Breaking the ‘silence’

Initial findings from a qualitative study using a new research framework to explore the recovery experiences of middle aged adults with isolated hip fracture

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Introducing The Silences Framework
(Serrant-Green 2011)

Stage 1 ‘Working in Silences’ – context

Stage 2 ‘Hearing Silences’ - underpinning philosophy & design

Stage 3 ‘Voicing Silences’ - data collection & analysis

Stage 4 ‘Working with Silences’ – theoretical & practical contribution of the study, identification of remaining or new silences & recommendations

Stage 5 ‘Planning for Silences’ – action planning for change - may not be relevant for all studies
Initial literature review

- Hip fracture is a global issue - incidence varies - highest in N. Europe and USA (Dhanwal et al 2011)
- Serious injury with significant impact on individuals & society (Cameron et al 2001) & healthcare budget (Mitchell et al 2010)
- Associated with the elderly (average age is 77yrs ) but only 3% of a 30% rise in incidence was attributable to demographic changes such as ageing (Reginster et al 2001)
- @40,000 hip fractures in under 65s annually in England - @ 1500 of these in the under 50yrs (Khundakar 2013)
- One study exploring epidemiology and outcome in under 65yrs – found the first significant increase in age-related hip fracture in women is at 45yrs (Karantana et al 2011)
- The significance of hip fractures in young patients may be underestimated (Boden et al 1990)
Aims of the study

To:
1. give voice to the recovery experiences of young adults who sustain a fractured neck of femur following minor trauma

2. assess the effectiveness and appropriateness of healthcare delivery for these patients

3. identify the implications of (1) and (2) for service improvement and care practice

4. test The Silences Framework (Serrant-Green, 2011), for researching sensitive issues or the health care needs of marginalised/under represented groups, in a new context
Stage 2 ‘Hearing Silences’ - Method

• Research governance approvals - University, NHS REC and Trust R&D

• All patients on Nottingham Hip Fracture Database meeting the inclusion criteria were invited to participate (n=342)

• 21% response rate (n=71)

• Final sample n=30
Stage 3 ‘Voicing Silences’ - data collection

• 30 in-depth, minimally structured, audio recorded, interviews completed July – Nov 2014

<table>
<thead>
<tr>
<th>Time since injury</th>
<th>n=</th>
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<tbody>
<tr>
<td>1-4yrs</td>
<td>14</td>
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<tr>
<td>5-9yrs</td>
<td>13</td>
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<tr>
<td>10yrs</td>
<td>3</td>
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• ‘Tell me about ……’

• Half telephone and half face to face

• In-interview member checking
Stage 3 ‘Voicing Silences’ - data collection

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

Place of fall:
- Street/Carpark: 10
- Home: 7
- Leisure - cycling: 5
- Leisure - other: 4
- Shop/Café: 2
- Social event: 2
Stage 3 ‘Voicing Silences’ - Draft 1 findings

1. Experience of care

- A&E, ward & post discharge
- Communication
- Injury event & pre-hospital
- Outside norms
Stage 3 ‘Voicing Silences’ - Draft 1 findings

2. Impact on self

- Identity
- Proactive approach to recovery
- Emotions
- Information
- Work & Finance
Stage 3 ‘Voicing Silences’ - Draft 1 findings

3. Support mechanisms & impact on others

- Support
- Impact on others
- Staff
- Humour
Stage 3 ‘Voicing Silences’ - Draft 1 findings

4. Moving forward

- Complications
- Future
- Leisure activities
- Study participation
Stage 3 ‘Voicing Silences’ - Collective voices

Phase 3 analysis – draft findings reviewed by individuals from the social networks identified by the study participants as part of their recovery experience:

- partners, family and friends
- A&E doctors and nurses
- ward doctors and nurses
- physiotherapists
- (first responders/paramedics)

Responses used to inform Draft 2 findings and final outputs
Acknowledgements

• Study participants

• Louise Donnison, Patient critical friend

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• Professors Laura Serrant and Magi Sque

• School of Health & Social Care, Teesside University
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**Khundakar K (2013)** *Personal Communication* Lead Clinical Analyst North East Public Health Observatory/Public Health England


**Plant** F (2010) *Personal Communication* Project Co-ordinator, NHFD (National Hip Fracture Database)


**Serrant-Green** L (2011) The Sound of 'Silence': A framework for researching sensitive issues or marginalised perspectives in health *Journal of Research in Nursing* 16(4), pp 347-360