aim to give voice to the marginalised perspectives of young people with fragility hip fracture. Derived from the anti-essentialist focus on advocacy (Denzin and Lincoln 1994) and the constructed and contextual nature of reality (Williams and May 1996, Grix 2002), the Framework emphasises the importance of personal experience and multiple perspectives in the construction of knowledge (Gray 2014, Lincoln et al 2011). This is particularly so for ‘voices’ that have poorly understood, actively silenced or under represented for other reasons (Serrant-Green 2011) and are largely absent from the main discourse, as in this case.

Reflecting the traditional research process as illustrated in Table 1 The Silences Framework comprises five stages:

Stage 1: ‘Working in Silences’ provides the context for the study by examining current knowledge regarding the research subject and the situation in which the research takes place. This stage aligns with the introduction, background and literature review elements of the traditional research process.

Stage 2: 'Hearing Silences' seeks to identify the silences, or areas of research/experiences to be explored. This stage recognises the interdependent and changing relationship between the study subject, participants and researcher. It therefore requires researcher reflexivity in identifying and exploring the silences associated with this researcher conducting this study at this time. It aligns with the methodology and study design aspects of the traditional research process and resulted in a qualitative, interpretive study design in which the positionality of the researcher, as a nurse academic with personal experience of the injury being studied was a key consideration.

Stage 3: 'Voicing Silences' is the data collection and analysis phase. It aims to ensure study outputs are determined by an in context examination of the silences identified in Stage 2 from the perspectives of key stakeholders. This includes using the Collective Voices process to ensure specific emphasis on service user and public perspectives. In the young hip fracture study this involved the integration of the four phase, cyclical data analysis required by The Silences Framework (Serrant-Green 2011), namely:

- Phase 1: initial findings
- Phase 2 (Silence Dialogue): draft 1 findings;
- Phase 3 (Collective Voices): draft 2 findings, and
- Phase 4: final study outputs)

with a thematic analysis framework (Braun and Clarke 2006) as illustrated in Figure 1. Data collection involved one to one, minimally structured, audio-recorded interviews in which participants told their stories of injury and recovery. The Collective Voices reviewers were drawn from groups identified by these participants as important in their recovery. They comprised nursing, medical and allied health professional staff, family/carers with experience of caring for someone with this injury and the patient critical friend to the study.

Stage 4: 'Working with Silences', addresses the traditional discussion element of the research process. The primary aim of this stage is critical reflection on any practical

and theoretical contribution from the study. This included implications for future healthcare provision for this client group and silences research development. How the researcher and Collective Voices, the public and social networks of study participants have impacted on the study and final outputs are particularly important. Also addressed at this stage are how the original silences identified have changed or stayed the same and the implications of any new silences uncovered by the study, to inform recommendations for further research, practice and policy. For example, in this case these included the limited relevance of the current hip fracture care pathway and patient reported outcome measures for this younger group, enduring emotional trauma for participants and those close to them and policy recommendations regarding road traffic accident reporting.

Stage 5: 'Planning for Silences' is the final stage. This is not relevant for all studies but is important for applied research where service delivery or community action planning is indicated as a result of study findings (Serrant-Green 2011). As the aim of the young hip fracture study was not necessarily to change current practice but rather to explore the implications of the findings for future service delivery and care, this final stage was not implemented.

Critique of The Silences Framework

Overall The Silences Framework (Serrant-Green 2011) provided an appropriate guide for the study, demonstrating its appropriateness for supporting research with marginalised individuals and groups.

Conceptualising marginalisation

Current norms regarding the conceptualisation of marginalisation however, may limit the wider use of this framework with some individuals and groups, such as young adults with fragility hip fracture who are marginalised by inadvertent omission. This is an uncommon and rarely discussed form of marginalisation therefore highlighting this may enable researchers to recognise the potential relevance of The Framework. This could increase its use by researchers working with such groups or on a wider range of issues and support the further development of silences research in these areas.

Silences and the research process

Cyclical data analysis using the Silence Dialogue and Collective Voices processes was very effective in preventing further silencing of the participant and public voice as a result of the research process by positioning these at the core of the research. These requirements also stimulate traditional member checking (Connelly and Yoder 2000) and mandate independent input to and verification of the findings by individuals and groups that are external to the study but identified by participants as important influences on their experience of recovery (Grouleau et al 2009). This approach to data analysis enabled a lone researcher to enhance the trustworthiness of the study, rather than having another researcher undertake independent analysis of the data (Guba and Lincoln 1989, Green and Thorogood 2014), an option not always available to practitioner level nurse researchers.

Flexibility

The Silences Framework (Serrant-Green 2011) offers researchers significant flexibility within a defined process that reflects the elements of the traditional research process as previously outlined in Table 1. This makes it potentially widely applicable. Greater awareness of how The Framework can support a range of research designs, methods and data analysis approaches will only be achieved however as researchers in different contexts use and report on its application. It may be of particular interest to nurses because it resembles the nursing process. However, the high degree of flexibility it offers may not, and does not aim to provide, the level of structure sought by some novice researchers.

Structure

The Silences Framework (Serrant-Green 2011) appears very straightforward on initial inspection, but it took this neophyte researcher some time to familiar herself with the different Stages (1-5) within the research process, Phases (1-4) of cyclical data analysis required, their associated findings (initial findings; draft 1 findings (Silence Dialogue); draft 2 findings (Collective Voices); and final study outputs) and how these fit together. This improved with use as the study progressed and familiarity with its application in practice grew. This was further compounded in this study however by the integrated application of the six-stage thematic analysis

framework within The Silences Framework (Serrant-Green 2011) four-phase data analysis cycle outlined in Figure 1.

To address this an adaptation of the cyclical data analysis process outlined in Serrant-Green (2011) was developed. This is presented in Figure 2. This adaptation appears more complicated than the original outlined in Figure 3 but specifically articulates each step, separating analysis processes from the type of findings produced. It also highlights where the Silence Dialogue and Collective Voices processes occur relative to the initial, draft 1 and draft 2 findings and final study outputs development. Whilst Serrant-Green (2011) clearly articulates this in the narrative, this revised depiction aims to enhance researcher familiarity and confidence when using The Framework for the first time.

Collective Voices as analysis

It is also important for researchers using The Silences Framework (Serrant-Green 2011) to be clear the recruitment of volunteer reviewers and Collective Voices process is a data analysis not data collection process and also mindful of this when planning a study. Outlining how these processes will be managed in the initial ethical and research governance application is advised. This should include for example how Collective Voices volunteers will be recruited and their comments on the findings captured. As participants determine the social networks these volunteers will be drawn from during the data collection stage, it is not always possible to determine the final composition of this group initially. It is normally possible to give some indication however, and addressing this from the start can prevent a later delay at the analysis stage whilst ethical and research governance approval is sought for a subsequent amendment.

Researchers may also need to explain this distinction to colleagues who are unfamiliar with this new framework. For example, an experienced NHS research assistant called the activity of gathering Collective Voices reviewer feedback on the draft 1 findings proforma 'interviews'. This term implied this process was part of the data collection rather than analysis, illustrating the potential for confusion the Collective Voices review process could cause.

Implications/recommendations for practice

Critical analysis of the initial application of this new research framework in a very different setting to the one in which it was originally developed, indicates it offers a very beneficial addition to the research toolkit. Its limited use to date however means its quality, relevance for nursing and potential for further development have not yet been fully established. It should therefore be tested more widely and in other contexts to determine this.

The criticalist perspectives of advocacy and action, issues of power and marginalisation and the contextual nature of knowledge and inquiry underpinning The Framework are congruent with core nursing values and aims. For example, nurses' professional code (NMC 2015) requires the rights of those receiving care are upheld and discriminatory attitudes or behaviours toward them are challenged. The emphasis The Silences Framework (Serrant-Green 2011) places on the inclusion and central role of user and public perspectives in the data analysis and development of study outputs also reflects nursing's emphasis on person-centredness (Hinds 2013).

Current limitations of this new research framework are its limited previous application in practice, the potential for confusion regarding the different Stages and Phases involved in applying it and the constraints of limited awareness of its relevance for researching topics or groups not commonly thought of as marginalised. Nevertheless, the evidence available is promising regarding its potential to support high quality research. In particular, its structure and flexibility offer advantages for both new and more experienced researchers. Nurses are therefore encouraged to explore its wider potential for supporting high quality nursing research.

Conclusion

This new research framework was found to be a very effective conceptual and practical framework for guiding research undertaken by a neophyte nurse researcher. The characteristics of The Silences Framework (Serrant-Green 2011) are likely to make it attractive to other nurses. Reflection on the lessons learned

from its application in the young hip fracture study has resulted in suggestions for its further development along with practical tips for others considering its use.

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