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Screaming Silences: lessons from the application of a new research framework. --Manuscript Draft--

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Abstract:	<p>This paper critiques 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 years, and offers practical tips for its future use.</p> <p>Originating from research exploring ethnicity, gender and sexual health decision-making, this new framework provides a useful research tool. The core nursing values such as advocacy and action underpinning it and its resemblance to the familiar nursing process are likely to make it attractive to nurses. The structure and flexibility it offers also make it relevant for new and experienced researchers in a variety of contexts.</p> <p>The implications of current conceptions of marginalisation for nursing research are explored and tips for implementing collective voices/user involvement in the data analysis and reporting phases are provided for others interested in using and further testing this new framework.</p>
Keywords:	Screaming Silences; nurse researcher; fragility hip fracture; marginalisation; nursing process
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Author Comments:	Dear Editor, RE: Screaming Silences Please find attached our paper titled above critiquing the application of a new research framework in practice. We hope the article meets the aims and scope of the journal and will be of interest to the readership. We would be happy to discuss this with you and to make any amendments for improvement if required. Yours faithfully Gillian Janes (corresponding author)
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Introduction

This paper presents the lessons learned from the application of a new research framework by a Doctoral candidate in nursing. Pragmatic and professional choices led to the study being undertaken. It arose from personal experience of isolated hip fracture following a minor fall, also known as a fragility hip fracture (Oetgen et al 2009, Chesser et al 2011). The decision to undertake the study had two origins. First was a realisation that younger people (i.e. under 60s) did not feature in the dominant healthcare practice, academic or social discourses regarding this injury. Second 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, p347)

This provided a mechanism for making sense of personal hip fracture recovery experiences and the gap in the literature identified. Furthermore, this new research tool was specifically designed for exploring under-researched or otherwise marginalised groups. Marginalisation is commonly associated with issues of power and privilege in relation to characteristics such as ethnicity, sexuality or age for example. 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.

Fragility hip fracture in the under 60s

Younger people with a fragility hip fracture may not immediately appear marginalised. However, factors such as their relatively small numbers (Thuan and Swiontkowski 2008), youth (Thomas and Heberton 2013) and low incidence of post-operative complications and co-morbidities (Chesser et al 2011), contribute to their relative invisibility and inadvertent 'silencing'. This has led to an almost total focus in the healthcare literature 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. As a result this group is largely without recourse to societal, policy and

professional structures through which to have their voice heard and specific needs identified and met.

These factors, together with over stretched healthcare services struggling to meet financial deficits (DH 2014, HM Treasury 2015), have forced the under 60s with fragility hip fracture to the margins of healthcare as they have not been identified as having specific health needs requiring tailored services (Thomas and Heberton 2013). They are therefore marginalised as a result of omission, rather than commission as might be more the case for other groups in society.

The Silences Framework (Serrant-Green 2011) provided the appropriate theoretical underpinning for an experience based design, to enable exploration of and learning from the recovery experiences of adults under 60 years of age following a fragility hip fracture. Data collection comprised open-ended, in-depth story-telling interviews with 30 participants between 33 and 60 years of age at injury and injured between nine months and 10 years previously. Data analysis took the form of an inductive, cyclical thematic analysis.

The only other study to have used this framework explored the health needs and experiences of ex-offenders living in the community. Its' findings were reported by Eshareturi et al (2015) but their paper did not critically explore the application of this new research tool in practice. The aim here therefore is to critique The Silences Framework (Serrant-Green 2011) within the context of the young hip fracture study and provide practical tips for others seeking to use it for future research.

Introducing The Silences Framework

Derived from anti-essentialist viewpoints, which hold that reality is constructed and contextual (Williams and May 1996), The Silences Framework (Serrant-Green 2011) emphasises the value of multiple perspectives and personal experience in the construction of knowledge. This is particularly so for 'voices' that are missing from the dominant discourse, having been poorly understood, actively silenced or under represented for other reasons (Serrant-Green 2011).

The Silences Framework (Serrant-Green 2011) comprises five stages:

Stage 1: 'Working in Silences' contextualises the study by exploring existing knowledge regarding the research subject itself and the characteristics of the situation in which the research takes place.

Stage 2: 'Hearing Silences' identifies the silences, or areas of research/experiences that are little understood, researched or valued. Recognising the dynamic and interdependent relationship between the researcher, the study participants and the 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 therefore informed the methodology and study design.

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. In the young hip fracture study this involved the integration of the four phase, cyclical data analysis process required by The Silences Framework (Serrant-Green 2011) with Braun and Clarke's (2006) thematic analysis framework to arrive at the study findings.

Stage 4: 'Working with Silences', addresses the discussion aspects of the study. 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 young adults with fragility hip fracture and the study's contribution to the furtherance of silences research. This stage includes a particular emphasis on how the researcher and Collective Voices i.e. service user and wider social networks of study participants have impacted on the study and the final outputs. How the original silences identified might have changed as a result of the study, those that remain unchanged and any new silences identified from the study findings are also addressed at this stage. It also requires consideration of the effect of the study on this context and any future research using this framework to inform recommendations for further research, healthcare practice and policy.

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 of The Framework was not applied.

The underpinning criticalist philosophy of The Silences Framework fitted well with the study aim to enable the individual perspectives of young people following fragility hip fracture, which are currently marginalised as a result of under-representation, to be heard. Serrant-Green (2011) also welcomed further research to test the applicability of The Silences Framework in practice and different contexts. Using this framework therefore provided an opportunity for the young hip fracture study to contribute to the development of silences research more widely. It was therefore applied to guide the study from initial conception and design through to the final outputs and recommendations.

Critique of The Silences Framework

Overall The Silences Framework (Serrant-Green 2011) provided a very appropriate guide for the young hip fracture study. Primarily, cyclical data analysis using the Silence Dialogue and Collective Voices processes was a very effective strategy for preventing further silencing of participants as a result of the research process. In addition, this approach to data analysis also enabled a single-handed researcher to enhance the trustworthiness of the study. This is traditionally achieved by using other researchers i.e. for independent analysis of data then comparison, which practitioner level nurse researchers do not always have easy access to.

Conceptualising marginalisation

The Silences Framework (Serrant-Green 2011) clearly articulates the concept of marginalisation and the young hip fracture study illustrated it is wholly appropriate for supporting research with marginalised individuals and groups for which it was designed. This may in itself however be a constraining factor in its more widespread use. Current norms regarding the conceptualisation of this issue are associated with

marginalisation by commission, for example on the basis of gender, class, sexuality or ethnicity. Individuals and groups, such as young adults with fragility hip fracture however, may also become marginalised as a result of omission. This is a different and rarely identified or discussed means of marginalisation. Highlighting this issue 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.

Flexibility

The Silences Framework (Serrant-Green 2011) offers the researcher an excellent degree of flexibility within a structured but clearly defined research process. This means it is potentially applicable in a wide variety of contexts. On initial inspection it resembles the nursing process and may therefore be of particular interest to nurses. However this high degree of flexibility may not offer, and indeed is not designed to provide, the degree of structure sought by some new researchers. The flexibility The Framework offers in terms of its ability to support a wide range of research designs, methods and data analysis means it offers a clear theoretical underpinning for studies without the need to layer other research methodologies on top. Greater awareness of this will develop as The Framework is more widely used and reported on by different researchers in various contexts. In the interim however some explicit exploration of this issue within The Framework itself would support others, especially new researchers, in its application.

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), phases (1-4), type of findings (initial findings, draft 1 findings, draft 2 findings and final study outputs), how these fit together and the best way to report a study guided by it. This improved as application of The Framework to guide the young hip fracture 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 that was

applied within The Silences Framework (Serrant-Green 2011) four phase data analysis cycle.

To support my thinking and achieve the clarity needed I developed an adaptation of the visual representation and labelling of the cyclical data analysis process provided in Serrant-Green (2011). This is outlined in Figure 1 and is offered for the potential benefit of other researchers who are unfamiliar with this new research tool. This revised depiction appears more complicated than the original but makes visible each distinct step in the cyclical 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 information is clearly articulated in the narrative of Serrant-Green (2011) the revised visual depiction of the analysis process may help researchers to more easily become familiar with and therefore more confident when using The Framework for the first time.

As a novice using The Silences Framework (Serrant-Green 2011), I struggled to determine an appropriate structure in which to present the study findings. Seeking to maximise transparency I initially drafted detailed findings at each stage of the analysis cycle i.e. initial findings, draft 1 findings etc. Whilst it became clear this was not effective and created repetition, I was unable to determine why. This was possibly because The Silences Framework (Serrant-Green 2011) makes the iterative stages of thematic data analysis much more explicit. It does this by involving study participants and members of their social networks in specific, identified stages of the analysis cycle. However, despite being more explicit, these stages represent the normal iterative process of theme development undertaken by the researcher in any thematic analysis, each individual element of which is not specifically reported in detail under normally accepted research conventions.

This is a possible difficulty other new researchers could also encounter. With hindsight this is obvious, may just be an issue specific to my particular use of this new research tool and can easily be resolved or prevented with more experience of its use. This potential difficulty for new researchers using The Silences Framework

(Serrant-Green 2011) for the first time however, may be avoided by more explicit clarification of this in The Framework itself.

Collective Voices as analysis

It is also important for researchers using this new research tool to be clear that the Collective Voices process and recruitment of volunteer reviewers to undertake this forms part of the data analysis rather than the data collection process. Researchers using The Silences Framework (Serrant-Green 2011) for the first time are therefore encouraged to be mindful of this issue during the initial planning of a study. This can easily be addressed by providing an outline of how it will be managed in the initial ethical and research governance approval documentation. 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 the social networks they will be drawn from are determined by study participants during the data collection stage, it is often possible to give some indication. Addressing this from the start can prevent a later delay to the data analysis process whilst subsequent ethical and research governance approval is sought for an amendment part way through the study.

Researchers using The Framework may also need to explain this distinction to colleagues not familiar with using this new research tool. For example, an experienced NHS research assistant supporting the study at the study site kept referring to the activity of gathering Collective Voices reviewer feedback on the draft 1 findings proforma as 'interviews'. Her use of this term implied these were 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 quite different setting to the one in which it was originally developed, indicates it offers a very beneficial addition to the research toolkit. It should therefore be tested more widely and in other contexts, to determine its usefulness and inform further development.

Nurse researchers should consider using the Framework as the criticalist perspectives underpinning it i.e. advocacy and action, issues of power and marginalisation and the contextual nature of knowledge and inquiry, are congruent with core nursing values and aims. 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.

The limited evidence available indicates the focus and flexibility this Framework offers have advantages for both new and more experienced researchers. Nurses are therefore encouraged to explore its wider potential for supporting high quality research.

Conclusion

This new research tool was found to be a very effective conceptual and practical framework for guiding research undertaken 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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Figure 1: The Silences Framework four phase data analysis cycle

adapted from Serrant-Green (2011)

