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Reviewing the literature

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Implementing evidence into practice requires nurses to identify, critically appraise and synthesise research. This may require a comprehensive literature review: this article aims to outline the approaches and stages required and provides a working example of a published review.

Are there different approaches to undertaking a literature review?

Literature reviews aim to answer focused questions to: inform professionals and patients of the best available evidence when making healthcare decisions; influence policy; and identify future research priorities. Although over 14 types of reviews have been identified,¹ literature reviews can be broadly divided into narrative (descriptive) reviews, scoping reviews, rapid evidence assessments (rapid reviews) and systematic reviews. In terms of rigour, if viewed as a continuum, narrative and systematic reviews would be at opposing ends of the continuum with scoping and rapid reviews at the midpoint. Narrative reviews usually provide a summary of a small selection of studies in order to support empirical research, are often difficult to replicate and can be biased because the review may not be comprehensive.¹ The systematic review is considered the 'gold standard' because they attempt to identify, appraise and synthesise *all* empirical evidence that meets specific inclusion criteria to answer a highly focused clinical question²; consequently a comprehensive systematic search of a wide range of sources of evidence is undertaken. Systematic reviews usually adhere to clear guidance from established centres such as Centre for Reviews and Dissemination (CRD) based in the UK² and the Public Health Agency of Canada.³ Scoping reviews include a comprehensive search strategy but unlike systematic reviews do not synthesise the evidence. Scoping reviews are often used to map the literature in a broad context prior to undertaking a more focused systematic review.² Rapid evidence assessments are used to summarise and synthesise research findings within the constraints of time and resources, and differ from systematic review in relation to the extensiveness of the search strategies and methods used to undertake the analysis.² However, the review should be as thorough as possible within the given constraints and undertaken in a systematic manner.

What stages are required to undertake a literature review?

The rationale for the review should be established; consider why the review is important and relevant to patient care/safety or service delivery. For example, Noble *et al*'s⁴ review sought to understand and make recommendations for practice and research in relation to dialysis refusal and withdrawal in patients with end-stage renal disease, an area of care previously poorly described. If appropriate, highlight relevant policies and theoretical perspectives that might guide the review. Once the key issues related to the topic, including the challenges encountered in clinical practice, have been

identified formulate a clear question, and/or develop an aim and specific objectives. The type of review undertaken is influenced by the purpose of the review and resources available. However, the stages or methods used to undertake a review are similar across approaches and include:

- Formulating clear inclusion and exclusion criteria, for example, patient groups, ages, conditions/treatments, sources of evidence/research designs;
- Justifying data bases and years searched, and whether strategies including hand searching of journals, conference proceedings and research not indexed in data bases (grey literature) will be undertaken;
- Developing search terms, the PICU (P: patient, problem or population; I: intervention; C: comparison; O: outcome) framework is a useful guide when developing search terms;
- Developing search skills (eg, understanding Boolean Operators, in particular the use of AND/OR) and knowledge of how data bases index topics (eg, MeSH headings). Working with a librarian experienced in undertaking health searches is invaluable when developing a search.

Once studies are selected, the quality of the research/evidence requires evaluation. Using a quality appraisal tool, such as the Critical Appraisal Skills Programme (CASP) tools,⁵ results in a structured approach to assessing the rigour of studies being reviewed.³ Approaches to data synthesis for quantitative studies may include a meta-analysis (statistical analysis of data from multiple studies of similar designs that have addressed the same question), or findings can be reported descriptively.⁶ Methods applicable for synthesising qualitative studies include meta-ethnography (themes and concepts from different studies are explored and brought together using approaches similar to qualitative data analysis methods), narrative summary, thematic analysis and content analysis.⁷ Table 1 outlines the stages undertaken for a published review that summarised research about parents' experiences of living with a child with a long-term condition.⁸

In summary, the type of literature review depends on the review purpose. For the novice reviewer undertaking a review can be a daunting and complex process; by following the stages outlined and being systematic a robust review is achievable. The importance of literature reviews should not be underestimated—they help summarise and make sense of an increasingly vast body of research promoting best evidence-based practice.

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Competing interests None declared.



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Table 1 An example of rapid evidence assessment review

Stages	Example
Background	Living with a child with a long-term condition is challenging because of illness-specific demands. A critical evaluation of research exploring parents' experiences of living with a child with a long-term condition was timely because international health policy advocates that patients with long-term conditions are active partners in care <i>Key message:</i> Set the scene and build up a rationale for undertaking the review
Aims and objectives	What are parents' experiences of living with a child with a long-term condition? Aim: To explore parents' experiences of living with a child with a long-term condition Specific objectives: Describe parents' accounts of living with a child with a long-term condition; identify systems that enable or hinder parents' role as care manager <i>Key message:</i> Clear and focused question, aim and objectives must address the clinical or research problem
Review design and methods	A rapid evidence review was undertaken adhering to UK CRD guidance. MEDLINE, CINAHL, PSYCINFO data bases were searched and hand searching of the <i>Journal of Advanced Nursing and Child: Care, Health and Development</i> . Studies written in English language describing parents' experiences of living with a child with a long-term condition were included (January 1999–December 2009). Thematic analysis underpinned data synthesis. Quality appraisal involved assessing each study against predetermined CASP criteria <i>Key message:</i> Design and methods should flow and be presented logically
Findings	34 studies were included and despite variability in their quality there were similarities across findings. 3 themes emerged from the synthesis of study findings: <i>Parental impact:</i> parents' experienced confusion, disbelief, anxiety, turmoil and a loss of identity following their child's diagnosis; these feelings dissipated as parents focused on meeting their child's needs. For some parents a more enduring grief evolved <i>Illness management:</i> parents wanted information about—the disease and treatments; accessing services and support networks; and strategies to help them cope. For some families caregiving formed a significant part of parenting their child above usual parenting tasks, consequently parents developed considerable expertise in managing their child's condition <i>Social context:</i> often family life was disrupted because of the unpredictability of the child's condition, yet parents strove to create a normal family environment <i>Key message:</i> Outline the quality of the research reviewed; summarise key findings into a seamless narrative
Discussion	The care of children with long-term conditions is delivered primarily at home; parents have little choice in undertaking complex care and treatments. Mastering care regimes develops through experience; developing expertise occurred through blending knowledge and skill acquisition with experiential knowledge in order to adapt to changes in the child's condition <i>Key message:</i> Explain findings by drawing on relevant theories and health policy as appropriate
Conclusion	Parents developed considerable expertise in managing their child's condition. Yet, parents' perceive they not always supported in their role as manager for their child's condition. Several research gaps were identified: reasons for poor collaborative working between parents and health professionals are unclear; paucity of research exploring/evaluating strategies to support expert parents in role as care manager <i>Key message:</i> Highlight key issues emerging from review and how findings will influence practice

CASP, Critical Appraisal Skills Programme; CRD, Centre for Reviews and Dissemination.

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