MARTIN LIPSCOMB

NURSING LITERATURE REVIEWS

A Reflection

ROUTLEDGE

NURSING LITERATURE REVIEWS

Literature reviews are undertaken by students, researchers, clinicians and educationalists – that is, almost all nurses.

Despite much excellent work, exploring the assumptions and practices that constitute searching for and reviewing literature has merit, and prompting those who undertake these activities to think critically about what it is that they are doing should be encouraged. Widely adopted approaches to structuring reviews (the "standard model") can detrimentally limit the scope or range of literature that is accessed and appraised. It is further proposed that a lack of professional ambition or confidence invests aspects of the way some nurses engage with the sources that are available to them. Across the book, parochialism is challenged. The crucial roles that values and judgement play in reviews are highlighted. It is argued that humanities and arts texts deserve, potentially, a bigger or more assured place in reviews undertaken by nurses. Difficulties in appraising quantitative and qualitative research reports are identified, and benefits linked with taking a contemplative line through the review process are considered.

This book contributes to debates around evidence-based practice and literature reviews more generally. It will appeal to anyone with an interest in professional issues, research, and the philosophy and sociology of nursing.

Martin Lipscomb is a Senior Lecturer in the Institute of Health and Society, University of Worcester, UK.

"*Nursing Literature Reviews* explores important ideas on the nature of scholarship and evidence in healthcare. Martin addresses key issues facing the nursing academy. This is a valuable resource for any graduate nursing programme."

– Professor Bernie Garrett, The University of British Columbia, Canada

"An important book on an important topic, and a thoroughly enjoyable read."

–John Paley, Visiting Fellow, Sheffield Hallam University, UK

"An incredibly valuable contribution to the literature."

– Professor Barbara Pesut, The University of British Columbia, Canada

"Timely and much-needed and, as usual, beautifully written and deeply engaging (well, it engaged me anyway)."

– Gary Rolfe, Emeritus Professor of Nursing, Swansea University, UK

"The literature review has become ubiquitous in nursing yet, as Lipscomb details in this comprehensive investigation into the genre, it is neither simple nor susceptible to formulaic execution. On the contrary, the literature review is often underappreciated as a highly complex and intellectually demanding activity that should not be taken lightly. This book is a must-read for anyone with serious intentions regarding undertaking or supervising a literature review."

– Associate Professor Derek Sellman, University of Alberta, Edmonton, Canada, Editor-in-Chief Nursing Philosophy *and Director of the Unit for Philosophical Nursing Research*

"In this intriguing book, Lipscomb takes up the practice of literature review within nursing. He walks us through some of the current debates and positions in a manner that allows for a critically reflective consideration of what it means to engage with literature in the modern context. I consider this book required reading for graduate students. Not only will it inform their thinking with respect to research and scholarly projects, it will also entice them into a more philosophical conversation that allows for reflection on how knowledge works within an applied practice discipline such as ours."

– Professor Sally Thorne, Editor-in-Chief Nursing Inquiry, *The University of British Columbia, Canada*

"This clever book works the miracle of making literature reviewing a fascinating and subversive activity. It is shot through with barely concealed mischievousness. Lipscomb uses the apparently prosaic opportunity provided by literature searching to deal with a host of intriguing and important debates in the profession. Setting out to merrily challenge his academic colleagues, Lipscomb's number one enemy is parochialism."

– Professor Michael Traynor, Middlesex University, UK

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For Kath, Harry and Ella – still the nicest people.

CONTENTS

IN FIRST PERSON – A PREFACE

Location and appraisal can be and often are done well. Indeed, it would be presumptuous in the extreme to suggest otherwise. Nonetheless, despite much excellent work, exploring the assumptions and practices that constitute searching for and reviewing literature has value, and prompting those who undertake these activities to think critically about what it is that they are doing should be encouraged.

Reflection might suggest that, somewhat implausibly, existing ways of working cannot be enhanced. Alternatively, should it transpire that improvement is possible, it may be feasible to identify what requires attention even if the means of achieving advancement remain less certain. In either event, considering how nurses go about location and appraisal will bolster confidence and/or point towards where more productive search and review strategies can be pursued. This latter option holds out the promise of deepening understanding, and when practitioners scrutinise their activities in an informed and thoughtful manner, better nursing might result.

Positively, intelligent and challenging commentaries on location and appraisal are being developed, and a great deal of interesting discussion is taking place (see e.g. Boell and Cezec-Kecmanovic, 2011; Schryen, Wagner and Benlian, 2015; Greenhalgh, 2016; Herman, 2016; Ayala, 2018; Greenhalgh, Thorne and Malterud, 2018; Thorne, 2018b; 2019). However, problematically, outside dedicated or specialist communities, innovative work of this sort remains largely overlooked by the majority of those who perform reviews. Bothersome complications are known to exist. Yet snags are generally ignored, and nurse searches and reviews can be thought about and performed in comparatively unsophisticated ways.

Lacklustre interest in the difficulties surrounding location and appraisal may result from, in part, the ubiquity or commonplace nature of these occurrences. Thus, arguably, routinisation contributes to the perception that few substantive problems accompany enactment. And while those grappling with the processes involved can exhibit a prickly cantankerousness, excepting the annoyances and frustrations that attend performance, location and appraisal rarely excite wider passion. This is unfortunate for, inevitably, the quality (or absence thereof) of nurse searches and reviews inform what is known or not known (comprehended and believed), and this in turn impacts on how we undertake research and care for patients.

Literature reviews and nursing

To encourage the reflection that this book suggests is necessary, it is proposed that nurses need to read more deeply and widely when conducting literature searches and reviews than is currently often the case. Further, as Francis Bacon noted in the *Essays*, we should read "not to contradict and confute; nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider" (1999 [1597–1620], p.114). Bacon's (ibid) statement can be understood in several ways. However, one interpretation is that, while reading can occasionally enable us to confirm or deny some contention about the world, it often proves to be of greatest benefit when, rather than concluding matters or providing amusement, reading informs thoughtful contemplation.

These anodyne assertions do not present a particularly electrifying manifesto. They are unlikely to rankle. Nonetheless, both injunctions underpin a critique of aspects of present practice and, in addition, each claim rests on premises and has implications which, if taken seriously, challenge and threaten to unravel the entrenched notions that some practitioners have about what nursing is or should be. Thus, it is argued that the manner in which reviews are conceptualised and enacted directly bears upon and is influenced by the ideas nurses have of themselves and their profession. This theme is developed across subsequent chapters. However, to indicate where discussion is heading, three sticky issues confronted by nurses involved in location and appraisal are here recognised.

First, while methodologists rightly give substantial weight and credence to science and scientific texts, that is, research and its products are described and methods for marshalling and evaluating these sources are proposed – nurses are interested in and ask questions about topics that possess scientific *and* non-scientific literatures. This binary opposition, contrasting scientific against or alongside non-scientific inquiry, can of course be objected. The bifurcation is, in its formulation, self-evidently simplistic. Nevertheless, it usefully illustrates a crucial difference between subjects that can in principle be addressed using empiric methods (broadly conceived), and subjects which defy resolution using such criteria. Pressing this point, although scientific truths are fallible and contingent, scientific methods generate probabilistic results garnering, often, considerable consensus regards their plausibility and, crudely, this situation differs markedly from non-scientific or metaphysical discourse (e.g. ethical or philosophic conjecture) where in all but a few instances agreement and closure is firmly resisted.

This much is platitudinous, yet, if we allow that nurses pose questions and take up subjects that are best tackled through reading scientific and non-scientific literatures, then in addressing what is non-scientific, non-research humanities and – possibly – arts texts might and occasionally ought to be accessed.[1] At any rate this option is not excluded.

Outside of nursing the value of non-technical knowledge is recognised (see e.g. Oakeshott, 1991 [1947]). However, problematically, work of this sort sits uneasily within commonly used models of review processes. Humanity and arts literatures are unlikely to resolve questions in the way these models presume are necessary, and although humanity and arts scholarship speaks to many of the concern's nurses have, these types of texts are not action guiding in the manner that research reports supposedly are.

Methodologists give little attention to whether or how non-research sources might be interpreted by reviewers. Yet even when purely instrumental and/or scientific issues are investigated – Traynor's "technical problems" (2013, p. 88) – it is important to remember that nurses often or always intend to use the results (data or facts) obtained to inform practice.

That facts are deployed in argument to rationalise action in the world is unremarkable. However, facts only make sense within wider landscapes of interest informed understanding, and justification inescapably contains (either implicitly or explicitly) non-factual normative and evaluative components (Trusted, 1987). Once more, the disjuncture being articulated must be treated with caution. Factual and evaluative judgements/statements are often intimately entwined, and cavalier attempts to impose too severe a demarcation between facts and values should be resisted (Berlin, 1998b [1960]; 1998c [1973]). Nonetheless, nursing theorists seem reluctant to discuss the ways in which normative and evaluative considerations influence evidence identification and use, and in both instances – when questions pertaining to topics with scientific and non-scientific literatures are asked – humanity and arts scholarship should perhaps be considered by reviewers when attentive engagement with the normative and evaluative dimensions of argument and decision making is required. That is, when insight is sought, discursive interpretation and not just data is called for (Nevo and Slonim-Nevo, 2011; Boell and Cecez-Kecmanovic, 2014).

Second, regardless of whether scientific or non-scientific sources are included in a search, reviews conducted by nurses can be narrowly and inappropriately compressed. This occurs when nurses rely primarily on nursing and medical or health related sources even when 'external' material might more comprehensively or adequately meet their needs. Looking principally or even solely at nursing and allied health literatures is disobligingly constricting when alternative sources are informative and relevant. However, should non-nursing[2] material be accessed, problems of 'overload' and comprehension are encountered when literatures lying outside discipline specific knowledge are engaged. Again, review methodologists infrequently and/or inadequately discuss these issues.

Lastly, third, the assumed need of some – probably a small subset – of nurses to vigorously protect and maintain professional boundaries and, also, a more pervasive if unquantifiable diffuse reluctance to engage with the complexity of review processes (a professional lack of ambition) exacerbates all other difficulties.

The relative dearth of serious discussion around these issues in most of the texts that nurses turn to for guidance is difficult to fathom. This lacuna materially impacts on the way reviews are performed. Further, underplaying both the value of reading and the potential role of humanity and arts scholarship to productively inform thinking/contemplation suggests that key elements or aspects of nursing's scope or remit remain underdeveloped.

In this work, it is suggested that a broader range of sources should be considered by nurses conducting reviews. The book is positively intentioned. Yet the analysis offered will not appeal to everyone. To challenge complacency a deliberately vigorous tone is adopted and, in places, an unashamedly polemical stance is adopted. More concretely, it is maintained that the manner in which we orientate ourselves towards and engage with 'the literature' cannot be disassociated from ideas about evidence-based practice (henceforth EBP), and the construction of nursing's professional identity or self-image. When undertaking literature searches and reviews, and depending upon the topic or question being addressed, it is proposed that nurses ought to read non-nursing and non-research sources as well as nursing and research materials. Moreover, and again depending on context, the objective or goal of reading may need to be revisited. That is, we ask, within a professional environment must reading always have as its prime objective the resolution of questions/problems or, alternatively, might disinterested contemplation be a legitimate goal in and of itself? To unpack these ideas widely held beliefs about nursing are tested and, inevitably, this testing may appear

confrontational. Thus, adjusting the form that engagement takes will necessitate some reconceptualization of our practices and imagined community and, for some, the reconceptualization of search and review processes outlined may, in its implications, be unacceptable. Therefore, although the arguments presented are not intended to offend, it is anticipated that occasionally they will. Where this is the case, or when an instinctive "that's implausible" reaction is triggered, rather than simply proclaiming "because I don't like what you say, you must be wrong" – "why is he wrong?" might instead be asked.

Reflexivity in review processes – it seems to me

> [T]he diversity of our opinions arises not from the fact that some of us are more reasonable than others, but solely that we have different ways of directing our thoughts, and do not take into account the same things.
>
> *Descartes (2006 [1637], p. 5)*

Researchers of all stripes increasingly recognise that their biographical and culturally mediated histories influence the study process and, by implication, findings. That is, for a variety of psycho-socio-cultural and other reasons, different factors are taken into account when constructing and drawing conclusions. In response, researchers (and theorists) are reflexively situating themselves within their writing, and while this positioning takes numerous forms, through processes of open disclosure it is supposed that otherwise disguised influences and prejudices can be identified (Finlay, 2002a; Canagarajah, 2005; Nelson, 2005; Berger, 2015; Kumsa et al., 2015; Nilson, 2017 – see also Ryan and Rutty, 2019).

Problematically, however, the supposed value of these origin stories and confessionals remains uncertain. For example, once a researcher has described themselves in such and such a way, or has detailed having such and such an experience or belief, it is not necessarily clear what follows. We may, for example, be told that one or more components of the revealed past, or perhaps a special class of interaction, 'feels' or is considered important. Yet at best it is usually only possible to say that some or all of the identified factors exerted an unknown degree of influence for good or ill on unspecified aspects of the research, in indefinite ways.

This is unhelpful. Moreover, post-positivist reflexive accounts are necessarily incomplete. Storytellers may seek to present themselves in a favourable light, and external observers can often offer cogent and valid insights into an individual's life and the potential impact of experience on that person's thinking/behaviour that pass unrecognised by the individual concerned. Alternative or expanded descriptions are thus always available and this undermines (it threatens to demolish) the clarificatory usefulness of 'a' proffered history. Further, if the form of open disclosure being advocated relies upon or requires that individuals introspectively access their own mental processes in a meaningful or accurate sense, then significant criticisms of this ability must be acknowledged. Psychological research has established that people cannot comprehend their thought processes in commonly understood ways and, in consequence, self-reports of such processes – particularly those dealing with 'reasons' – must be treated with extreme caution (Nisbett and Wilson, 1977; Carruthers, 2013; Mercier and Sperber, 2018; see also O'Sullivan and Schofield, 2018, regards clinical practice).

On the other hand, in relation to searches and reviews, since the personal beliefs and values of reviewers cannot easily or always be extracted from location and appraisal processes, these things clearly matter. They are suitable objects of consideration albeit that, mindful of the

aforementioned debunking of inadequate or naïve theories of introspection, it is unlikely to be the case that personal beliefs-values[3] can be 'read off' in the crude manner sometimes assumed. Further, although unacknowledged and strongly determining beliefs-values may detrimentally skew research and review findings, the idea that beliefs-values are necessarily or always problematic is rejected. Here it is suggested that rather than seeking to mitigate, assuage or obliterate such influences, where subjectivity is recognised, and following a reading of de Winter (2016), it may in some instances be supposed that the epistemological integrity of searches and reviews might instead be protected and enhanced rather than degraded. Integrity or honesty in this sense bears no clear relation to the correctness of findings. Integrity references the rounded or full logic of an argument and not the objective truthfulness of what is concluded.

Thus, whereas healthcare professionals often assume "truth is unproblematic and … the right decisions will emerge once all sources of biases are defeated" (Wieringa et al., 2018, p. 931), this is or can be a false assumption. In particular, when human affairs and the interpretation of those affairs are considered, pristine or objective facts do not exist "out there" (ibid., p. 930). Truth does not lurk, it is not sequestered behind a veil of bias and, instead, it is hereafter supposed that facts, or the knowledge/understanding we seek to obtain is "not absolute but result[s] from an interest … a bias towards a certain line of questioning that cannot be eliminated" (ibid., p. 930).

Wieringa et al. (ibid.) are concerned with decision-making in clinical encounters. That is, they focus on socio-cultural interaction and the inescapable interest informed nature of that interaction. Nonetheless, their argument – which can be accepted without adopting or rejecting positions in relation to realist vs. relativist debates – is easily stretched. And, thus, insofar as personal history contributes to the formation of beliefs and values, and where beliefs and values influence location and appraisal then, like researchers and clinicians, reviewers should not, despite the qualifications and caveats noted above, ignore their individual pasts, or attempt in every instance to repudiate biases (since the interests that biases reflect in large or small measure give form and meaning to facts/findings).

Following on from this, although this book is not a research report or review, it is a personal work. The views presented and the character of their exposition overtly capitalise on my interests, background and temperament. And while I want to row back from overly grandiose claims regards reflexivity, my history – who I am – informs what is said. Thus, I entered nursing in early mid-life having previously been employed in primarily commercial positions. The imprint of this pre-nursing experience remains with me. It colours my attitude towards healthcare organisation, as well as my perception of nursing as a discipline. Post-training, I worked in a research active and self-consciously interventionist haematology-oncology unit, I was briefly a Clinical Nurse Consultant in New Zealand, a research nurse in London, and latterly a palliative care nurse in South West England. I then tumbled into teaching, and for the past decade and a half I have lectured in higher education. In this capacity, considerable periods of mainly enjoyable time have been spent introducing student nurses to research methodologies and the ideas and activities that constitute EBP.

My career also bestrides or overlaps with periods of rapid and occasionally turbulent upheaval in nursing. I witnessed both the wholesale transition of non-clinical nurse education into university settings, and the phasing out of non-graduate routes to registration (licence). These changes have proven largely beneficial. Yet reticence concerning the trajectory of travel persists within the profession. Research and informed opinion suggest that better educated nurses outperform less educated nurses in every meaningful way (Sarver, Cichra and Kline, 2015; D'Arcy, 2016; Watson, 2016; Holloway, 2017; Jones-Schenk et al., 2017;

Aiken et al., 2018; Wangensteen et al., 2018). However, depressingly ill-considered comments continue to be voiced about the value and values of graduate nurses (Rolfe, 2015; Darbyshire, 2018; Girvin, 2018), and while it is perhaps unsurprising that ill-informed 'outsiders' misrepresent nursing, resistance to what I consider to be improvement is also discernible amongst subgroups of nurses. Thus, while education is now lodged within the academy, some nurses remain stubbornly distanced from features of scholarship that, if embraced, might positively aid search and review processes.

These bold statements are developed in succeeding chapters. Yet, here, I would just add one rider. Adapting Barnett and Coate's (2005) discussion of curricula, it could be proposed that nursing evidences, in part, a form of:

> performative professionalism in which … we witness a sliding away from the possibility of professionalism that is willing to raise complex and awkward questions about its own purposes to a professionalism that is willing simply to demonstrate its capacity to fulfil efficiently and effectively a set of roles already cast for it.
>
> *(Ibid., p. 19)*

Nursing's move into the university sector occurred at a time when the institutions involved were themselves in flux. Higher education 'reforms' emphasising efficiency and effectiveness mirrored those occurring in wider society. However, as the use of scare quotes around 'reforms' suggests, changes made in the name of these objectives are not universally celebrated. Nurses differ in the views they hold about the demands placed upon them by higher education, not least because these expectations feed into older battles concerning, for example, the nature of professionalism and the practice of nursing. Thus, taken for granted ends (e.g. providing care) can and arguably have been quietly remoulded to fit in with or meet managerialist definitions of efficiency-effectiveness that, while outwardly sensible, are nonetheless problematic (Barnett and Coate, 2005; Cope, Jones and Hendricks, 2016; Harvey et al., 2017; see also Nash, 2019); and it is not illogical or foolish for nurses to reject elements of academia that instantiate managerialist and other presumptions they disagree with. Yet, as I hope to be able to show, this is not the 'stubborn distancing' referred to above.

Linked with the move into higher education, recent decades have also seen a huge expansion in nursing research. Nurses have long distinguished themselves in this field. However, a minority occupation is now a burgeoning industry and, again, we can chalk this up as a success. Patient care is improved and improving because of work undertaken by the research community, and while significant questions and difficulties exist with aspects of the production and use of nursing research (Banner, Janke and King-Shier, 2016; Paley, 2016; Rolfe, 2016a; Saunders and Vehviläinen-Julkunen, 2018), once more, there is much to applaud. That said, an unquantified but nontrivial percentage of nurses arguably maintain a peculiarly defensive posture towards research and scholarship more generally. The relationship, assuming one exists, between defensiveness and the 'distancing' noted above is complex and opaque. Nonetheless, like distancing, the defensiveness I believe I witness has a real and adverse impact on the way we go about locating and making sense of literature.

In a similar vein although EBP is, overall, remarkably successful, we should be concerned if ideas from outside of nursing – ideas that could enrich research and patient care – pass unrecognised or, more problematically, are positively rejected when they emanate from non-nursing sources that do not fit preconceived notions of what, for example, nursing science entails (see e.g.

Parse, 2016; Watson, 2018). Reticence on the part of some nurses to actively seek out non-nursing material may be associated with the idea that nurses have a "unique phenomenon of concern" (Parse et al., 2000), possess "a unique perspective" (Ringham, 2012, p. 16), or occupy an epistemologically privileged standpoint in healthcare provision (Risjord, 2010; Rose, 2017).

The word 'associated' is important in the preceding sentence. I am not asserting that those who think nurses possess a unique gaze or "angle of vision" (Thorne, 2015) vis-à-vis patient care consciously or necessarily discount non-nursing literatures. However, if this line of reasoning is granted, few additional premises are required before it can be concluded that "high quality nursing care is nursing discipline-specific and, therefore, *must* be based on nursing knowledge as formalized in nursing conceptual models and theories" (Alligood and Fawcett, 2017, p. 6 – italicisation added). The desire to create discipline specific knowledge is understandable. It might even be useful. Nonetheless, whether nursing has a "specific domain of knowledge" (Austgard, 2008, p. 314) remains disputed. A great many (dare one say alazonic?) assumptions about the distinctiveness of nursing are likely to be made by those promoting this conception, and presuming 'high quality' nursing care '*must* be based' on nursing as opposed to non-nursing knowledge can, in my opinion, promote defensive and isolationist tendencies that rest on misconceived notions of exceptionalism.

Practice is clearly being advanced, and although change proceeds harrowingly slowly, and challenging critiques of EBP exist (Rolfe, 2005; Norlyk et al., 2017; Skela-Savič, Hvalič-Touzery and Pesjak, 2017), nurses have ample reason to be proud of their achievements. Yet while there is much to be satisfied with, considerable room for augmenting what we do remains. This augmentation applies as much to location and appraisal as it does other facets of research/EBP. However, improvement may stall unless and until the blocks on change identified here, including reticence to learn from non-nursing sources, are removed. Thus, whenever and whyever it exists, failure to engage with potentially useful non-nursing sources hobbles the scope and worth of literature searches and reviews.

'A' perspective

Homilies locating authors in their work require careful appraisal for, among other dangers, they too easily assume that individuals represent or embody caricatures of the identities they align with. Conversely, my view of nursing is heavily influenced by, as noted, pre-nursing employment and, also, ongoing immersion in and reflection on the changes sketched above. These are not the only influences on my thinking. Nevertheless, filtered through and coterminous with personal psychology, these entanglements lead me to adopt a position in relation to nursing.

Specifically, the notion that nurses care in special or exclusive ways that are unavailable to non-nurses is not one I buy into. Further, I instinctively rail against most forms of identity politics, as well as what I take to be the unthinking silliness of many group claims (i.e. claims encapsulated in phrases such as 'nurses value'). By this I mean, while we must use collective or group terms such as 'nurses' if we are to be understood (these terms facilitate comprehension), it is a mistake to confuse how description occurs (the mechanics of communication) with what is being described (van Deemter, 2010). Problematically, collective descriptors may not define real entities and/or claims attaching to these descriptors can lack credibility. For example, asserting that 'nurses value' something or other implies that *all* nurses do this thing. Yet the idea that nurses uniformly share values simply by virtue of being members of a profession is, to me, implausible (see e.g. Tuckett, 2015; Day et al., 2017; Kaya et al., 2017).

Fantastic claims of this sort are untenable because nursing is not a unitary or homogenous enterprise (Leary, 2017). And while I am reluctant to define that which refuses classification – something "definitionally amorphous" (Thorne, 2018a) – nursing might usefully be thought of as a category heading which, perhaps imperiously, corrals an array of diverse and divergent forms of activity and employments together. This description deliberately accentuates variation, and with this in mind, buffeted by enabling and disabling social and cultural structures (the exigencies of history), I see 'our' interests and values as splintered and differentiated.

Nursing is many things (Stephenson, 2017), and individual nurses, in pursuit of their own goals, cluster around what might be labelled necessary and contingent positions of contradiction and complementarity across a spectrum of issues (Lipscomb, 2014a). This awkward sentence exploits social realist terminology to emphasise the possibility that, as suggested, nurses differ from each other in thought and action. If this was not the case, if nurses shared uniform interests and values, if nursing was a homogenous entity, then it would not be sensible to talk about or describe the interactions of interest groups. Yet subgroups within nursing are identifiable (e.g. the interests of clinically situated junior nurses need not be the same as senior nurses occupying management positions). And, likewise, not only might the values held by individual nurses be as heterogeneous as those of the wider society from which they are recruited, but the relationship between personal and professionally espoused values is unclear (Drayton and Weston, 2015). Is this important? I think it is.

Location and appraisal can be and are, to repeat, often done well. And my aim in this book is simply to think through – and encourage others to think through – aspects of how these activities might be improved still further. That said, 'thinking through' is not a neutral activity. It never is. There is no *punctum Archimedis* or disinterested space. Nurses approach or align themselves to their profession in some way (how can they not?), and personal beliefs and values are always 'in play' whenever nursing is discussed or considered (hence earlier discussion/reference to de Winter, 2016, and Wieringa et al., 2018). This Preface highlights my own prejudices vis-à-vis nursing. And as will become clear, my views inform arguments across the work. Specifically, while I am minded to distance myself from the strident abrasiveness of their claims, Miers (2016) and Rosser et al. (2016) identify a persistent and deep seated anti-intellectual streak in UK nursing, and Garrett (2016b; 2018) highlights kindred tensions in North America (see also, Shields et al., 2012; Aubeeluck, Stacey and Stupple, 2016). Mindful of these undercurrents, it is argued that nurses occasionally conduct location and appraisal in ways that merit Miers (2016) and Rosser et al.'s (2016) severe and disparaging epitaph. I therefore deliberately and overtly reject what, in regards to search and review processes, are strands of thought that hold academic inquiry at arm's length. Likewise, professional defensiveness (grounded in notions of exceptionalism), and a reluctance to engage with ideas emanating outside of nursing are similarly cast-off. These problematic and complex notions have been introduced as opinions and, naturally, their meaning and significance require explanation if they are to make sense and be accepted. This explanation is threaded throughout the book, and as I hope will become clear, the issues being addressed are general in scope. They are not unique to the UK.

Last words

Petrovskaya, McDonald and McIntyre (2011) recruit the concept of 'internal critique' to describe, in nurse education, an observed "mismatch between goals, or 'ideals', and existing

realities" (p. 240). In a similar spirit, this book highlights disparities between what is said and what is done. Unhelpful norms and exaggerations of instrumental reasoning are identified in relation to review processes, and insofar as these normalising discourses and logics rest on conceptions of nursing more generally, professional issues are addressed.

This is not then a 'how to' guide. A rapidly increasing array of these already exist and I am not interested in producing yet another instruction manual. Instead, in discussing neglected assumptions and practices surrounding location and appraisal, a decidedly personal and no doubt idiosyncratic viewpoint is presented (to emphasise this dimension of the work, I frequently write in first person). Further, it is assumed that readers are already familiar with the basic principles involved in searching for and reviewing literature, and rather than reproducing yet another handbook, I somewhat grandly seek to challenge prevailing customs. In this endeavour it is not expected that readers will necessarily agree with every statement made, or the sentiments they express. However, if it is accepted that alternative and potentially antagonistic ways of conceptualising nursing exist, how we go about conducting literature searches and reviews becomes a matter of debate and, ultimately, reasoned choice.

To conclude, the arguments set out may be mistaken or, even when correct, they might not be successfully conveyed. Moreover, I do not claim to offer definitive conclusions and, reprehensibly, questions are raised rather than answered. Indeed, negatively, beyond charting a direction of travel, few concrete remedies for the problems identified are offered (though given that many of the questions posed defy swift resolution, this is perhaps unsurprising). And, thus, while the absence of solutions is admittedly irritating, and a scattergun rather than a sniper's rifle is often used to target the issues discussed, beneficially the work will have merit if it stimulates others to revisit these activities. This, I propose, is a valid goal. At any rate, however wobbly, incomplete and partial my analysis is, nurses have, at a minimum, more thinking to do around this subject.

Notes

1 Hereafter, the term 'humanities' references investigation into human society and culture that is critical-speculative rather than formally empiric (e.g. theoretic exposition rather than scientific study). Further, while "All writing is creative writing" (Mitchell and Clark, 2018, p. 2), in this book 'arts' designates forms of fictive expressive composition (e.g. novels) that explore ideas and/or emotion. To aid comprehensibility (readability) both descriptors are designated as scholarship. However, clearly, not every humanity and arts text merits this appellation.
2 Throughout the book, the phrase 'non-nursing' material, source or text references research and scholarship that is conducted or written by non-nurses. It is not suggested that nursing and non-nursing research and scholarship are necessarily distinguishable in any substantive sense. Similarly, the title 'Nursing Literature Reviews' refers to reviews conducted by nurses – and it is not proposed that non-nursing reviews differ in kind from those performed by nurses. There is just research and scholarship. There are just reviews. People steer and mould these activities to address the issues that interest them and the disciplines they associate with. However, research, scholarship and reviews do not become different things when undertaken by the members of different professions.
3 Here and elsewhere (albeit erratically), a hyphen is inserted between beliefs and values. This replaces 'and'. A technical term has not been introduced.

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Numerous people have commented on and contributed to the arguments presented in this book. A few voices were critical, most were supportive, several were decidedly enthusiastic – and given the subject matter that's probably a reasonable balance to strike.

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In accord with the doctrine of plausible deniability, it is important to state that the opinions and ideas expressed in this work are decidedly my own. They are not to be associated with anyone identified here.

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1

INTRODUCTORY HARRUMPHING

- Nurse reviewers often undervalue wide reading.
- The 'standard model' or approach to searching is introduced.
- It is suggested that the standard model restrains creativity.
- A plan of the book is outlined.
- Questions regarding nursing's professional identity are posed.

Rationales supporting or justifying clinical practice frequently rely on information generated by literature searches and reviews.[1] These activities also describe bedrock or fundamental components of research and scholarship (Christmals and Gross, 2017). Done well, location and appraisal identify what is known or believed, as well as what remains to be discovered. In healthcare they enable alternative treatments and interventions to be judged and compared and, further, reviews inform discussion on the nature and scope of nursing and midwifery[2] more generally (see e.g. Perry, Henderson and Grealish, 2018; Rasmussen et al., 2018). Being able to effectively search for and review literature are, it is asserted, "core" (Lipp and Fothergill, 2015) or "essential" (Moule, 2018, p. 48) nursing skills. By facilitating informed reflection and critical thinking, these activities contribute to ongoing professional development (Rowson, 2016; Welp et al., 2018), and reviews therefore sustain practice in a manner that is just as vital and integral to patient and user care[3] as the hands-on or physical skills that are traditionally more readily identifiable with nursing.

Reviews matter

Recognising their importance, this book offers a considered but nonetheless critical commentary on popular approaches to location and appraisal. That is, models and processes that are taught to and used by most nursing students, researchers, scholars, and clinicians (i.e. almost all nurses.) Much of what is done is sensible. However, several issues impinge upon and hamper reviews and these need to be addressed.