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Screaming Silences: lessons from the application of a new research framework.
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Abstract:	This paper presents the lessons learned from the application of a new research framework, The Silences Framework (Serrant-Green, 2011) in the context of a qualitative study exploring the fragility hip fracture recovery experiences of people under 60. Originating from research exploring ethnicity, gender and sexual health decision-making, this new framework provides a useful research tool for researching under-represented groups and topics. It is likely to be attractive to nurses as it is underpinned by core nursing values such as advocacy based action, places participant and public voices at the centre of the research and resembles the familiar nursing process. The structure and flexibility it offers also make it relevant for new and experienced researchers in a variety of contexts. Current conceptions of marginalisation in healthcare are explored with reference to nursing research and practical tips are provided for others interested in applying and further testing this new research framework.
Keywords:	Screaming Silences; nurse researcher; fragility hip fracture; marginalisation; nursing process
Additional Information:	

Question	Response
Please confirm that you have read and agree to our Publisher's Agreement that is available here	Yes
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What is the word count of your document excluding both references and the abstract?	2441
Author Comments:	Dear Editor,

RE: Screaming Silences

Please find revised documents which we trust address the very helpful reviewer feedback we received.

I would also like to thank you for agreeing the extension to the original revision submission date.

Yours faithfully
Gillian Janes (corresponding author)

Introduction

This paper presents the lessons learned from the application of a new research framework The Silences Framework (Serrant-Green 2011) by a Doctoral candidate in nursing within the context of the young hip fracture study. 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 a minor fall, also known as a 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 Hebenton 2013) and low incidence of post-operative 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 an almost total focus in the healthcare literature, policy and practice discourses on fragility fracture in the elderly or hip fracture in the multiply injured trauma patient (Janes 2016); positioning isolated hip fracture in the under 60s outside accepted societal and healthcare practice norms. These factors, together with over stretched healthcare services struggling to meet financial deficits (DH 2014, HM Treasury 2015), have forced this patient group to the margins of healthcare and largely without recourse to societal, policy and professional structures through which to have their voice heard.

Younger people with a fragility hip fracture may not immediately appear marginalised as this term is commonly associated such issues of power and privilege in relation to characteristics such as ethnicity, sexuality or age. Blessett and Pryor (2013) however, argue that marginalisation refers to a process by which individuals find themselves at the edge of society in a health, economic or political sense. Thus, isolated hip fracture patients under 60 years of age are marginalised by omission, rather than commission as they have not been identified as having specific health needs requiring tailored services (Thomas and Hebenton 2013).

The second origin of this study was the discovery of a new research framework, 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 therefore provided an opportunity for the young hip fracture study to test its quality and contribute to the development of silences research more widely. It was therefore used to guide the study from initial conception and design through to the final outputs and recommendations.

Methodology and study design

The criticalist philosophy underpinning The Silences Framework (Serrrant-Green 2011) fitted well with the study aim to enable the marginalised perspectives of young people following fragility hip fracture to be heard. Derived from anti-essentialist viewpoints, which focus on advocacy (Denzin and Lincoln 1994) and hold that reality is constructed and contextual (Williams and May 1996, Grix 2002), the Framework emphasises the value of multiple perspectives and personal experience in the construction of knowledge (Gray 2014, Lincoln et al 2011). This is particularly so for 'voices' missing from the dominant discourse, having been poorly understood, actively silenced or under represented for other reasons (Serrant-Green 2011) 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' contextualises the study by exploring existing knowledge regarding the research subject and the characteristics of 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 that are little understood, researched or valued. Recognising the dynamic and interdependent relationship between the researcher, participants and subject of the study, this stage requires the researcher to expose and reflect upon the silences inherent in 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' comprises the data collection and analysis phase of the research. It is designed to ensure the silences identified in Stage 2 are explored and analysed in context and from the perspectives of key stakeholders in the research to arrive at the final study outputs. This includes a particular emphasis on service user and public perspectives using the Collective Voices process. 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 Braun and Clarke's (2006) thematic analysis framework 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 aspects of the study traditionally associated with the discussion element of the research process. The primary aim of this stage is to ensure critical reflection on any practical gains and theoretical contribution arising from the study. This included implications for future healthcare provision for this client group and the study's contribution to silences research. Here there is particular emphasis on how the researcher and Collective Voices, the public and wider social networks of study participants, have impacted on the study and final outputs. Also addressed at this stage are how the original silences identified have changed, those remaining unchanged and any new silences identified from the study findings 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 of The Framework. This stage is not applicable for all studies but is particularly relevant for applied research in which the study outputs require action planning for service delivery or community action (Serrant-Green 2011). As the aim of the young hip fracture study was to explore the implications of the findings for future service delivery and care rather than necessarily change current practice, this final stage was not applied.

Critique of The Silences Framework
Overall The Silences Framework (Serrant-Green 2011) provided a very effective guide for the young hip fracture study demonstrating its appropriateness for supporting research with marginalised individuals and groups for which it was designed.

Conceptualising marginalisation
Current norms regarding the conceptualisation of marginalisation however, may be a constraining factor in the more widespread use of this framework as individuals

and groups, such as young adults with fragility hip fracture who are marginalised by omission. This is a different and rarely identified or discussed means of marginalisation and highlighting this may help researchers to recognise the relevance of The Framework when working with groups or topics not normally associated with marginalisation. This could increase its use to guide research 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 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 single-handed researcher to enhance the trustworthiness of the study, which is traditionally achieved for example through independently analysis of the data by another researcher (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 structured but clearly 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 it becomes more widely used and reported on by researchers in different contexts. On initial reading it resembles the nursing process and may therefore be of particular interest to nurses, although its high degree of flexibility may not offer, and indeed is not designed to provide, the degree of structure some new researchers may seek.

Structure

Although on initial inspection, The Silences Framework (Serrant-Green 2011) appears very straightforward it took this neophyte researcher, some time to become familiar with and clear about 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. However, this process was further compounded in this study by the six-stage thematic analysis framework applied within The Silences Framework (Serrant-Green 2011) four-phase data analysis cycle outlined in Figure 1.

To address this an adapted visual representation and labelling of the cyclical data analysis process provided in Serrant-Green (2011) was developed. This is presented in Figure 2 for the potential benefit of other researchers unfamiliar with this new research framework. This adaptation appears more complicated than the original outlined in Figure 3 but makes visible each step in the analysis, separating the analysis processes from the type of findings produced at each point. It also indicates clearly where the Silence Dialogue and Collective Voices processes occur in relation to the development of the initial, draft 1 and draft 2 findings and final study outputs. Whilst this is clearly articulated in the narrative of Serrant-Green (2011) this revised depiction of the analysis process may help researchers to become familiar with and therefore more confident 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 forms part of data analysis not data collection and also mindful of this when planning a study. This is easily addressed by outlining how these processes will be managed in the initial ethical and research governance application. This should include for example how Collective Voices volunteers will be recruited and their comments on the findings captured. Although it can be difficult to identify the final composition of this group at the start of a study, as participants determine the social networks they will be drawn from during the data collection

stage, it is normally possible to give some indication. Addressing this from the start can prevent a later delay to the data analysis whilst ethical and research governance approval is sought for a subsequent amendment.

Researchers may also need to explain this distinction to colleagues not familiar with using this new framework. For example, an experienced NHS research assistant referred to the activity of gathering Collective Voices reviewer feedback on the draft 1 findings proforma as 'interviews'. Her use of this term implied this was part of the data collection rather than analysis, illustrating the potential for confusion the Collective Voices review process may 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 it, 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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Nurse Researcher – **NR1587 Revised submission** – Screaming Silences: lessons from the application of a new research framework
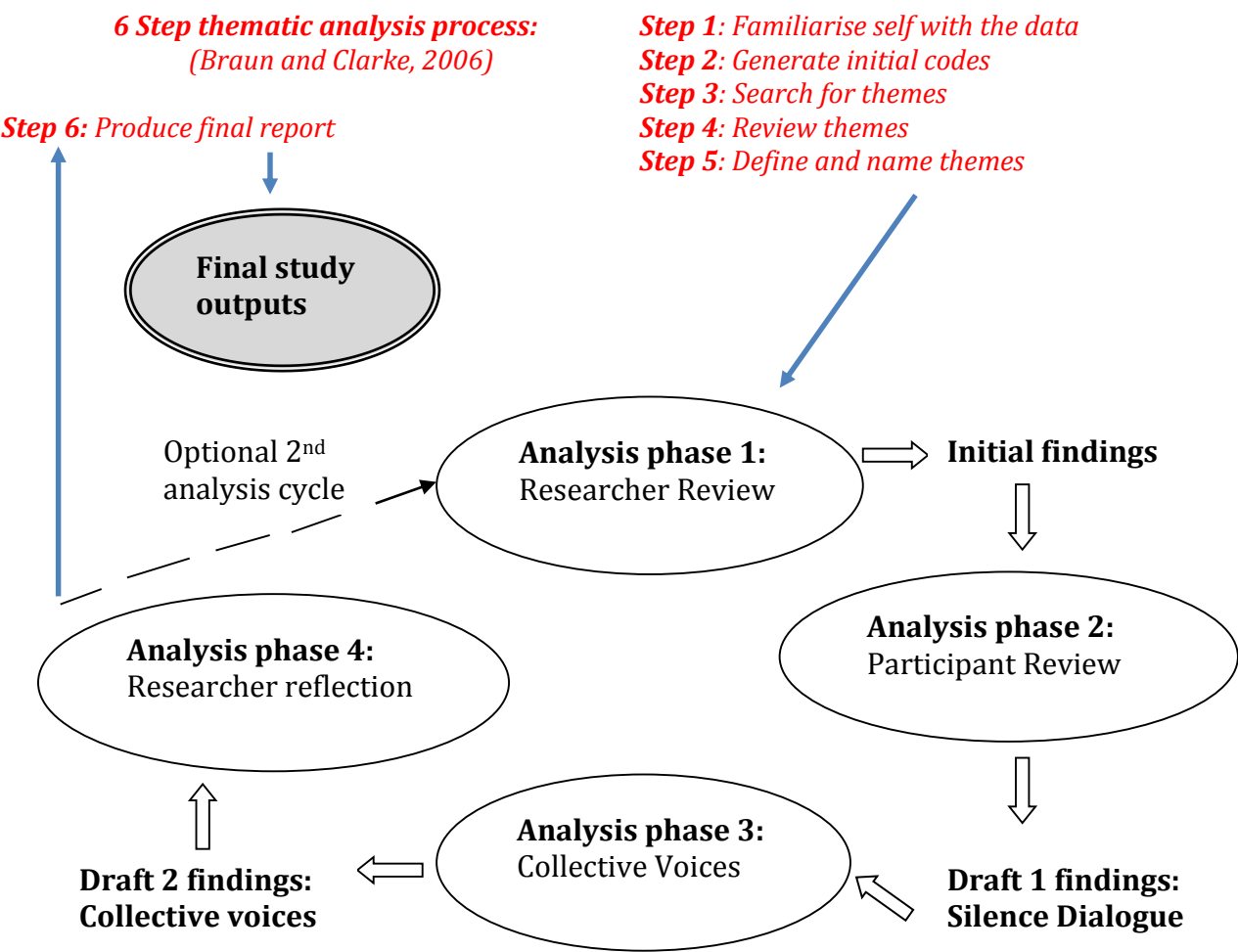
Overview of changes

Reviewer comments	Revisions
Abstract and article focus need to be more closely aligned	
Clearer differentiation of stages and phases of the framework	Added: Table 1 (alignment of Silences Framework & traditional research), Figure 1 (integration Braun & Clark in Silences Framework analysis phases)
Page 3 - format references as per journal style	Amended
Page 4 - explain how this framework fits with the usual methodology/methods/analysis within the research process and additional reference to the methodology literature	Text added to clarify this in the description of each stage.
Page 4 - present summary of steps in a box or table to make it stand out more	Table added to illustrate how the five stages of The Silences Framework align with the traditional elements of the research process
Page 6 - how does this framework stand in terms of quality against other alternative methods?	Clarified this is a relatively new and untested framework compared to alternative methods
Page 8 - this paragraph would read better if written in the 3rd person to avoid overuse of 'I'	These paragraphs deleted during revision as they referred to a relatively minor point overall and to make space to accommodate other additions/changes to better clarify more important points elsewhere in the text.
Page 8 - unusual sentence to start a new paragraph	
Page 9 - is this a tool? Framework? Analysis method? Methodology? – needs clarifying and clearly explicating throughout	Text amended throughout to consistently refer to The Silences Framework as a new research framework.
Page 10 – Strengthen with reference to the broader methodological literature beyond Serrant-Green to position the work in a broader context	Amended to include reference to broader methodological literature.

Minor restructuring to avoid occasional sense of repetition and focus writing more	Amended.
Handwritten comments on manuscript copy	
Abstract – critique is not the term used at the start of the paper - harmonise terminology	Abstract amended to reflect terminology used in the paper
Page 2 – consider adding a defined methodology section	Added and text reorganised/combined to reflect this
Page 4 – paragraph 2 repetitive of material on page 2	Deleted and incorporated in amended text page 2
Page 6 – is there a visual representation of the original data analysis cycle for comparison	Figure 3 Added – depiction reflecting original publication
Throughout manuscript – minor typographical and proofing errors e.g. missing comma, word etc	Amended throughout

Table 1

Table 1: Alignment of The Silences Framework and traditional aspects of the research process

The Silences Framework	Traditional research process
Stage 1: Working in silences	Introduction, background/context and literature review
Stage 2: Hearing silences	Methodology and study design
Stage 3: Voicing silences. This involves a four phase cyclical data analysis process, phase 3 of which requires a 'collective voices' process to provide particular emphasis on service user and public perspectives on the research findings.	Data collection and analysis
Stage 4: Working with silences	Discussion and recommendations
Stage 5: Planning for silences. This stage is not applicable for all studies but is particularly relevant for applied research in which study outputs require action planning for service delivery or community action.	n/a

Figure 1

Figure 1: The data analysis process integrating The Silences Framework four phase data analysis cycle (Serrant-Green, 2011) and the thematic analysis process (Braun and Clarke, 2006)

6 Step thematic analysis process:
(Braun and Clarke, 2006)

Step 1: Familiarise self with the data
Step 2: Generate initial codes
Step 3: Search for themes
Step 4: Review themes
Step 5: Define and name themes

Step 6: Produce final report

Final study outputs

Optional 2nd analysis cycle

Analysis phase 1:
Researcher Review

Initial findings

Analysis phase 2:
Participant Review

Analysis phase 4:
Researcher reflection

Analysis phase 3:
Collective Voices

Draft 2 findings:
Collective voices

Draft 1 findings:
Silence Dialogue

The Silences Framework four phase data analysis cycle (Serrant-Green, 2011)

Figure 2

Figure 2: Revised depiction of The Silences Framework (Serrant-Green 2011) four phase data analysis cycle
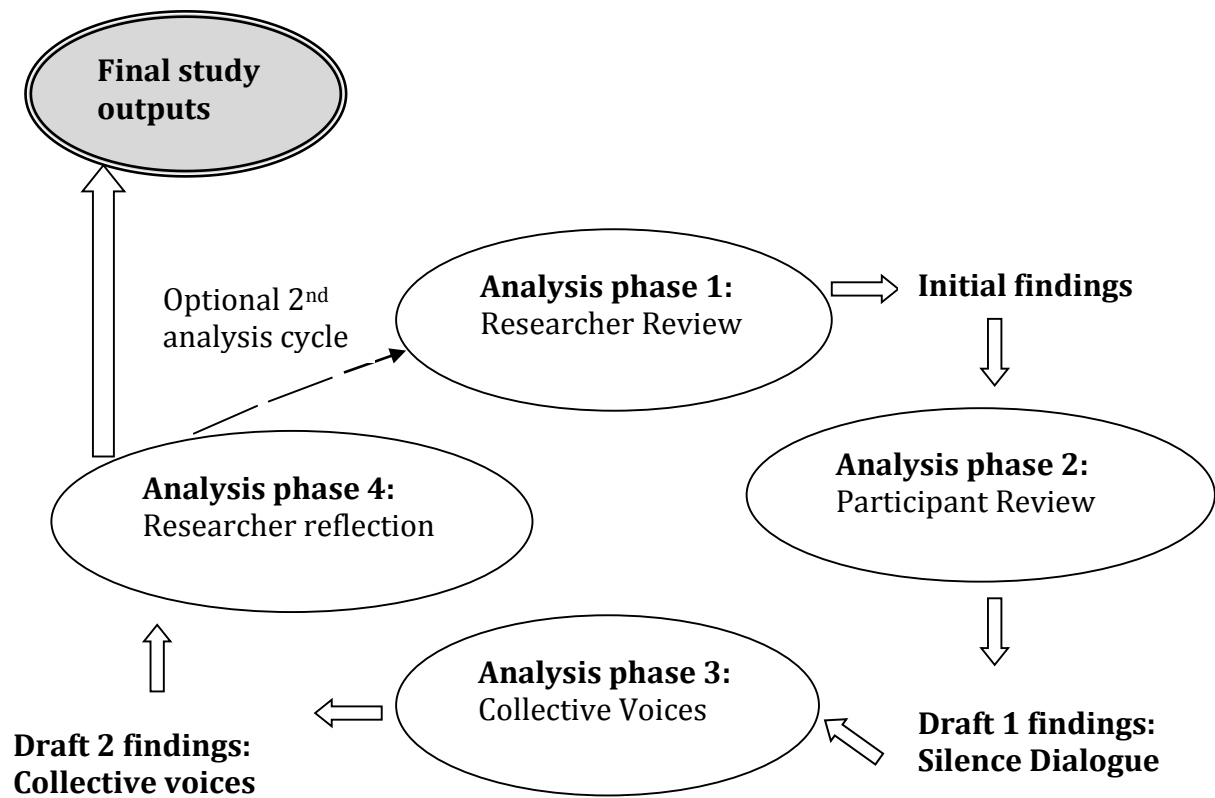
Figure 3

Figure 3: Phases of analysis in The Silences Framework (Serrant-Green 2011
depiction)

Analysis phase 1:

Researcher review

Analysis Phase 2:

Participant review

Analysis phase 4:

Researcher reflection

Analysis phase 3:

User voices