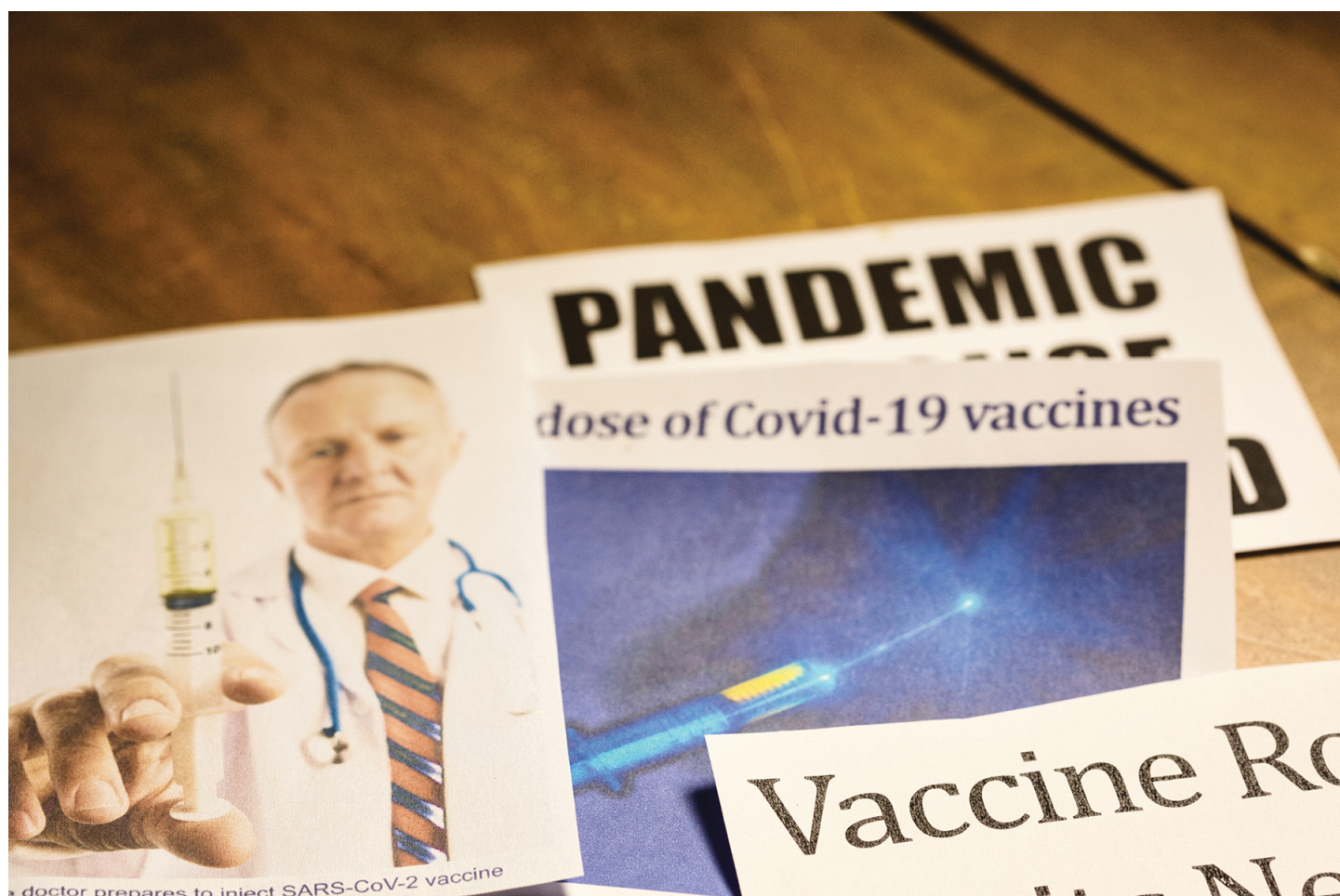


Why use literature reviews in health and social care?



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Introduction

Why use literature reviews in health and social care? is a free course which introduces and explains how literature reviews can support evidence-based practice in health and social care. A literature review can offer a systematic way in which to sift through information to produce relevant existing knowledge and discern knowledge gaps. This short course explores different examples of the use of literature reviews that have informed policy and practice; social work with older people, cessation of cigarette smoking in pregnant women and use of mindfulness therapy with respect to older people with dementia and their carers.

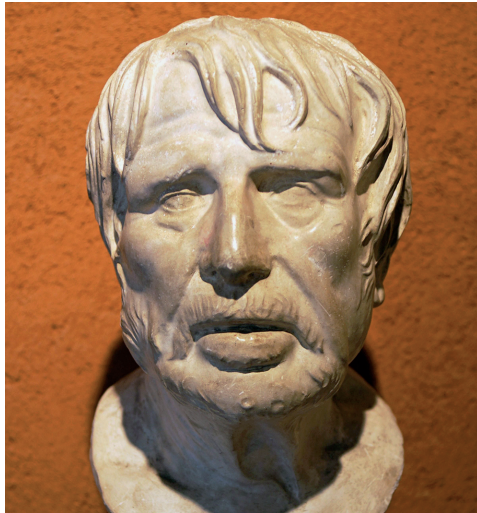
This OpenLearn course is an adapted extract from the Open University course [*K323 Investigating health and social care*](#).

Learning Outcomes

After studying this course, you should be able to:

- recognise how a literature review of current knowledge and research can contribute to investigation of health and social care.

1 Information overload?



What is the point of having countless books and libraries whose titles their owners could scarcely read through in his whole lifetime? The mass of books burdens the student without instructing him, and it is far better to devote yourself to a few authors than to get lost among many.

(Seneca, 2005, p. 45)

Seneca wrote these words 2,000 years ago; as a Stoic philosopher he sought 'tranquillity of mind'. He felt that one source of stress in life was simply 'too much information'.

Yet then, as today, we all need information to negotiate our lives. Whether we are health service users or practitioners, we need to get the right kind of information to obtain or deliver the best, most appropriate service. How do we know what the right, most helpful kind of information is?

A lot of 'good information' used to be located behind the walls of university libraries. Nowadays a lot of information can be found on the web and social media. However these sources also give many examples of 'fake news'. (e.g. Sommariva *et al.*, 2018). Balancing this, the internet allows non-professionals to find evidence with which they can challenge health and social care practitioners. Professionals can no longer simply rely on the status of being a 'professional'. **Consumers' rights** and **citizens' rights** imply that the services we receive or practise should be evidence-based. For all **stakeholders** it becomes very important to discern what 'counts' as good evidence for adopting a particular policy or practice in health and social care. The internet has also facilitated an explosion in the number of academic journals reporting primary empirical research allowing more people to access leading edge research. However, potentially we are still left with the same problem that Seneca encountered 2,000 years ago – namely potential information overload. Learning about how to conduct a literature review in a systematic way can cut through the mass of research out there in health and social care.

Using a literature review to inform health and social care policy and practice can utilise existing research to answer new questions. At the very least approaching information

systematically might identify the need for new research. Significantly, because so much research is now accessible online it means that we might be able to answer new questions. Literature reviews are often considered 'very academic' but actually they are a practical way to interrogate research and find answers. Whether you are a service user, carer or health and social care practitioner, learning how to conduct a literature review can put good evidence in your hands. It can give you a powerful tool to introduce and employ evidence-based policy and practice in your immediate environment.

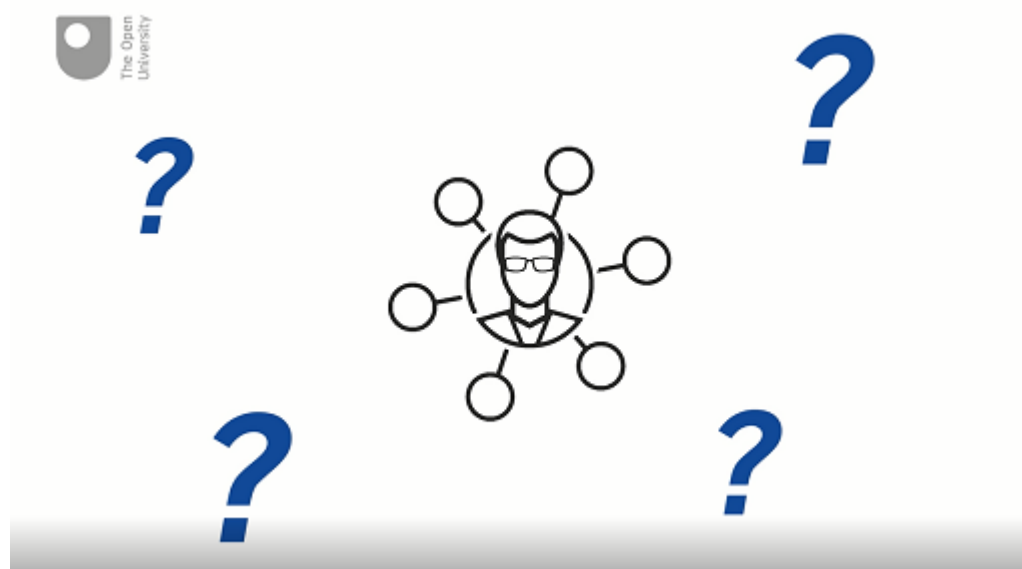
The key starting point of a literature review is your research question.

Activity 1 Why are literature reviews important?

Watch the following video, which introduces the ideas that need to be considered when finding relevant literature.

Video content is not available in this format.

[Video 1 Let's talk about questions](#)



Discussion

Many people work in or receive health and social care services in the UK. It is a significant part of our economy. Efficient and effective use of resources is only one rationale for why professional practice and policy should be grounded in reliable evidence. Perhaps more important than that, our policy and practice should be ethical. Either rationale needs evidence to support proposed and existing practice. And so it becomes very important as to what 'counts' as good evidence.

Literature reviews help summarise current evidence, to suggest both 'what works' and what needs to change. There is a huge amount of information 'out there', and cutting through that on a systematic basis begins with understanding the major types of questions we can ask. Questions of:

- quantity, from which we expect answers in terms of numbers
- experience or quality, in which we can expect answers in terms of how people express how they feel about an experience

- assessment or evaluation, in which answers could be provided either in the form of number or an expression of experience but which indicate if a policy or practice has worked or not.

2 Using evidence in practice

Once you've completed your literature review you will need to think through how you are going to use it. You will have marshalled the evidence you need based on precise research question. Your aim will be to convince your readers – your manager, your colleagues, your campaigning associates or whoever – that you've drawn from a relevant reservoir of evidence to support recommendations which will change practice or policy.

You might think that a literature review is a highly 'academic' exercise. Well, it is; but it should also be seen as very practical. It should be seen as something that can be incorporated into everyday professional practice, by harvesting and harnessing the host of research into health and social care that exists to inform the development of new policy and practice. To help steer your thinking the next section explores three case studies which illustrate what this might mean. Use these case studies to stimulate your thinking about literature you might want to look into further.

The three case studies that have been chosen concern mental health, public health and social work. Each have a different policy and practice focus. Will your eventual investigation have a policy or practice focus?

3 How literature reviews can shape policy and practice

Case study: Jean Gordon (Effective social work with older people)



I qualified as a social worker in my mid-twenties and since then have had a varied career as a practitioner, practice educator, social work tutor and, more recently, as a self-employed researcher. I've worked in residential childcare, schools, hospitals and community mental health, in the third sector as well as Scottish local authorities. Throughout my career I've been curious about the basis on which social workers make decisions about whether, how and why to intervene in people's lives. I've also become increasingly aware of the often-slim evidence base that we draw on, and the importance of being able to locate and make sense of accessible, relevant research to inform policy and practice.

In 2005 I had the opportunity to contribute to the development of a new direction for social work services in Scotland. The [21st Century Social Work Review](#) was undertaken in the wake of a major inquiry into the abuse of adults with learning disabilities in the Scottish Borders. The Review Group was asked to take a fundamental look at all aspects of social work and make recommendations about how services should be developed to respond to twenty-first-century challenges for the profession. It commissioned a wide range of research including a review of the evidence base for effective social work with older people, conducted by [the] Social Work Research Centre at the University of Stirling.

(Source: Kerr *et al.*, 2005)

Case study: Julie Hirst (Smoking cessation and pregnant women)



I worked for the NHS for 24 years before transferring to Derbyshire County Council in 2013. My work focused on addressing the social factors that impact on people's health. When I conducted my literature review, I was working for the NHS as a public health specialist. I had just inherited the task of reducing the prevalence of smoking in pregnant women in Derbyshire. I knew very little about what worked to help pregnant women quit smoking, so I approached my literature review with an open mind. My initial search terms included 'smoking' and 'pregnancy'. I searched a range of databases including the Cochrane Library, CINAHL, PubMed and NICE. This gave me a huge amount of evidence about the impacts of smoking on the baby and the mother, including the shocking statistic of 40% of infant deaths being attributable to maternal smoking. The results also highlighted some key risk factors for maternal smoking, including relative deprivation, young maternal age and low educational attainment.

I refined my search by adding: 'effective interventions' and excluded literature over five years old. This gave me a more useful range of evidence, including a number of systematic reviews and meta-analyses. All the evidence I found emphasised the relatively low success rates for any intervention aiming to help pregnant women to quit smoking. Interventions described included the NHS Stop Smoking Service, counselling, health education, social support and financial incentives. Interestingly, financial incentives emerged as four times as effective as any other intervention (25% versus 6%). One limitation was that all the evidence on financial incentives came from studies in the USA.

(Source: Ierfino *et al.*, 2015)

Case study: Adele Pacini (Mindfulness for later life)



I am a chartered clinical psychologist in the NHS, specialising in later life mental health care, including dementia assessments. I became interested in [Mindfulness](#) (NHS, 2018) on a personal level after completing my clinical psychology training, when I found that I was still pretty stressed despite not having the excuse of exams!

I started a daily practice from there, and it has been interesting to think about the practice of mindfulness on a personal level, and also from a theoretical perspective in terms of how it impacts on the mind. I wondered whether the benefits I had observed in my own attention processes would also benefit people with cognitive impairment. I keep up to date with the research literature via email alerts from journals, and I noticed that a good deal of research interest was developing in this area.

4 Policy or practice focus, or a mixture?

The case studies in the previous section offer contrasting professional disciplines and subject matter: social work with older people, promoting public health through smoking cessation and mental health in later life. Each of the literature reviews we featured have been published or presented at different times for different purposes. A fundamental distinction in purpose is whether a review is concerned with policy or practice. In this section, you'll look at reviews that focus on policy or practice or a mixture of both, using Jean's, Julie's and Adele's cases.

Activity 2 Bottom-up policy?

Watch this interview with Jean and Julie about their literature reviews.

Video content is not available in this format.

[Video 2](#)



In the video, there was a discussion of 'bottom-up' policy. What do you think 'bottom-up' policy might mean?

Provide your answer...

Discussion

Hopefully you agree that this interview raised various issues and not just the answer to the activity question.

We can contrast two approaches to evidence-based policy inherent in the discussion with Jean and Julie. You should consider both in framing any investigation. Both Jean's and Julie's literature reviews were 'top-down' in the sense that they were commissioned by other people to take part in literature reviews. In Jean's case, it was because the people leading the 21st Century Review were part of her network of shared professional contacts. The 21st Century Review Group needed the evidence

about social work with older people. In Julie's case, her managers asked her to review the evidence for 'what works' relating to smoking cessation in pregnancy. A matter of public health. Her employers, first the NHS and then, following the 2012 Care Act, local authorities, (Northern Ireland, Scotland and Wales arrange public health services differently) wanted an effective policy to help pregnant women stop smoking.

This can be contrasted with 'bottom-up' evidence-based policy, in which a practitioner might take note of a broad policy that affects their workplace and ask questions about it. For example, Jean noted that integrated health and social care is favoured in different jurisdictions, although she knew more about it in Scotland. Jean suggested that a practitioner might be interested in the evidence of effectiveness of integration, and what factors made it successful, to inform the local implementation of integrated care. Can you identify a broad policy of interest that fits your investigations?

You will now look at what our contributors said about each of their literature reviews.

4.1 Policy focus: Jean's literature review

Jean's literature review was published in 2005 and was for a Scottish project. When it was produced, it fed into the most substantial review of the social work profession since the late 1960s: *Changing Lives*, the report of the [21st Century Social Work Review](#) (Scottish Executive, 2006). If you are interested in social work with older people, you can use the hyperlinks embedded in the case study text to learn more about Jean's literature review and the project it was part of, to get 'the big picture'. Even though it was produced in 2006, its effects are still present in Scotland. Jean's literature review was one part of the process that allowed policy makers to frame new policies about working with older people at that time.

Jean reflects on the purpose of her literature review.

Re-reading this report 14 years later, it is inevitably beginning to show its age. Nevertheless, some of our review's conclusions still seem to me to have resonance today, including its stress on the views and wishes of older people, on ethical social work practice, on the importance of multidisciplinary working and the distinctive mix of skills and expertise that social workers bring to situations of uncertainty, risk and conflict.

This literature review was conceived and planned for a very specific purpose: to inform a nationwide review of policy and practice. In writing it, we were mindful that it sat besides, and had to be cross-referenced against, other commissioned work, as well as the work of service user and carer groups and discussions with social workers and their employers to come to its conclusions. As authors we were therefore very aware that our literature review was to be used to bring about change, and that we were charged from the start to identify the implications of our findings for the future development of the profession. The strength of the 21st Century Review's conclusions came from the mass of evidence, discussions and debates it generated, rather than any single evidence source.

(Kerr *et al.*, 2015)

Jean's last point is no doubt important; if a substantial policy shift is implied, then the evidence to support it has to be substantial and come in different forms. In the context of a national shift in policy, no single literature review, even though it collates many sources of information and evidence, is likely to be enough. However, most policy change is not national, it is likely to be focused in geographical boundaries or in terms of particular service terms.

4.2 Policy and practice focus: Julie's literature review

Julie's literature review, conducted in conjunction with a range of public health academics, focused on the use of financial incentives to stop pregnant women from smoking, thus promoting their health and the future health of their children.

Having reviewed the evidence, I admit that I was surprised to discover that financial incentives appeared to be four times more effective than any other approach. Being concerned about the ethics of this approach and anticipating local (professional) resistance to it, I contacted Professor Theresa Marteau, an expert in financial incentives for behaviour change, for advice.

Theresa Marteau replied to my enquiry (some academics don't, but it's always worth a try) and sent me her draft research protocol to pilot financial incentives to help pregnant women quit in a UK setting. I secured the support of Derbyshire's Director of Public Health, including the funding, to pilot this protocol in Derbyshire. The pilot ran for a 12-month period at Chesterfield Hospital. My literature review and its findings were instrumental in making this happen. Without the evidence from my literature review, I would not have been able to secure the managerial or financial support to develop the pilot.

In previous years the quit rate for smoking among pregnant women using Chesterfield Hospital maternity services was 1% of the total cohort of smokers. The quit rate rose to 8% during our pilot. In summary, a total of 239 (39%) of the 615 women (pregnant smokers) in the pilot enrolled on the scheme, of whom 143 made at least one quit attempt and received an incentive payment, and 97 out of 143 women were still quit six weeks later. Of these, 48 women were biochemically validated as still quit at delivery, 25 of whom remained biochemically quit six months later. These results resulted in a further significant policy change, which involved expansion of the intervention to the remaining areas of Derbyshire.

(Ierfino *et al.*, 2015)

Here, Julie reports two things, first that the literature review directly fed into a change of policy and practice, in how public health was promoted. Yet, giving smokers money to quit smoking might, for some people, seem morally wrong or bad practice in principle, despite evidence of effectiveness. Another point here is that Julie's research led to a pilot to test the policy. In other words, both from a scientific and a political point of view, piloting of potentially controversial policies through new primary empirical research is likely to be necessary. In this case, the pilot led to a generalised change in practice in Derbyshire.

4.3 Practice focus: Adele's literature review

Earlier you learned that in her professional role Adele 'wondered whether the benefits I had observed in my own attention processes [mindfulness] would also benefit people with cognitive impairment', including people with dementia. Adele's role involved helping people to restore their mental wellbeing, and one aspect of her work involved [Mindfulness](#) (NHS, 2018). If you want to find out more about mindfulness, Professor Mark Williams, former director of the Oxford Mindfulness Centre, has outlined its theoretical basis in the article 'Mindfulness and psychological process' (Williams, 2010) and some of its practical applications in the article 'Mindfulness, depression and modes of mind' (Williams, 2008). Adele was interested in applying what she knew about mindfulness in her practice setting for people in later life.

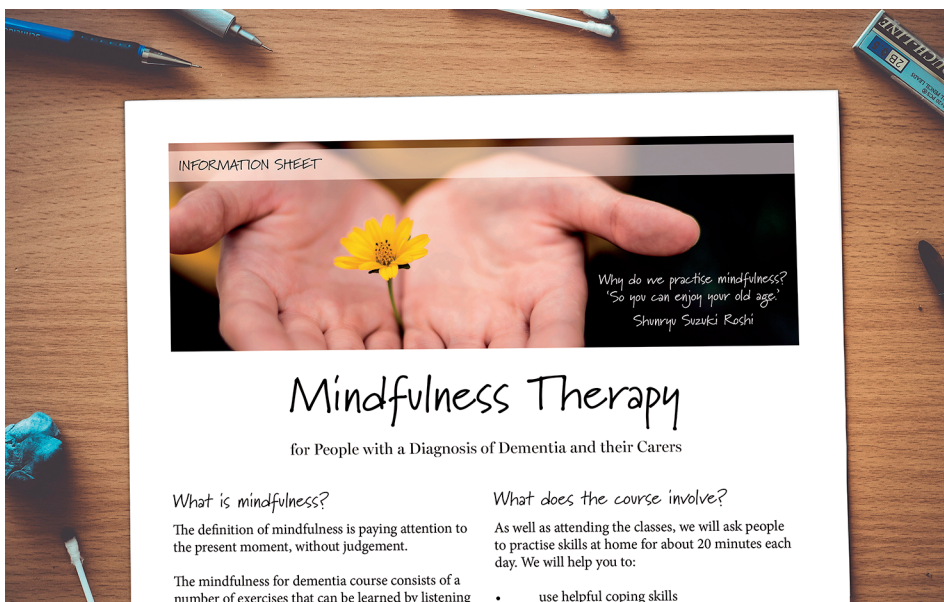


Figure 1

The information sheet above (Figure 1) was created for illustrative purposes in that it was an outcome of Adele's literature review, just as much as either Jean's or Julie's publications. The leaflet promotes the new service/practice that Adele's literature review supported. While publication can be an outcome of doing a literature review, it doesn't have to be. Adele wanted to develop a new service/practice within her work environment. Her literature review led to that but she still had the practical task of advertising the service and engaging with service users and carers.

Activity 3 Mindfulness and working with people with dementia

Listen to the following interview with Adele Pacini.

Audio content is not available in this format.



Audio 1

Answer these questions:

1. Would you describe Adele's approach as 'bottom-up' or 'top-down'?
2. Ultimately, Adele was successful in changing practice. What steps did she take to enable her success?

Provide your answer...

Discussion

1. Adele's approach was definitely 'bottom-up'. It didn't depend on any particular overall policy. Neither a government department nor her employer wished to implement a policy on mindfulness practice. Adele's concern was that existing forms of therapy and practice to help people with cognitive impairment and dementia were not sufficient. She thought a change of practice was required. However, she couldn't simply introduce a practice on her own. She had to win over others, not least because the Clinical Commissioning Group (CCG) had to 'buy' services from her employer.
2. Adele was successful for a number of reasons because she was aware of what her immediate audience needed to know. However, her success also involved understanding that she needed to network with potential allies outside her immediate work environment, for example, the local university and a local charity. Success in using secondary research to begin a change process requires that you understand which stakeholders in your audience will challenge your evidence, and which stakeholders will be your potential allies.

5 End-of-course quiz

Check what you've learned in this course by completing this short quiz:

[End-of-course quiz](#)

Open the quiz in a new tab or window and come back here when you've finished.

Conclusion

In this short OpenLearn course you have learned about why and how literature reviews can inform and change policy and practice in health and social care.

- You've considered how approaching a literature review in a systematic way can cut through an almost overwhelming amount of information that exists.
- A systematic approach can also address issues of potential bias and 'fake news'.
- One of the fundamental elements of doing a good literature review is knowing what kind of evidence you need to help you form a good research question.

Questions of:

- quantity, from which we expect answers in terms of numbers
- experience or quality, in which we can expect answers in terms of how people express how they feel about an experience
- assessment or evaluation, in which answers could be provided either in the form of number or an expression of experience but which indicate if a policy or practice has worked or not.

You also read about and listened to examples of how literature reviews can be used in health and social care.

- You heard about how Jean's literature review helped to inform the development of the social work with older people in Scotland.
- You heard about how Julie's literature review helped to introduce an effective new public health intervention, smoking cessation with women who smoked during pregnancy.
- You heard about Adele's introduction of a new practice with people with dementia and their carers which focused on mindfulness.

Hopefully you found the activities in this OpenLearn course supportive of your interests. If you want to develop more insights into the process of constructing a literature review in health and social care then you might think about registering on

[K323 Investigating health and social care](#) as part of an [Open Degree](#), our [BA \(Hons\) Health and Social Care \(R26\)](#) or one of our [social work degrees](#).

Glossary

Citizens' rights

Citizens' rights derive from legislation and regulation support by the state in any given jurisdiction. They may also refer to supposed or proposed rights that could be enacted and supported by a state. Such rights tend to be generic in nature, for example, related to human rights, that is rights to be free from discrimination, persecution, or freedom of movement, speech, or similar.

Consumers' rights

Consumers' rights can be seen as a subset of citizens' rights, in that they are, or proposed to be, rights supported by a state in the particular field of consumer legislation

and regulation, and concern the goods and services that are exchanged in any marketplace.

Seneca

Seneca the Younger (4 BCE–65 CE), fully Lucius Annaeus Seneca, known as Seneca; philosopher, playwright and adviser to the Roman Emperor Nero (between 54 and 62 CE) compelled to commit suicide by Nero in 65 CE.

Stakeholders

A person, group or organisation with an interest in a project, so citizens, service users, as well as health and social care practitioners (and their managers) are all 'stakeholders' in health and social care.

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