

undertake a narrative synthesis of the results of your findings to help you decide what other methods are appropriate.

- Narrative synthesis is a form of storytelling.
- Narrative synthesis may be used in a number of different ways, including the following:
 - before undertaking a specialist approach such as a statistical meta-analysis or meta-ethnography
 - instead of a specialist synthesis approach because the studies included are insufficiently similar
 - when the review question includes a wide range of different research designs including qualitative and quantitative designs.
- The key points associated with the data extracted to some review questions can be summarized as follows:
 - Are the data sufficiently similar?
 - Are there caveats (explanations to prevent misinterpretation) that need to be acknowledged?
 - Are there any particular trends or themes?
 - Do the data seem to point in one direction or several?
- There are numerous tools that you can use to summarize, synthesize and present your data; some of the more common ones include:
 - textual descriptions
 - grouping of similar data
 - transforming data into a common rubric
 - charts
 - translating data either by a thematic or content analysis.
- The results of everything you did in your review needs to be presented:
 - the results of your search
 - the results of the studies you selected based on the title and abstract
 - the results of your included studies based on reading the full paper
 - a summary of all your included studies
 - a summary of all the papers you critiqued
 - a summary of the data extracted (including a synthesis of the overall results).

Summary

This chapter discussed the issues that you need to consider when summarizing, synthesizing and presenting the results of your quantitative or qualitative systematic literature review in nursing practice. A narrative synthesis needs to be included for whatever type of data you have extracted. This can be done by using a number of different tools to summarize, organize and condense your data. The results of all the methods you have undertaken within your review need to be presented. A key point when summarizing, synthesizing and presenting your results is to make sure that you present everything in a clear, transparent and easy to understand format.

8 Writing up your discussion and completing your review

Overview

- Structuring the discussion of your systematic literature review
- Summarizing your findings in words
- Discussing all the results you presented in the previous section
- Developing and/or discussing the theory on how the intervention or exposure works
- Comparing and contrasting the findings of your study
- Relating the findings back to the objectives set out and the initial area of interest
- Pointing to any methodological shortcomings
- Discussing the ethical aspects of the included studies
- Discussing the findings with respect to practice
- Revealing questions for future research on this topic
- Stating some overall conclusions about the study
- Writing up your systematic literature review
- Academic writing skills: tips on style, grammar and syntax

Structuring the discussion of your systematic literature review

Docherty and Smith (1999) state:

Structure is the most difficult part of writing, no matter whether you are writing a novel, a play, a poem, a government report, or a scientific paper. If the structure is right then the rest can follow fairly easily, but no amount of clever language can compensate for a weak structure. Structure is important so that readers don't become lost. They should know where they've come from, where they are, and where they are headed. A strong structure also allows readers to know where to look for particular information and makes it more likely that all important information will be included.

(Docherty and Smith 1999: 1224)

Docherty and Smith (1999) suggest that the structure for scientific papers should include a statement of the principal findings, a discussion of the strengths and weaknesses of the study and its strengths and weaknesses in relation to other studies. The meaning of the study findings, as well as implications for practice for clinicians and policy makers, need to be discussed. Finally, the discussion section should conclude by highlighting the importance of addressing unanswered questions and putting forward suggestions for future research. How can you apply these suggestions to writing up the discussion section of your own systematic literature review?

To recap, by now you should have reported the findings from your studies clearly and concisely in the results section. The next step is to discuss your findings fully (as described above). As suggested by Docherty and Smith (1999) and by the Centre for Reviews and Dissemination (2008), start your discussion section with a summary of your major findings (in words, not repeating the figures from the previous section). Discuss your findings through comparing and contrasting your results, and then relate your discussion to the background literature. Ensure that you don't just repeat the results section. The easiest way to do this is to discuss each section in the order that you presented them in the results section. Depending on the type of review (qualitative or quantitative) the theoretical frameworks are usually discussed within the discussion section (mainly for quantitative reviews) while some authors choose to combine the two (i.e. writing up the results and discussion together in the same section; this is conducted more frequently for qualitative reviews). A summary of the key issues that could be included in the discussion section are listed below and then described in detail.

- Summarizing your findings in words
- Discussing all the results you presented in the previous section, in the same order that they were presented, including the following:
 - search results
 - results of the studies selected based on the title and abstract and the results of the included studies based on reading the full paper
 - studies included in your review
 - quality of your included studies in a synthesized format
 - data extracted (including a synthesis of the overall results)
- Developing and/or discussing the theory or theories on how the intervention or exposure works
- Comparing and contrasting the findings of your study
- Relating the findings back to the objectives set out and the initial area of interest
- Pointing to any methodological shortcomings
- Discussing the ethical aspects of the included studies
- Discussing the findings with respect to practice
- Revealing questions for future research on this topic
- Stating some overall conclusions about the study.

Each of the points above will now be discussed using fictitious examples and extracts from the three case studies. A few extracts from the Cochrane Review I participated in are also included (Negrini et al. 2010). Please remember there are a number of ways to do this, each of which will include some or most of the points below. Your discussion needs to be clear, comprehensive and easy for the reader to follow.

Summarizing your findings in words

It is a good idea to start writing your discussion section with a brief summary of the review findings. You could start by discussing the types of research designs that were included. For example, Cheryl in her scoliosis study could say something like this:

In answer to the review question on the effectiveness of braces for adolescents with idiopathic scoliosis, this review found only six studies that met the strict inclusion criteria. Three of these were randomized controlled studies and three were cohort studies.

Next Cheryl could describe the three randomized controlled trials in more detail and briefly remind the reader the results of these studies:

One randomized controlled trial (Beaver et al. 2009) compared rigid braces to elastic braces and found low quality evidence in favour of rigid braces. The two randomized controlled trials by Smith et al. (2004) and Thompson et al. (2006) found low quality evidence for the effectiveness of the hard brace versus observation alone. Unfortunately these trials looked at different outcomes and could not, therefore, be combined statistically using a meta-analysis, so the results were synthesized narratively etc.

Cheryl could also discuss any issues that would allow readers to decide if the results were both applicable and relevant to their own practice:

The studies included only girls, were all written in English and included only the angle of curvature as an outcome. None of the studies looked at outcomes that were important to the patient such as disability, back pain, quality of life and psychological factors.

In other words if the readers of Cheryl's review were nurse practitioners living in Russia where they had mainly male patients and whose main problems were increased pain and a poor quality of life, they would realize that these results would not be applicable to their practice. Cheryl could also qualify her findings by stating that as there were only a small number of studies, the results 'need to be interpreted with caution'.

Discussing all the results you presented in the previous section

All the results presented in the previous section should be discussed in the same order that they were presented.

Discussing the search results

The search results are usually discussed only briefly. You will already have presented details of your comprehensive search in the results section so there is no need to repeat that. What is most important when discussing this section is to highlight any issues of the search process that may have adversely affected your search results and produced biased results. For example, did you search only English-language journals? Was your search truly comprehensive? For example, did you include hand searching of all relevant literature as well as a thorough search for all the grey literature (PhD theses, conference proceedings) relevant to the review question? Did you actually contact any key people in the field to find out whether or not they had further publications in the field? In summary, this is where you highlight what you have or have not done and how this may have introduced any bias in the results of your search. For example, Cheryl could say something like the following:

A comprehensive search was conducted to retrieve papers that would answer the review question and as a result of reading 90 papers' titles and abstracts, only 20 papers that met the strict inclusion criteria were found. Five papers were then excluded as a result of having read the full papers for the following reasons . . .

[here Cheryl would state what the reasons were]

and searching papers that were not available electronically was undertaken as well as searching for conference abstracts and PhD dissertations that were available in electronic format. Key people in the field of scoliosis were emailed to ask if they had any unpublished literature that could be included within the review. No documents were obtained. A factor that could have caused bias in paper selection was that the search was restricted only to English-language papers and so will have excluded any primary papers in other languages.

Discussing the results of the studies selected based on the title and abstract and the results of the included studies based on reading the full paper

The subject of this section should only be briefly discussed. Again, any key issues should be highlighted. If you only selected three or four papers out of a total of fifty or more original papers, it is necessary to provide a rationale for this. Maybe your inclusion criteria were too rigid, or perhaps you decided to select a group of participants on which not much had been published. It is important to discuss the papers that were excluded and the reasons for this in more detail so that the reader can understand why you excluded any potentially relevant papers.

Discussing the studies included in your review

In this section you need to provide a discussion of the common (or uncommon) features of all the studies that you included. The easiest way to do this is to go through the summary or description tables of your included studies and then proceed to discuss each part of the PICO or PEO components individually. For example, if you considered the population group of all your included studies, you could discuss how many patients in all were included within the review; were they small or large samples? If the total populations of all your included studies amounted to a very small number, can you really generalize your results? How old were the participants? Did some studies have much older patients while some of them included only very young ones? Could these have had an adverse impact on the outcomes of your results? Were all the studies included conducted within the same type of healthcare setting? If some studies were conducted in a tertiary care setting while others were conducted in care homes, this would let the reader know that the settings were quite diverse. Were all the interventions and comparative interventions exactly the same? If not, how did they differ? Were the outcomes evaluated in all your included studies the same and if not how did this impact on your ability to synthesize the results? All the above are examples of questions that could be discussed depending on your specific review question. Here is an extract from Sue's case study on witnessed resuscitation:

The seven qualitative studies included within this systematic literature review utilized either grounded theory or descriptive phenomenology. These were chosen for this review as they focused on the lived experience of individuals, aiming to gain an in-depth picture of the populations' feelings and perceptions of the phenomena (Holloway and Wheeler 1996: 15). Beneficial for this review and healthcare research, qualitative research adopts a holistic (person-centred) approach, and in gaining the overall picture of life context, beliefs and values in human environment it becomes a strength of qualitative studies, whereby quantitative methods would be inappropriate as they do not study subjective, humanistic lifestyles (Leininger 1985: 23). As identified by Holloway and Wheeler (2002: 6), quantitative research is useful, although it neglects participants' perspectives within the context of their environment. All the included studies were conducted in a similar setting although the hospitals varied in whether or not they used protocols for witnessed resuscitation. Four out of seven of the studies included the perspectives of the patients and six out of seven the perspectives of the patient, the family and the healthcare professionals.

In Sue's extract, she first provides a rationale for using qualitative research and why this specific methodology is the most appropriate for her review question. Sue clarifies the strengths of qualitative research for evaluating witnessed resuscitation and also explains why quantitative research would not be a suitable methodology. She then goes on to discuss her included papers in more detail.

Discussing the quality of your included studies in a synthesized format

Discussing the quality of your studies is one of the most important aspects of the discussion section and, depending on whether you are planning to write up your results as a report, dissertation or paper, can run into many pages. In Sue's case study, this section will be based on the individual quality appraisals that Sue conducted on each of her studies and which she evaluated earlier on, while conducting her systematic literature review. The key point that Sue needs to remember when writing this section is that the results of all the appraisals of the studies need to be synthesized or combined together to give the reader an *overall summary* of the quality of the papers that were included in the review. This part of the discussion will most likely be one of the longest subsections in the discussion. You will also need to consider whether or not the quality of the included studies affects the outcome of your results. If the methods of a particular study or study were very 'poor', can you still believe the results and apply them to practice? Obviously you cannot. Here is an extract from Sue's systematic literature review on witnessed resuscitation:

All papers addressed how the studies ensured trustworthiness. Credibility was heightened in papers by Warren et al. (2006) and Crosby (2009) by utilizing member checking, which is considered the most important technique for establishing credibility according to Lincoln and Guba (1985), whereby the researcher returned to the participants to achieve feedback on interpretation (Polit and Beck 2004: 432). Peer debriefing was also carried out in the papers by Andrews et al. (2005), Willowby et al. (2004) and Bell et al. (2010) as the researchers involved peers in reviewing different aspects of the inquiry. Data, investigator, theoretical and methodological triangulation was evident in some of the studies, which strengthens credibility.

Discussing the data extracted (including a synthesis of the overall results)

The data extracted included aspects relating to the PICO elements for quantitative studies and the PEO elements for qualitative studies. Once you have synthesized the extracted data, it is important to discuss these data within the discussion section. Below is an extract from the discussion section from one qualitative outcome from Sue's review, which she discusses under a specific theme.

Theme 1: threat to comfort zone and judgement call

Within this theme, several threads emerged relating to feelings from healthcare professionals that family presence put additional strain on the team conducting the resuscitation process and outlines some choices they had to make when deciding whether the family members should be present, depending on the individuals coping ability. This view was supported by a patient in the study conducted by Eichhorn et al. (2001: 53) who was asked his opinion on how family presence could affect the healthcare environment. He disclosed that it was important that family members understand that they

should conduct themselves in an appropriate manner but '*It should be decided on a case-by-case basis – who can handle it and who cannot!*' Knott and Kee (2005: 198) concede that reasons that they do not facilitate family presence is 'insufficient staff', and the potential this event may create psychologically for the family member and lack of space.

Here is an extract concerning the quality of life outcome from a Cochrane review on braces (Negrini et al. 2010):

Quality of life

Both rigid and elastic braces caused problems, though different kinds of problems. While the rigid brace caused significantly more problems with heat (85% versus 27%), as well as difficulties with donning and doffing, the patients using the elastic braces had difficulties with toileting (Wong 2008). There is low quality evidence from one RCT (N = 43) that a rigid brace is hotter and more difficult to put on and take off than an elastic one, but an elastic one is difficult to manoeuvre during toileting.

(Negrini et al. 2010: 7)

In both the witnessed resuscitation extract and the brace extract, the key issue to be discussed is stated in the first sentence of the paragraph and then the rest of the paragraph goes on to explain what was stated in the first sentence, thus the first sentence is setting the scene for the rest of the paragraph.

Developing and/or discussing the theory on how the intervention or exposure works

In this section it would be helpful, especially if the results of your review are positive or really important (such as witnessed resuscitation), to discuss the theories on how this intervention may work or how policies governing the witnessed resuscitation protocols could be improved or standardized. In Cheryl's review, she could discuss different people's theories as to how hard braces and soft braces work, and what factors may influence whether they work or not, for example compliance (whether or not the patient wears the brace or not). Sue's review on witnessed resuscitation could discuss the importance of witnessed resuscitation to the patients themselves as well as the family, even though the healthcare staff may find it hinders them to have the family around.

Comparing and contrasting the findings of your study

Comparing your findings to the findings of other reviewers is very important. This places the results of your own review within the context of other research and reviews that have already been carried out. Do your review results support the work of others? Do they contradict them? And, if so, why do you believe this is? In the case of

the scoliosis brace review, Cheryl could compare her results to other narrative and systematic reviews and discuss the similarities and differences in the population groups, interventions and outcomes, as well as any methodological problems of the included studies and suggest explanations for possible similarities as well as differences. Below is an extract from the Cochrane brace review I participated in (and on which Cheryl's example is based) and this compares how our review was similar to and/or different from other reviews. Suggestions and explanations for these were discussed as seen below:

An 'evidence-based review' (Dolan 2007) looked at totally different outcomes from those considered here: the 'rate of surgery' (failure of treatment) in braced groups ranged between 1.4% and 41%. This paper was based on retrospective comparative studies, and on retrospective and prospective case series results, all of which were excluded from the current review. Furthermore, only papers in English were considered, while those adding exercises to bracing were excluded. It was not possible to obtain a good uniformity of methods and outcomes among the papers. . . . These problems could be overcome following the SRS criteria for bracing studies (Richards 2005). Moreover, excluding papers that add exercises to bracing should not be done in the future, because according to SOSORT criteria (Negrini 2009), this is a management criterion to increase compliance. In fact, papers including exercises . . . report very low surgery rates, . . . comparable to the best results in the bracing papers reported above.

(Negrini et al. 2010: 9)

Relating the findings back to the objectives set out and the initial area of interest

Relating the findings back to the objectives is an important aspect of the discussion section as the discussion is not a standalone part of the review. Here you need to relate what you found in your results back to your objectives and background section. For example, Cheryl could relate her findings back to her objectives:

The objective of this study was to evaluate the effectiveness of braces for adolescents with idiopathic scoliosis. The results of this review suggest that there is low evidence for their effectiveness.

Pointing to any methodological shortcomings

Pointing to any methodological shortcomings or flaws in your systematic literature review, and how these may affect the interpretation of the results you have found, is one of the key aspects to include within your discussion. Recommendations on how these shortcomings may be rectified in future studies would also be beneficial. Addressing the limitations of the review enables your readers to judge what parts of the review you could

have improved on. Knowing the limitations also allows readers to judge the validity of the results for themselves and how applicable the results may be to their own practice. Here is an example of what Sue could have written for her review on this subject.

Limitations of the systematic review

Due to the primary papers included within this review having numerous methodological shortcomings, the overall outcomes were compromised. The process of reading the full text papers to assess the methodological quality and the data extraction procedure, was conducted alone, which could have given rise to bias.

Discussing the ethical aspects of the included studies

The discussion of the ethical issues within the primary papers that you included within your review is important. If you have evaluated papers that made no mention of any ethical approvals or informed consent of their patients, there is the possibility that the authors conducting the studies might not have considered the issues of informed consent, right to withdrawal etc. As Sue highlights in her dissertation, ethical approval by local ethical committees is considered as an indicator of reliability and validity since it ensures that the study complies with professional, ethical and scientific standards (Tingle and Cribb 2002: 278–285). Here is an excellent discussion on the ethical issues within Sue's systematic literature review:

As noted by Parahoo (2006: 112), all research studies have individual ethical implications and are sometimes more prominent in one design than another. Importantly, the process of interviewing vulnerable participants – such as those identified within this review – warrants serious ethical consideration. Papers 1, 4 and 5 clearly identify that either verbal or written consent was achieved from the participants and ethical approval obtained from either the Board of Managers within the included hospitals or sponsoring University Review Board. Commendably, paper 4 identified 'beneficence' in providing a 'duty of care' as recommended by the Nursing and Midwifery Council (NMC 2004: 4). The studies all asserted autonomy and confidentiality by issuing a pseudonym to participants and identifying the risks against benefit of exposure prior to the study; they also gave participants the choice to withdraw from the study and access to transcripts. The latter is important in qualitative studies to validate interpretations (Van der Woning 1999: 188).

Discussing the findings with respect to practice

An 'implication for practice' subsection should be included within the discussion section. Improving and enhancing practice is one of the most important reasons for conducting your systematic review. Here is an extract from Sue's review:

Due to the nature of this 'subjective phenomenon', unless having been involved in witnessed resuscitation, it is difficult to understand personal choice. Although the studies delivered strong support for witnessed resuscitation, there were also concerns about negative issues. As recognized in the background literature and throughout this research, cultural diversity affects values, beliefs and behaviours relating to health and illness therefore responses will be subjective (Eichhorn et al. 2001: 54). Through awareness of our own capabilities, we as professional individuals can recognize personal perceptions and biases to accept family choice with respectful autonomy and provide a duty of care (NMC 2004: 4). Through conducting this systematic review it has been identified that further studies should be undertaken to gain knowledge from the patient perspective. One commonality within all the studies except Paper 2 was the recommendation for a protocol especially to deal with the psychosocial requirements of relatives as within Paper 7 attitudes towards family presence changed from negative to positive and further advocates initiating a 'pilot' site so as to provide necessary data to implement change by introducing protocols and education to HCPs and laypersons connected to family presence on a national level in the UK (Hulme 2009).

Revealing questions for future research on this topic

Suggesting areas for future research is a key aspect of any discussion. Include the main points investigated within your review that you would like the reader to remember, highlight what is still not known and include suggestions of the most relevant research that you think should be done to further improve practice in this area.

Stating some overall conclusions about the study

The conclusions of your review should provide a summary of the whole review and restate the key findings. Extracts from first the brace review, and second the witnessed resuscitation review, can be seen below.

Conclusion

Today the only alternative to bracing is the so-called 'wait and see' strategy (i.e. observation and eventual surgery). The scientific evidence is in favour of bracing, but quality is very low . . . any future study should look at patient outcomes (not just radiographic outcomes of scoliosis progression) as well as adverse effects, so that balanced conclusions may be generated.

(Negrini et al. 2010: 9)

Conclusion

This systematic review has identified a plethora of views from patients, family members and healthcare practitioners surrounding their individual

experiences of family presence during resuscitation and/or invasive procedures. Each group identified their preferences within themes that were explored through rich narration, thus giving an overall impression of trustworthiness, which will contribute to informing practice when utilized with expert clinical judgement. Derogatory attitudes from fellow family and peers when identifying the research aims and objectives around the phenomenon of 'witnessed resuscitation' are recalled by the author. This may be through a lack of knowledge and understanding of the topic area and the complexities involved. In reflection, it would be interesting to find out their opinions of the topic after reading this review, for it is important that all individuals are given the choice to be present or not, as in reminiscence, we are all invited to be present at the birth of our loved ones; therefore should we not be included in their departure from life? The ability to understand this particular phenomenon can lead to nursing care that is responsive to the complex experiences of the life world within the resuscitation room. Supported by protocols such as those developed by the Emergency Nurses Associations (ENA 2001: Appendix 4), practitioners can deliver truly holistic care. Until such time, family presence will continue to be highly debated until protocols are institutionalized to aid the decision-making process through relevant evidence-based care (Hulme 2009).

Writing up your systematic literature review

The final step in conducting your systematic literature review is writing it up to a high standard. Depending on why you are conducting your systematic literature review, you may need to write up a dissertation, a journal article, a hospital report or a paper for a commissioning body. Irrespective of where you are planning to write up your review, it is important to take as much care in writing it up as in conducting the review. The report should include all aspects of the systematic review process including the background, objectives, inclusion and exclusion criteria, methods of selecting and appraising your papers, extracting relevant data, the results section, the discussion and conclusions.

As discussed earlier, by the time you have written up the plan or protocol of your review, you should already have the first five major sections written up, albeit in the future tense. Once you have completed your review, having the plan written up makes completing the review much easier as you will not be starting from scratch.

You will need to go back to your plan and update the background section (there may have been more papers or relevant reviews published by this time). You should already have your objectives, inclusion and exclusion criteria, methods for selecting and appraising your papers and data extracting written up, although it will be worth checking them over to ensure you did what you said you would do in your original plan. You should now have only two major sections to write up – the results and the discussion sections, including the conclusion.

It is important to ensure that your report is written up clearly and with great attention to detail, similar to the writing up of a scientific paper. It needs to contain enough

detail so other nurses or researchers can replicate your review just by reading through it. The literature suggests that poor quality reporting of primary papers affects readers' ability to interpret the results. Many reports suggest that reviews (as well as intervention papers) often omit crucial details about the interventions or methods of the review, thereby limiting the ability of clinicians and readers of the systematic literature review to evaluate the findings and limit clinicians' ability to implement the findings in practice (Cochrane Effective Practice and Organisation of Care 2011). Ideally, similar to the writing up of your discussion section, it is best to structure the presentation of your review. Box 8.1 suggests how to present all the sections in the write up of your report.

Box 8.1 Suggested structure of a systematic literature review
Title
Acknowledgements
Abstract
Contents page
Abbreviations or glossary (if relevant)
Structured abstract
<ul style="list-style-type: none">• Background• Objectives• Search strategy• Study selection• Study appraisal• Data extraction and synthesis• Results• Discussion• Conclusions
Main text
<ol style="list-style-type: none">1 Background2 Review question(s)3 Objectives4 Search strategy5 Study selection6 Study appraisal7 Data extraction and synthesis8 Results9 Discussion10 References11 Conclusions12 Appendices

Academic writing skills: tips on style, grammar and syntax

Many people assume that any literate person can write a research proposal. This is not quite accurate. It is one thing to write a letter or an email to a friend when you go on holiday but quite another matter when it comes to writing in an academic style. Writing is a complex skill to master and the only way that most people improve their writing skills is through practice, perseverance and dedication.

When writing up your report it is important to make sure your writing style is in the correct tense. Before completing your report, try to check the spelling, grammar and syntax. Reading a systematic literature review that is full of spelling errors is off-putting and gives the impression that the review was done carelessly and without attention to detail. The following are some tips to help you write up your review and help with your academic writing:

- If you are stuck and have writer's block, try using mind-mapping exercises or brainstorming with colleagues.
- If possible, try to structure your work in advance.
- Know what you want to convey before trying to write it.
- Every sentence should contain one idea only.
- Each sentence should follow logically from the one before. A well-written text is a chain of ideas.
- When you write a new paragraph, introduce the main idea of the paragraph in the first line of the paragraph and then go on to elaborate and give related examples in the rest of the paragraph.
- Try to link your paragraphs so that the text reads logically. If you put ten different ideas in ten different paragraphs and do not connect them in any way, the reader may think you are talking about many disconnected ideas.
- You could try to link the paragraph above to the one below by writing something related to the next paragraph in the last sentence of the paragraph before.
- While writing keep your reader's needs in mind. This means providing a verbal 'map' of your document so that your reader knows what to expect, and placing verbal 'signposts' in your text to explain what is coming next.

Key points

- Plan and structure the discussion section of your review.
- Start your discussion with a summary of your findings in words.
- Ensure that you discuss all the results you presented in the results section:
 - Discuss the results of the studies you selected based on the title and abstract and based on reading the full paper.
 - Discuss your included studies in terms of PICO or PEO.
 - Discuss the quality of your included studies in a synthesized format.
 - Provide a detailed discussion of the data extracted.

- Develop and/or discuss any theory or theories as to how the intervention (or exposure) works.
- Compare and contrast the findings of your study.
- Relate the findings back to the objectives set out and the initial area of interest.
- Make recommendations on how these shortcomings may be rectified in future.
- Discuss the findings with respect to practice and/or policy.
- Discuss the ethical aspects of the included studies.
- Reveal questions for future research on this topic.
- Finish your discussion by stating some overall conclusions about the study.
- Provide overall conclusions about your review.
- Write up your systematic review to a high standard (this is a fundamental part of the systematic literature review process).
- Take as much care in writing up the review as in conducting the review.
- Ensure that you include all aspects of the systematic review process in the:
 - background
 - objectives
 - inclusion and exclusion criteria
 - methods of selecting your papers
 - appraisal of your papers
 - extraction of relevant data
 - results section
 - discussion section
 - conclusions.
- Finally, take great care over the presentation of your review: check your spelling grammar and syntax.

Summary

This chapter discussed ways of structuring the discussion section of your systematic literature review. Extracts from case studies and a completed systematic review were presented. Suggestions for writing up your review report were described together with tips for improving academic writing skills.

9 Sharing, disseminating and using systematic reviews to inform and improve nursing practice

Rob McSherry, Professor of Nursing and Practice Development

Overview

- The importance of sharing and disseminating
- Defining sharing and disseminating
- Methods of sharing and disseminating
- Models and frameworks supporting or hindering the implementation of evidence-based nursing
- Enablers and inhibitors to sharing and disseminating
- Implementing the findings of systematic reviews in practice

The importance of sharing and disseminating

The previous chapters have defined and detailed the steps you will have taken as you undertook a systematic review of your own. This chapter describes the importance of sharing and disseminating the findings.

Systematic reviews, as indicated in Chapter 1, encourage evidence-based nursing. To practise evidence-based nursing successfully, Thompson et al. (2004) suggest several factors that influence decisions about patient care:

- an understanding of the importance of practice being based on the most appropriate evidence
- access to and the ability to use research findings
- the ability to evaluate research and the ability to implement research findings in their own practice.

Put simply, to achieve evidence-based nursing, you need to be evidence informed, which involves:

providing clinically effective patient care and being able to justify the procedures used, the care plan devised or the services provided by reference to