Chapter 33
Reviewing Literature for and as Research

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Overview The literature review has become an important tool to summarise and synthesise knowledge from the growing volume of research in medical education. The diversity of literature review methodologies has proliferated to an extent that can appear bewildering, particularly within qualitative and mixed methods approaches, some of which originate from non-medical disciplines. Matching the appropriate review technique to the research question(s) will determine its success. This chapter describes the breadth of quantitative, qualitative and mixed methods review techniques which may be used in educational research and looks at their strengths and weaknesses. Case scenarios are used to illustrate how specific review techniques can be used to address different research questions. Common essential steps to conducting a literature review, regardless of review technique, are described to provide some practical guidance.

33.1 Why Search

The literature review has become ubiquitous in all realms of medical literature including clinical medicine and medical education. It is commonly carried out to establish the background of a primary study or as a review to consolidate knowledge from primary studies. Many research studies have performed a literature review to establish that the study is useful by:

- Identifying gaps in the literature that show the study is novel, timely or relevant
- Contrasting results that highlight the controversy of the study's findings
- Establishing that it builds on previous results (including inconsistencies) to advance the scientific method by following a line of inquiry

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A literature review can become a study in its own right when performed to synthesise evidence. The research question should govern the choice of review methodology.

33.2 Which Search Technique

A wide variety of review techniques exist that may evaluate data that is solely quantitative, quantitative and qualitative, or solely qualitative. It may be challenging to choose the appropriate literature search technique with over 25 described [1].

The following example illustrates the methodological options available. Ali is a trainee starting a fellowship in robotic colorectal surgery. After a meeting with his supervisor, they come up with the following research questions to study:

Research question 1: To what degree does operative experience with robotic colorectal surgery influence operative outcomes?
Research question 2: What factors influence a patient to elect for a robotic approach over a laparoscopic or open one in colorectal surgery?
Research question 3: How might training techniques be incorporated into a robotic training programme in order to optimise trainee progress?

The above three research questions focus on examining different types of data sets, and, as such, require different methodologies for review of the literature. Literature review techniques can be broadly divided into three methodologies: quantitative, qualitative and mixed methods.

33.2.1 Quantitative Evidence Synthesis

A quantitative approach such as a systematic review would be the optimal technique for research question 1 to compare measurable outcomes such as operative time or complications. Systematic reviews synthesise results from primary studies most commonly used to inform decision-making in evidence-based medicine.

Where the primary studies are sufficiently similar (i.e. there is homogeneity), this may involve a meta-analysis, which is a statistical aggregation of quantitative results from these studies. The most widely recognised systematic review is the Cochrane review, which has been in existence for over 20 years.

Systematic reviews are based on the **PICO** model, comparing outcomes of an intervention on two (or more) populations: one that underwent the intervention and one that did not. In our example:

- *P*opulation: patients undergoing robotic colorectal surgery
- *I*ntervention: robotic colorectal surgery performed by trainees
- *C*omparison: robotic colorectal surgery performed by consultants
- *O*utcomes: complications of surgery, operative time

If Ali chooses to investigate this question with a Cochrane review, he will find that the methodology for this technique has been operationalised in a step-by-step format published in the *Cochrane Handbook* [2]. Reporting standards have been clearly outlined in the preferred reporting items for systematic reviews and meta-analyses (PRISMA) statement [3]. Workshops, online learning [4] and postgraduate qualifications [5] are available to carry out systematic reviews. Furthermore, there is an international network of experienced Cochrane authors and statistical support available to novices embarking on their first review.

Meta-analysis is regarded by many as the highest level of medical evidence [6]. As the methodology and analysis are clearly laid out, each step is transparent and reproducible. Every included primary study undergoes assessment for risk of bias and methodological quality. Prior to publication, a Cochrane review undergoes peer review by senior editors for feedback and quality assurance.

When systematic reviews are not performed robustly, they can yield misleading information if, for example, issues such as bias or heterogeneity are not adequately or transparently reported [7]. While systematic reviews can measure heterogeneity (variance), they lack a means by which to explain it and can result in decontextualised lessons [8]. This approach is generally considered to be unable to discover or explain the causal processes underlying findings that occur under certain circumstances – that is, why outcomes occur and when (please see Quantitative and Qualitative Evidence Synthesis below for more on this).

33.2.2 Qualitative Evidence Synthesis

Ali is interested in the preferences and beliefs patients have regarding robotic surgery for research question 2. He doesn't believe this question fits the PICO model and thinks a qualitative approach may be more appropriate.

Qualitative research can build understanding by describing how any why things occur. In clinical medicine, it has been defined as aiming "to identify the essential component parts of clinical phenomena" and being "especially suited to areas that have both social and clinical dimensions" [9]. Identification and description of these phenomena can then lead to an understanding on the values, perceptions and experiences of patients. There are many forms of qualitative review – up to 25 have recently been described [1] – and there is little consensus as to which approach is better than another. There are also some overlaps between the terms, assumptions and methods used: "critical interpretive synthesis, critical review, interpretive approach, interpretive synthesis, meta-interpretations" [1].

It may be challenging for a clinician to select a qualitative synthesis technique, particularly, since many are rooted in potentially unfamiliar disciplines such as philosophy, psychology or education. Without an academic background in these areas, or access to academic supervisors with expertise, clinicians may find it easier if they select a method that has been more operationalised.

For research question 2, Ali decided to utilise meta-ethnography: an approach that is "suited to conveying patients' views and experiences and informing implementation of services and interventions" [10]. Although guidelines for meta-ethnography approaches are still under development [11], Ali finds worked examples of meta-ethnography approaches [12] and guidance on appraising study quality in this technique [13].

While the review methodology is undoubtedly appropriate to answer the research question, as a newcomer to this technique, Ali has a few concerns.

The subjectivity of qualitative reviews can be both a strength or a weakness. Immersion, through reading and rereading of the literature, may enable him to gain unique insights into nuanced or subtle aspects of the research topic (or may not). The reviewer's values and interpretive skills will determine the quality of the process and insight of the review. As a result, the process is not reproducible and potentially opaque, if not reported transparently, with no clear distinction between data findings and author(s) interpretation.

For most of the qualitative evidence syntheses, the subjectivity of the process is compounded by a lack of guidance and protocols for many reviews. Since over 95% have been established since 2000 [1], these are methodologies that have not been refined, developed or disseminated like the Cochrane review. While some have been more operationalised (meta-synthesis), only 12 of the 25 methodologies (such as meta-ethnography) can be used for the entire process of literature review [14]. There is commonly no systematic appraisal of the quality of included studies, which might further diminish the reliability and plausibility of the review findings.

The use of "purposeful sampling" of studies rather than an exhaustive literature review can result in sampling error. This may lead in a failure to capture diversity and a bias towards uniformity and generalisations that may not be applicable to a wider context or broader population. However, new purposeful sampling strategies have been devised to make this process more systematic and transparent [15].

33.2.3 Quantitative and Qualitative Evidence Synthesis

For research question 3, Ali wants to investigate what training techniques can be used to optimise the development of operative skills in a robotic fellowship. Although a meta-analysis may show what outcomes can be achieved by trainees in robotic surgery, Ali is concerned it will not yield adequate information on what contextual factors in these training programmes enable good trainee outcomes.

To account for these contextual factors, he decides to employ a mixed methods review technique that integrates both qualitative and quantitative data. Options for this include realist review, narrative synthesis, integrative review or critical interpretive synthesis. These methods hope to combine the strengths of both qualitative and

quantitative techniques – to address complex questions and produce evidence while accounting for context. When choosing a methodology, Ali elects to opt for a review technique that has been more operationalised with guidelines and training materials – realist review [16].

Realist review seeks to answer, "What works for whom under what contexts, how and why?" Ali hopes to find out how training affects outcomes in certain contexts and whether those lessons can be extrapolated into his own training programme. Many factors affect surgical outcomes, which may be unpacked by a realist review. Ali might find that some trainees might have better outcomes than others for reasons including:

- They have access to simulation facilities.
- They are allocated of sufficient operating time per case to train.
- They are allocated cases of appropriate complexity.
- They operate on an adequate volume of cases.
- They perform cases under the appropriate level of supervision.
- Their consultant supervisors have sufficient operative skill.
- Their consultant supervisors have sufficient teaching skill.
- There is little risk of litigation from patients following complications.

A superficial understanding may lead to a flawed interpretation of results. For example, trainees involved in a high volume of cases may have poor outcomes when further investigation reveals that these trainees only assist in these cases due to litigation risk from potential complications. Understanding context fully is key to unpacking the causal relationships that underpin realist inquiry (more details at www.ramesesproject.org).

Realist review is an emerging systematic review methodology that bridges the worlds of academic research, implementation and policy. Reporting standards and guidelines have been issued for each step to help new authors [16]. It can be particularly useful in complex interventions such as education to understand the multiple social/human components which interact to produce outcomes that are highly context dependent.

Meta-analysis may not identify or account for the complexity of the interactions between these components and context and find substantial heterogeneity. Although realist review seeks to explain the influence of context on outcomes, it acknowledges that to make a review feasible, it needs to be focused down, for example, by limiting the range of outcomes of interest, the territory covered by each review, the nature and quality of information retrieved and the extent of expected recommendations [17].

"Dilution (the progressively attenuated impact of education as filtered through other health care providers and systems)" and "failure to establish a causal link" are concerns that realist methodology is better placed to explain and address, with its careful examination of context and its influence on causal processes (i.e. something realists call *mechanisms*) [18, 19].

Immersion and interpretation of quantitative papers can yield [20] this information, but still miss other informal data relating to communities of practice, or values (social/political/cultural/economic/ethnic), hence the need to include qualitative data as well. However, the process of integration of qualitative and quantitative data can be labour-intensive and "intellectually enormously challenging" [21].

33.3 How to Perform a Literature Search

All literature searches have a generic structure, the steps of which we have outlined below. Different approaches may have variations on these steps, or additional steps. If these have not been described in guidelines, it may be worthwhile booking a course or doing further research before attempting to utilise the search methodology.

1. *Carefully Consider the Research Question*

The research question is the beginning (and end) of every research paper; many aspects of the study hinge on it. In any study, the research question must be important, timely and relevant, in addition to other considerations [22]. While qualitative techniques may be suitable for answering exploratory or complex questions, it is worth first considering whether the question is "researchable". That is, there is data available to synthesise.

2. *Choose the Appropriate Review Technique*

The appropriate review technique (quantitative, qualitative or mixed methods) must be selected if the research question is to be successfully addressed. An approach can be chosen given the review question. In other words it is the review question that should guide which review approach you use.

An important consideration is whether the technique will work for the author's own expertise and resources. If one particular technique looks appropriate, but has not been used by the authors before, it would be wise to read the guidance for the selected literature review technique as well as previous published reviews that have employed the same methodology. The authors then need to decide whether they agree with the various assumptions (implicit and explicit) that underpin the review technique and if they possess the necessary skills. Kastner et al. have recently identified a range of qualitative review techniques and matched them to review objectives [13]. Further description of these approaches can be found in the links (http://www.cihr-irsc.gc.ca/e/36331.html, https://www.york.ac.uk/crd/SysRev/!SSL!/WebHelp/6_5_SYNTHESIS_OF_QUALITATIVE_RESEARCH.htm).

If the technique is not fully operationalised, they may need to seek out supervisors or collaborators with sufficient expertise and/or go on a training course – it might be difficult to use the technique as a novice without any guidance. If one of

the less established literature review methods is employed, the authors will need to understand any methodological limitations and expect that others might question their choice of technique and later on challenge their findings.

Some common review techniques of each methodology are described in the table below.

Data set	Methodology	Description	Strengths and weaknesses
Quantitative	Systematic review	A review and analysis of multiple research studies to answer a research question	Strengths: well-established methodology, fully operationalised, more likely to be reproducible
			Weakness: omits data on context, less able to arrive at firm conclusions when data heterogeneous
	Meta-analysis	Systematic review that employs statistical methods to combine data from multiple studies	Strengths: as per systematic review, can quantify effect sizes form different studies
			Weaknesses: as per systematic review, requires statistical expertise
Qualitative	Meta-ethnography	Translate concepts across studies, explores and explains contradictions to create new interpretations or theory	Strengths: generates theory while focusing on context and experience on individual level
			Weaknesses: subjective, findings may require further interpretation to inform policy
	Meta-synthesis	Develops new theory through interpretation of qualitative data	Strengths: generates theory
			Weaknesses: not operationalised, subjective
	Other qualitative methodologies: critical interpretive synthesis, concept synthesis, meta-study, meta-interpretation		
Mixed	Realist review	Uses theory to explain how context influences outcomes through mechanisms	Strengths: accounts for context and heterogeneity
			Weaknesses: subjective, only partially operationalised, can be more time-consuming
	Metanarrative	Assesses topics from the perspective of paradigms held by academic disciplines	Strengths: can explain theoretical and conceptual conflicts and evolution
			Weaknesses: subjective, only partially operationalised, requires expertise across disciplines
	Other mixed methodologies: integrative review, meta-summary, mixed studies review, narrative synthesis		

3. *Assemble a Team*

Frequently a team will require the following members (as a minimum):

- Protocol/write-up: one author
- Methodology: one experienced author
- Search: one author with search expertise
- Data extraction: two authors
- Data analysis: two authors (qualitative), one author with statistics expertise (quantitative)

A systematic review is a significant and frequently laborious piece of work. Practically, there are usually two junior authors who drive the review, carry out the bulk of work and consult with experienced authors who are experts in searches, methodology, analysis and/or write-up. If only one junior author is driving the process, there is a risk of burnout from the workload but also of avoidable errors that will occur during search filtering and data extraction. Qualitative reviews are especially labour-intensive and benefit from the knowledge, insights and discussion from an additional author. Collaborating as a team is key to producing a high-quality review.

4. *Write a Study Protocol*

The goal of the protocol should be to a priori describe and justify all steps of the process. This can ensure that all work is transparent – i.e. others can see and understand what you did and why. Keeping a "paper trail" can prevent or correct mistakes which inevitably occur with large volumes of information. This data is most easily stored electronically, and the advent of cloud storage makes it easier for authors to access and collaborate on shared data. Reporting guidelines – e.g. PRISMA P [23] – exist to facilitate the preparation of a protocol.

5. *Search for Eligible Studies*

A literature search takes place after composing search terms to retrieve relevant articles from selected electronic databases. Expert assistance from research librarians and or authors with search expertise is invaluable, particularly to junior researchers with little experience.

Database selection will depend on the review topic area and methodology. Most medical papers will be archived within MEDLINE and EMBASE. Further articles can be accessed on Scopus or Web of Science. To retrieve studies from other disciplines, particularly those associated with education, ERIC (Educational Resources Information Centre), CINAHL, PsycINFO, Social Sciences Abstracts, Library and Information Science Abstracts and Philosopher's Index may yield papers not found in other databases.

The research team will also need to decide whether to search the grey literature. This is a source of non-peer-reviewed research including postgraduate dissertations, presentations at conferences, reports or other unpublished work. Personal and expert

contacts or textbooks may also yield other sources of data. While not always peer-reviewed, they may still contain relevant data, particularly of a qualitative nature.

All literature searches are a compromise between broad and narrow search terms. The broadest search terms will be more sensitive (i.e. not miss any relevant studies) but will likely have too many irrelevant papers to feasibly filter and check. The narrowest search terms will be more specific (i.e. return a higher percentage of eligible studies) but at the possible expense of missing other relevant papers that might contain relevant data. Creating a search strategy is an iterative process that balances sensitivity, specificity and feasibility. Each set of search terms and the numbers of studies yielded should be recorded so that the search can be reproduced but also to justify the breadth of the search.

Before the search, the authors should check that important relevant (landmark) papers on their topic are returned with the search terms. As even the best design searches may miss eligible studies, a process known variously as "snowballing", "citation tracking" or "pearling" can significantly improve the yield of relevant papers [24]. This involves checking the reference lists of all relevant studies for potentially eligible studies or using citation tracking databases. Finally, asking colleagues and experts about potential sources can also reveal valuable results.

6. *Filter Studies*

Study selection will be governed by the inclusion and exclusion criteria created by the author during the protocol. These will be primarily designed to retrieve studies and other documents that are likely to contain relevant data. To make the searching and review feasible, many authors will also use exclusion criteria. Examples of exclusion criteria might be language, publication date or non-peer-reviewed studies.

Ineligible studies will be filtered out during the process of study selection.

This is accomplished in several stages. During the first stage, study titles alone are scanned – they are only excluded if clearly irrelevant. If potentially relevant, the abstracts are retrieved. If the contents of the abstract do not meet inclusion criteria, it is excluded and the reason documented. Full texts of the remaining studies are then retrieved. Again, if the study does not meet inclusion criteria, it is excluded and the reason documented.

In many of the review techniques, the recommendation is that the process of study selection is best accomplished by at least two authors in duplicate and independently. This reduces the possibility of eligible studies being excluded and ineligible studies being included in error and ensures consistency. If this is unfeasible, an acceptable compromise is that a 10% random sample of results may be checked by a second author to check for consistency. Documenting this process on spreadsheets will keep a record of study flow, which is required for most reporting guidelines. Any disagreement between authors should be noted before proceeding to the next stage of study selection. A process for settling disagreements should be in place. For example, if the authors are unable to resolve their disagreement, the senior author may arbitrate to resolve the issue.

7. *Extract Data*

Data extraction for systematic reviews is often performed on predesigned proformas, which capture data on study characteristics, variables and/or other data of interest. Dedicated software for qualitative and mixed methods techniques such as NVivo™ and AtlasTI™ can help manage data to facilitate analysis. As a rule of thumb, for quantitative review techniques, risk of bias and study quality should be assessed using the relevant study tool. With regard to qualitative and mixed methods review techniques, quality assessment requirements and the tools used vary. None have been accepted as gold standard, with over 100 tools in existence for qualitative data alone (Please find examples here: https://www.york.ac.uk/crd/SysRev/!SSL!/WebHelp/6_4_ASSESSMENT_OF_QUALITATIVE_RESEARCH.htm).

Whatever tool is used, the authors must be able to capture and describe study quality. The proforma or any other data extraction processes used should be piloted on several studies and refined to ensure fitness for purpose. As with study selection, data extraction ideally should be carried out in duplicate to minimise errors. Again as a compromise, a 10% random sample of results may be checked for consistency by a second author. A process for settling disagreements should be in place.

8. *Synthesise Data*

At the time of data synthesis, findings can be analysed and explored. In quantitative analysis, this is a two-stage process of statistical analysis, followed by interpretation of results. Each qualitative review technique will have its own processes for analysis and synthesis. In both situations, the aim of synthesis is to produce a clear message or "bottom line", supported by data, that is insightful and explicit in its appraisal of the literature for "relevance, rigour and significance" [25]. This requires authorial interpretations and judgements not only of content, but of the weaknesses (and strengths) of the research methodologies of the included studies. The review's own methodology will need to be transparent and defensible, which will necessitate, in some review techniques, an exploration of sources of bias and threats to validity, as well as complete reporting of the review's methods. Readers' questions should be anticipated; these might centre on the assumptions of the review or its choice of methodology.

9. *Reporting + Write-Up*

While adhering to guidelines can be seen as cumbersome, they enable transparent reporting. Transparent reporting enables readers to assess the strengths and weaknesses of the review and hence make judgements as to whether findings are credible and useful for their purpose(s). It may be advisable to look at the guidelines for the finished study at the protocol point, to ensure that all the relevant data is being captured and reported prospectively. For meta-analysis, the PRISMA guidelines [26] and its variants are the gold standard and similarly the RAMESES guidelines [16] for realist reviews. While no guidelines exist for meta-ethnography, authors can adapt guidelines for other methodologies or refer back to previous studies, particularly worked examples [12]. A good place to look for reporting guide-

lines for reviews and other research techniques is the EQUATOR Network (http://www.equator-network.org/).

33.4 Future Developments

Methodological research is ongoing in quantitative, qualitative and mixed methods review techniques. For qualitative and mixed methods review techniques, in the future, it is likely that further methodologies will be better operationalised and refined. When more established, they may be more accessible to researchers in surgical education. However, in the interim, it can be daunting and perhaps even unwise for a clinician to embark on literature reviews in these techniques without adequate training or support.

33.5 Conclusion

Well-executed, insightful and defensible evidence synthesis can sift and make sense of the growing volume of data in surgical education to advance best practice. Researchers will need to choose from a large variety of literature review techniques. The Cochrane Collaboration has established the systematic review as the most widely used approach to quantitative data. A large variety of approaches exist for solely qualitative or mixed quantitative and qualitative data. While some have been more fully operationalised, other techniques are still undergoing development. Choosing the correct research technique depends not only on the research question but also on the training and support available to the researcher to use newer techniques.

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