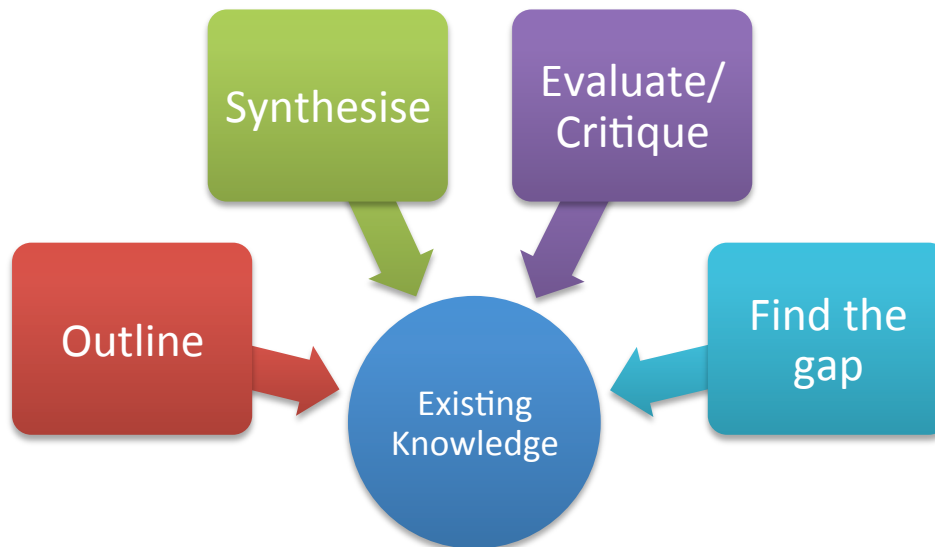


Writing a Literature Review:

The Purpose of a Literature Review:

The purpose of a literature review is to demonstrate your knowledge and understanding of major research on a particular topic. It should establish the importance of a research topic by reviewing relevant academic research and identifying the main patterns, themes or trends that exist in relation to it. A literature review is not a means for you to present your own opinion, but instead should compare various sources and explore how those sources agree relate to one another. The aim is to extend your understanding of key concepts, theories and methodologies in your field of study.



Suggested Sources of Information:

- ✓ Peer-reviewed journal articles
- ✓ Books
- ✓ Empirical studies
- ✓ Reports (such as Government reports)
- ✓ Industry specific websites (such as Government websites)
- ✓ Policy documents (such as syllabus documents for studies in Education)

What you need to do:

Analyse the literature:

“In order for your writing to reflect strong critical analysis, you need to evaluate the sources. For each source you are reviewing ask yourself these questions:

- ✓ What are the key terms and concepts?
- ✓ How relevant is this article to my specific topic?
- ✓ What are the major relationships, trends and patterns?
- ✓ How authoritative and credible is this source?
- ✓ What are the differences and similarities between the sources?” (Citewrite, 2016, para. 6)

Structure:

Introduction

Your introduction should give an outline of why you are writing the review, and why the topic is important

- ✓ “the scope of the review — what aspects of the topic will be discussed
- ✓ the criteria used for your literature selection (e.g. type of sources used, date range)
- ✓ the organisational pattern of the review” (Citewrite, 2016, para. 8).

“This is a good example of an introduction because it has a topic sentence which indicates what will be covered and also tells the reader the specific focus of the literature review in the concluding sentence” (Study and Learning Centre, 2005, para. 3).

Topic sentence: identifies five major themes as the scope of this review

Many theories have been proposed to explain what motivates human behaviour. **Although the literature covers a wide variety of such theories, this review will focus on five major themes which emerge repeatedly throughout the literature reviewed.** These themes are: incorporation of the **self-concept** into traditional theories of motivation, the influence of **rewards** on motivation, the increasing importance of **internal forces** of motivation, **autonomy** and **self-control** as sources of motivation, and **narcissism** as an essential component of motivation. **Although the literature represents these themes in a variety of contexts, this paper will primarily focus on their application to self-motivation.**

Five major themes to be covered

Concluding sentence: specific focus

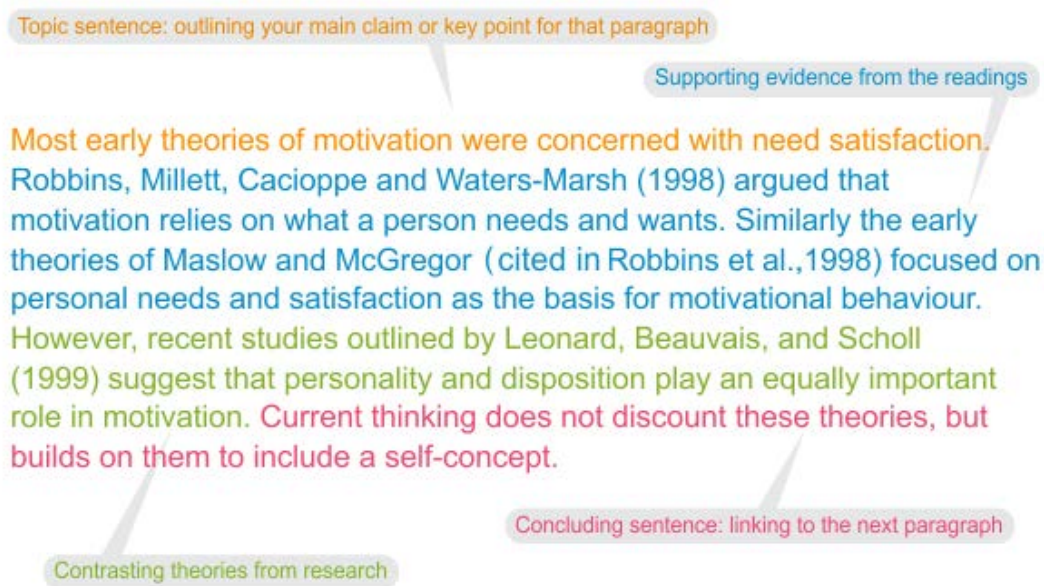
Body paragraphs

In each of your paragraphs, you need to synthesise your readings to demonstrate your awareness of how different ideas compare/contrast. You also need to critically analyse readings to highlight scholars' contributions to your field, and their relevance to your study.

Like with an essay, each body paragraph should have a different focus. For example, you could organise your body paragraphs:

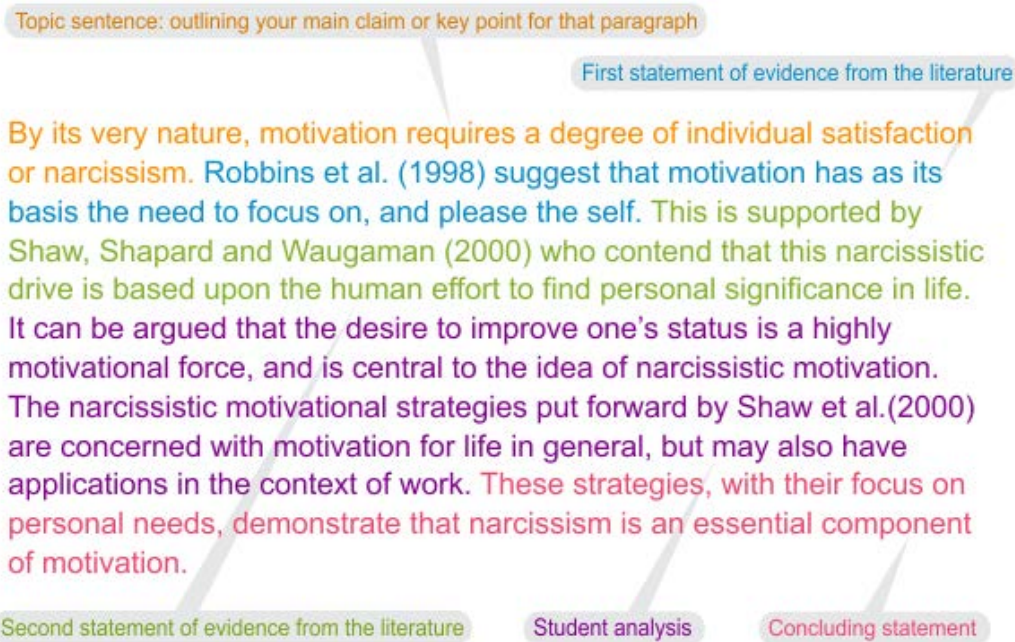
- ✓ Chronologically
- ✓ Thematically
- ✓ Theoretically
- ✓ According to findings

“To develop an integrated argument from multiple sources, you need to link your arguments together. The model below is a guide” (Study and Learning Centre, 2005, para. 4).



Integration Of Analysis

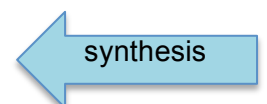
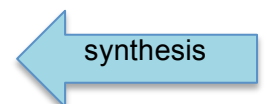
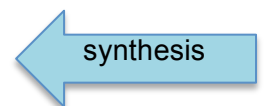
“It is important to integrate your analysis and interpretation of the literature in your literature review. Read the following paragraph and see how the arguments have been integrated into the paragraph along with student analysis. Analysis is not just student opinion; it needs to be supported by the literature” (Study and Learning Centre, 2005, para. 6).



Another example of analysis:

“The underlined passages in the text [below]... show where Key-young introduces differences of opinion about the end of the cold war. He starts off by outlining the standpoint of the realists. He doesn't negatively criticize the realists himself but begins the critique by citing another source, Zubok, who disagrees with the realist interpretation. In this extract, Key-young is demonstrating a critical approach through his identification of the contrasting interpretations of a major event” (Ridley, 2004. p.121).

Realists attempt to explain the end of the Cold War from their observation that the overstretched Soviet Union could not maintain its status as a superpower in a fierce material competition with the United States (Wohlforth, 1994/5; Copeland, 1999/2000; Schweller and Wohlforth, 2000). Nevertheless, Zubok (2001:41) argues that it was wrong to approach the collapse of the Soviet Union from the perspectives of 'economic crisis and pressure', since the country had never been an economic superpower. In line with this thought, constructivists are active in explaining why the cold war was brought to an end in a peaceful way by using such ideational variables as cognitive learning, political entrepreneurship, identity politics, transnational networks and internalization of Western norms and values (Checkel, 1993 and 1197; Mendelson, 1993; Rusee-Kappen, 1994; Lebow, 1994; Evangelista, 1995). In particular, these analysts attempt to identify what motivated the Soviet Union in the late 1980s to abandon confrontational modes of behavior and retreat from eastern Europe voluntarily by highlighting the New Thinking of the Soviet leadership (Herman, 1996; Katzenstein, 1996a; Kowert and Legro, 1996; Checkel, 1998a) (Key-young as cited in Ridley, 2004 p. 121).



Conclusion

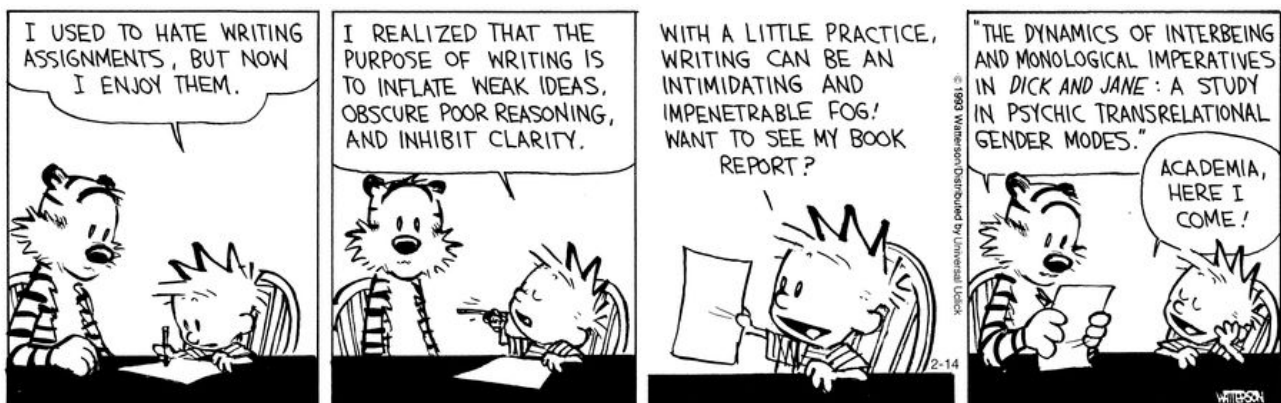
Your conclusion should:

- ✓ Summarise all major positions discussed
- ✓ Clarify general agreements drawn
- ✓ Highlight gaps in the literature
- ✓ Emphasise the important of your topic/the need for further research in the field of study.

Example:

“Numerous studies have been conducted to examine the causes and effects of performance enhancement spells in the amateur Quidditch circles. But most of them concern High School level players. As we’ve seen, very few studies have been directed at adult amateur players and most of the prevention campaigns ignore them totally.

This leaves a wide gap in this field of research. Studying, qualitatively and quantitatively, the effects of those spells on the lives of the thousands of adult amateur Quidditch players would be both extremely interesting from an academic point of view and crucial from a clinical stand point, especially if it were to result in better care by emergency services for those individuals” (How to do a literature review, 2014).



(Watterson, n.d.)

Appendices:

1. Excerpt from: “Engaging Indigenous children in mathematical learning in an early school setting”
2. Writing literature reviews and essays: Handout for faculty of Health Students
3. Example of a literature review: The quality of psychiatric nurses’ interactions with patients: an observational study

Reference list:

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Warren, E., Thomas, L., & Devries, E. (2011). Engaging Indigenous children in mathematical learning in an early childhood setting. *International Journal Of Pedagogies And Learning*, 6(2), 97-107. doi: 10.5172/ijpl.2011.97

“Views on mathematic learning in early child- hood settings have changed over the last 5 years. Previously, many of the mathematical learning decisions made in these settings have tended to be driven by a Piagetian perspective on learning. This perspective is stage-based with an underpinning belief that moving through the various stages is dependent on both experiential opportunities and children’s maturity. Recent literature has recognised that young children enter these contexts with substantive intuitive knowledge about mathematics and that this can serve as a base for developing formal mathematical thinking (Carpenter et al. 2003). In addition, recent research has shown that young children are capable of engaging with challenging mathematical concepts (e.g., Balfanz et al. 2003). There is also strong evidence that an under- standing of mathematics at an early age impacts on later mathematical achievement (Aubrey et al. 2006), with the main determinant of later achievement being quality early mathematical experiences (Young-Loveridge et al. 1997). Thus, there has been a surge of interest in mathematical learning in the early years’ context.

Learning mathematics in the early years is even more important for children from disadvantaged backgrounds. In their large study involving 22,000 children, Denton and West (2002) showed that children from low income families usually come to formal schooling with the same basic readiness to learn as compared with the more advantaged children. The difference lies in how they engage with advanced concepts and skills. The results of the study indicated that by the end of the first year of schooling 63 per cent of children from high income families and 37 per cent of children from low income families had a strong understanding of number sequence and could read two-digit numbers, identify the ordinal position of an object and solve simple word problems. Denton and West (2002) suggested that these differences reflect the mathematical knowledge each group brought to school. They conjectured that children with little mathematical knowledge at the commencement of formal schooling remain low achievers throughout their primary years and probably beyond. It should be noted that in this study data relating to particular classroom contexts or the teachers’ ability to create mathematically appropriate learning episodes was not collected. The conjectures were based purely on demographic data such as parent background, race and gender. Early childhood practitioners can make a difference to children’s learning (Warren & deVries 2009).

The literature presents two predominant reasons as to why mathematics learning may not be occurring in many early childhood settings. First, early childhood practitioners are often fearful of mathematics and see the mathematics curriculum as having the potential to restrict children’s choices and thus ‘inhibit their ability to be self regulatory and autonomous’ (Macmillan 2009). Second, practitioners in early childhood settings often choose these settings to avoid teaching mathematics. Mathematics is a curriculum area that many teachers perceive as rule based with a rigid pedagogy. Many teachers often see mathematics learning as involving the use of a textbook with children completing written examples and worksheets in class. In this paradigm the emphasis is towards children memorising and recalling rules (Boaler 2000). For many early childhood teachers this type of pedagogy is perceived to be at odds with the dominant discourse of play-based learning. Current Queensland Curriculum documents also express this stance, with the mathematics outcomes not being as explicit or extensive as those of the literacy outcomes. Thus many children emerge from their early years’ experiences with limited understanding of mathematics. Is this because their teachers are under confident in teaching mathematics or do these teachers see teaching mathematics and play-based learning as being at odds, or both?

The issues in relation to play and the teaching of mathematics are of particular importance to Indigenous settings. While Australian Indigenous children come from a culture with their own concept of mathematics, these concepts differ from Western mathematics (e.g., Harris 1991; Howard 2001). These differences often reflect the different contexts in which they live. For example, Harris (1991) found that in Northern Territory for the Warlpiri children time is cyclic, the past repeats itself (for example, through skin names) and the passage of time is related to events; whereas Western time is linear, dates are fixed to past knowledge and time is divided into measureable quantities. Parents of Indigenous children want them to be bicultural and to

learn to live in both worlds (Partington 1998). They want them to engage with Western mathematics. Indigenous Australians are also calling for teachers in their communities to deliver curricula that are consistent with that delivered to all Australian children, with the same expectations with regard to levels of achievement (Pearson 2009). Thus there is a call to introduce Western mathematics learning in these contexts. In addition, the results of a longitudinal study involving 132 schools across Queensland reported that compared with other cohorts of early years' children, Indigenous children gain even less from attending play-based programs (Tayler, Thorpe and Bridgstock 2006; cited in Fler & Rabin 2007)" (Warren, Thomas & DeVries, 2011, pp. 97 – 98).

Writing literature reviews and essays

Handout for Faculty of Health students

Example of an essay on pain management

For Nursing students

Pain management essay (2007). Retrieved September 22, 2009, from University of New England Academic Skills Office website:
http://www.une.edu.au/tlc/aso/writing/ehps/health/samples/pain_management_essay.html

Essay Question: Management of pain in elderly patients is sometimes inadequate. *Discuss* this statement with reference to recent nursing literature.

Nurses play a crucial role in the management of pain of their elderly patients, but it appears that sometimes pain is not managed adequately. Elderly people are at high risk of experiencing acute and chronic pain as a consequence of disease or following surgical procedures. If pain is not treated adequately, not only is there the suffering of patients to consider, but also their long term mental and physical health. One of the major factors contributing to inadequate pain management is ineffective communication about pain by the patients, and resistance to taking analgesics. Finally, although nurses are in the frontline of pain control, it seems that in some cases there are knowledge deficits that contribute to inadequately managed pain.

Elderly patients are at risk of experiencing pain in many circumstances. In one study of pain management in nursing homes (Bernabei, R., Gambassi, G., Lapane, K., Landi, F., Gatsonis, C., Dunlop, R., Lipsitz, L. & Mor, V., 1998) it was found that nearly a third of the elderly residents with cancer experienced daily pain, which was frequently untreated. This problem seemed to be worse in the case of patients older than 85 years. Similarly, Ward and Serlin (2000) have stated that management of cancer pain is 'particularly poor' in elderly patients. Pain is also frequently a problem for many elderly people after surgical operations, both in the short term while still in hospital, and after discharge (McDonald, D., Freeland, M., Thomas, G., & Moore, J., 2001). For elderly patients to be experiencing pain that could be relieved with appropriate analgesia is clearly an undesirable situation.

Apart from the immediate suffering it causes, inadequately treated pain seems to have consequences for the longer term physical and mental health of the individuals concerned. For instance, pain relief is important for elderly patients' well being and recovery after operations. For patients recovering from joint replacement surgery, physiotherapy often commences on the day after surgery and is potentially very painful. It is crucial for patients to have effective pain relief for the therapy to be effective and increase the mobility of the new joints (McDonald et al., 2001). In the longer term, elderly people can try to avoid persistent pain by decreasing their movement, but immobility in elderly people can have serious consequences such as pneumonia and thrombophlebitis (Olsen, Johnson & Thompson, 1967, as cited in McDonald et al., 2001). For this reason, pain relief is an important component of the ongoing health care of postoperative elderly patients.

An important factor associated with pain management in elderly patients is the issue of communication. Elderly patients with dementia may not be able to effectively communicate their pain to nursing staff (McDonald et al., 2001). It has also been suggested that even healthy elderly patients would expect to be treated for pain without telling anyone about it (Zalon, 1997, as cited in McDonald et al., 2001). This tendency of patients not to communicate pain is one of a number of "patient-related barriers" (Ward & Serlin, 2000, p.394) which contribute to inadequate pain management in all patients, including, and perhaps especially, the elderly. One of the major reasons for these barriers to communication is patients' worries about side effects. Studies reviewed by Ward and Serlin have indicated that patients with high barriers use inadequate analgesics and have a poorer quality of life than patients with fewer barriers to pain management. For this reason, it has been suggested that pain management strategies emphasising pain communication skills may improve pain management for elderly people (McDonald et al., 2001) .

Given the evidence of unnecessary and avoidable pain in elderly patients, it seems that the role of nurses in alleviating this problem is crucial. However, it seems that for some time nurses have been part of the problem. According to McCaffery and Ferrell (1997), "under- treatment of pain and lack of knowledge about pain management have been evident for approximately two decades" (p. 95). These researchers suggest that there has been recent progress in nurses' understanding of pain assessment, addiction issues and dosage requirements but that some common misunderstandings persist. Clarke, French,

Bilodeau, Capasso, Edwards, and Empoliti (1996) discovered in their qualitative study that there were misunderstandings about a number of aspects of pain management, in particular, non pharmacological strategies to relieve pain, and discriminating between acute and chronic pain. Given the importance of communication in pain management, it would seem that nurses could play an important role in encouraging and educating patients to discuss their pain, in order to improve management outcomes.

In conclusion, if nurses are indeed vital players in pain management, they must take responsibility for pain issues in the vulnerable elderly patients. Many elderly people endure acute postoperative or chronic pain which if inadequately managed can decrease their long-term health. One of the reasons for this problem is that many patients cannot effectively communicate their needs for pain relief, or have serious concerns about taking pain-relieving medication. Nurses can have a big impact on the quality of life of their elderly patients by facilitating the best possible communication with them, and by ensuring they are themselves well-informed about best practice in pain management.

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Example of a literature review

THE QUALITY OF PSYCHIATRIC NURSES' INTERACTIONS WITH PATIENTS:

AN OBSERVATIONAL STUDY

(Paragraphs are numbered for the purpose of workshop discussion; you would not do this in an actual literature review.)

[1] There can be little doubt that the effectiveness of a psychiatric treatment program will be determined to some extent by the attitudes and behaviour of the staff who implement it. Despite this, when programs are evaluated the behaviour of staff is frequently ignored as a variable (Robinson, 1978). One recent example of this is the Psychiatric Nursing Audit (PNA) developed by Howard and Hurst (1988). The manner in which the PNA quality of care measure is calculated is such that it is possible for a satisfactory standard of care to be reached largely as a result of proper administrative procedures and routine nursing activities being implemented. Hence, it is possible, in terms of the PNA, for patients to be rated as receiving satisfactory care even though there may be little staff-patient interaction and the environment therapeutically sterile.

[2] Relatively little research has been done on the way in which psychiatric nurses spend their working day or on the nature of their interactions. The few observational studies that have been done have shown fairly consistent patterns of activities, despite the use of different methodologies and subject populations (Fairbanks et al., 1977; Handy, 1991; Hodges et al., 1986; McGuire et al., 1977; Poole et al., 1981; Sandford and Elzinga, 1990; Sanson-Fisher et al., 1979). A relatively large amount of time, varying from 25 to over 50% was spent on administrative or task-oriented activities. On the other hand, the percentage of total time spent interacting with patients was low, ranging from 8.2 to 42.5%, with a mean of 17.6%. The figure of 42.5% reported in the study by Hodges et al. (1986) was unusually high and possibly reflects the fact that it was obtained in a chronic, closed ward with a very structured program that was designed to foster contact, whereas all the other data come mainly from short-term units.

[3] The conclusions of the above studies are based on averages across all staff, but a study of Handy (1991) shows that staff-patient interaction is highest for junior nurses while the more senior nurses spend much more time on administration. This situation has also been reported by Pines and Maslach (1978). As Handy points out, this means that the decisions about the patients tend to be taken by those staff who have the least interactions with the patients. Another disturbing finding of Handy is that only 2% of time is spent on counselling patients.

[4] Another consistent trend across the studies of nurses' behaviour relates to their interactions with other staff. Nurses were found to interact with other staff almost twice as frequently as with patients in the studies of Fairbanks et al. (1977), McGuire et al. (1977), Sandford et al. (1990) and Sanson-Fisher et al. (1979). These staff-staff interactions ranged from 18.7% (Fairbanks et al. 1977) to 42.9% (Sanson-Fisher et al., 1979). Only in the Hodges et al (1986) study were the staff-staff interactions not considerably greater than the staff-patients interactions and in two wards they were less. This high level of staff-staff contact is probably related to the formal duties of the staff, but it cannot be fully explained in that way, as Sandford et al. (1990) have shown that staff-staff contact increases as a function of increased staffing levels.

[5] Overall, these studies suggest that on average staff spend about one-third of their day on administrative tasks or solitary task oriented activities and that they interact more frequently with their colleagues than with patients.

[6] It is commonly assumed that staff-patient interaction enhances the therapeutic process and therefore concern has been expressed at the low level of staff-patient interaction that has generally been found to occur (e.g. Sanson-Fisher et al., 1979). However, it seems likely that it is not the amount of contact per se that is important but the quality of contact. If there is a lot of interaction but it is mainly hostile then it is less likely to contribute positively to the therapeutic milieu than is lesser but more friendly contact. None of the studies on nurse-patient interactions has looked at the quality of the interactions. The present study aims to do this.

Adapted from Tyson, G.A., Lambert, W.G., Beattie, L. (1995). The quality of psychiatric nurses' interactions with patients: an observational study [Electronic version]. *The International Journal of Nursing Studies*, 32(1), 49-58.