



title Evaluating literature review methodologies for
policymakers

authors

Mr Jack Naylor

Research Assistant
UQ-MRI Centre for Health System Reform and Integration
Primary Care Clinical Unit, Faculty of Medicine
Royal Brisbane Hospital
Email: jackson.naylor@students.mq.edu.au

Prof Claire Jackson

Director
UQ-MRI Centre for Health System Reform and Integration

Professor in Primary Care Research,
Primary Care Clinical Unit, University of Qld
Primary Care Clinical Unit, Faculty of Medicine
Royal Brisbane Hospital

Dr Maria Donald

Deputy Director (Research) and Senior Research Fellow
UQ-MRI Centre for Health System Reform and Integration

Senior Research Fellow, Primary Care Clinical Unit
Primary Care Clinical Unit, Faculty of Medicine
Royal Brisbane Hospital

background

Health executives and policy makers find themselves under increasing pressure to demonstrate a high quality, evidence-based justification for health programs, policy design and service reform.

Until recently, methodological options with which to find and assess evidence have presented a limited choice - the explicit, rigorous and narrow focus of the Systematic Review, or the broad, descriptive, less bias-proof Narrative Review.

Both methodologies have documented limitations, and may not correspond with the contemporary needs of decision-makers⁽¹⁻²⁷⁾. This has resulted in the emergence of other evidence-review methods to better meet demand - namely Scoping, Rapid and Realist Reviews^(1, 2, 18).

These processes are not without limitation, and are similarly challenged to establish an explicit and consistent purpose, definition and method to control bias and quality variation.

This paper looks to pragmatically 'review' the reviews – providing an outline of their purpose, process, strengths and limitations, and highlighting the appropriate search environment for each. It presents decision-makers with a pragmatic guide to inform resource allocation and evidence base in health care and health system research, practice and policy development.

We searched PubMed, Web-of-Science, MEDLINE and Google Scholar and references from previous literature reviews, snowballing through reference lists of defined studies. Searches were conducted up to April 2020, with search terms focusing specifically on literature review types including:

- 'systematic review',
- 'narrative review',
- 'scoping review',
- 'rapid review', and
- 'realist review'.

We included studies published in the English language that describe elements of these reviews and the following information was extracted for each review type: 'context and purpose', 'process', 'strengths', and 'limitations'

the systematic review

For queries that look to answer specific questions about the value or effectiveness of a particular treatment or practice, the Systematic Review is likely to be the most appropriate method ^(3, 7, 12, 24, 28, 29).

The Systematic Review's synthesis of up to date evidence and narrow focus, provides decision-makers with a representation of current knowledge, including gaps and inconsistencies, on a specific question or intervention ^(1, 3-6, 8, 15, 17-22).

Despite Systematic Review's broadening capacity to include mixed-method and qualitative designs, randomised controlled trials (RCTs) are their traditional and favoured form of evidence. This is due to RCTs resistance to bias and clear presentation of intervention effectiveness. ^(1, 5, 12, 23, 30).

Meta-analysis is a statistical technique often used within the Systematic Review. It compiles individual studies by pooling their quantitative data, so the larger sample size can be analysed. This allows small or inconclusive studies to potentially contribute to the overall picture. Meta-analysis is a stage of Systematic Review that is not always appropriate or possible. Its valid implementation requires the inclusion of studies that are similar in construction (for example, target population, intervention, comparison being addressed and measurement of the outcome) to ensure an adequate comparison, as heterogeneity hinders the strength of their conclusions ^(1, 8, 9, 15-17, 20, 31-33).

Similarly, qualitative evidence can be integrated in an alternative technique called meta-synthesis. Meta-syntheses look to reinterpret the synthesised qualitative data and theorise its meaning. This can be an effective tool for exploring complex issues related to the delivery of services (e.g. effectiveness of intervention, barriers and facilitators in accessing healthcare) and patients (for example, user views, experiences and behaviours) ^(1, 15, 34).

Due to the level of rigour demanded from their guidelines (see Table 1), a Systematic Review may take up to 2 years to complete, requiring significant human and financial resources ^(4, 11, 13, 14, 25, 27, 35). Guidelines specify that Systematic Reviews must be performed by at least two reviewers independently, to maintain rigour and minimise the risk of bias ⁽³⁵⁻³⁸⁾. The process also requires the technical proficiency of librarians, experts, research co-ordinators and statisticians. Subsequently, they may demand budgets of at least \$100,000 ^(11, 13, 35). These factors do not correspond with decision-makers need for timely information.

Policy-making is often rapid relative to academic norms, and complex policy decisions may need to be made within days, weeks or months ^(14, 23, 35, 39).

the narrative review

Decision-makers may be more interested in exploring background concepts and theories around a topic. In this case, an expansive review of literature would be more suitable, focusing on clarification and informing its audience about the multiple factors of policy questions ^(1, 7, 8, 10, 20, 23, 40). The broad scope and discretionary methodological approach of the Narrative Review may correspond best with this purpose.

The Narrative Review's flexibility allows for the synthesis of diverse studies, linking various types of evidence from different topics for reinterpretation ⁽¹⁵⁾. A discretionary approach makes them adaptable to the time and resources of the reviewer, so their overrepresentation in medical literature is unsurprising. However, it also hinders their validity as evidence, evoking the perception that they lack rigour and are susceptible to bias. Despite this, there is an argument for the importance of author discretion in determining what evidence is applicable to key policy questions ^(1, 4, 6, 7, 10, 16, 17, 23, 29, 32).

the scoping review

Scoping Reviews also correspond with a broader purpose through their extensive coverage of the research activity relevant to their question, capturing key concepts and the size and scope of available evidence ^(1, 3, 22, 24, 31, 39, 41-49). Despite lacking formal guidelines and quality appraisal, emphasis on a pre-determined protocol and an exhaustive, transparent and reproducible method, raises their status over the Narrative Review ^(1, 3, 22, 24, 31, 41-43, 45, 47, 49, 50).

Guidelines have been in development overtime to encourage consistency in quality (see Table 1). Due to the significant breadth of coverage in Scoping Reviews, alignment between the title, purpose, research question, and inclusion criteria is crucial to ensure focus. A minimum of two reviewers are required to tackle the substantial volume of data, often providing expertise from different disciplines ^(24, 44, 47, 49).

Scoping Reviews are not intended to be as exhaustive as Systematic Reviews and their broad focus and sizeable number of included studies make comprehensive synthesis of all relevant literature unrealistic. This means they don't provide a synthesised answer to a research question, nor capture the weight of evidence for the effectiveness of an intervention.

Still, they can be time-consuming, with reports of high-quality Scoping Reviews taking up to 20 months ^(3, 22, 31, 39, 42, 43, 45, 48, 49).

Both lack of quality appraisal and the challenge of retrieving all relevant information, makes Scoping Reviews susceptible to bias, limiting their utility in the policy setting ^(1, 22, 49).

the rapid review

The Rapid Review's alteration of the Systematic process is useful when access to timely evidence is needed, a challenge familiar to many health executives (11, 14, 25, 27, 39, 41, 51-56). These alterations vary and can include narrowing the research question, reducing the number of sources searched and/or limiting sources based on method (for example, only Systematic Reviews), omitting use of a protocol, quality appraisal, grey literature, or a meta-analysis and, only using one reviewer for data extraction. The quality of Rapid Review's will therefore depend on which 'shortcuts' were taken.

A transparent Rapid Review, with justifiable modifications which account for bias, can still be valuable evidence. If rigour and transparency is upheld, they can receive high scores for methodological quality by AMSTAR (see Table 1). Therefore, a high-quality Rapid Review is likely of greater value than a low-quality Systematic Review. However, methodological shortcuts and a shorter timeframe, decrease the likelihood of quality appraisal (1, 27, 35, 51-53, 55, 57).

Rapid Reviews would benefit from guidelines based on those available for Systematic Reviews. Although, a formalised structure is difficult to achieve with such a variable method, therefore transparency is absolutely paramount (25, 35, 39, 51-53).

Whilst 'Rapid' suggests a fast pace, the evidence is inconsistent on how exactly it is made 'rapid', and which steps are conducted faster than a Systematic Review. Speed alone does not determine quality and the same product can be achieved in different timespans. Therefore, perhaps the Rapid Review's careful consideration of timeliness, forces more assertive planning regarding availability of human and financial resources and scheduling of deliverables, leading to a quicker process (3, 14, 27).

the realist review

Realist Reviews may be appropriate when the research purpose involves understanding the complexity of intervention programs of interest.

Systematic Review's emphasis on an intervention's effectiveness hinders their analysis of evidence about why and when interventions are effective. Realist Reviews address the relationship between context, mechanisms and outcomes of an intervention program, providing an explanation of how and why they work or fail in a particular setting (28-30, 56, 58-63).

In contrast to clinical trials, which apply a successionist model of causality (for example, causality is achieved when cause X is switched on and is followed by effect Y), Realist Reviews seek generative causality, where concluding a causal outcome between X and Y requires an understanding of how it was generated by an underlying mechanism being triggered in context.

Robustness is not determined by adherence to protocol, but by the reviewer's judgment regarding the relevance and rigour of data in relation to the question. As conclusions are contextual and shaped by researcher's theoretical assumptions, results cannot be generalised ^(10, 30, 56, 59, 61-63).

RAMESES (see Table 1) attempts to address Realist Review's lack of formal guidelines by setting 19 publication standards in accordance with PRISMA guidelines, to ensure rigour and transparency. However, the highly-complex Realist method prompts significant variation in practice and a limited adherence to the RAMSES guidelines ^(58, 60, 62).

Unlike Systematic Review's sequential steps, Realist Review's steps are iterative and overlapping, interacting and influencing each other. The multidisciplinary teams conducting the review require significant time to determine a method suitable to their needs. The constant reflection required, and the process of locating, developing and validating program theories is time-consuming, resource demanding, and subsequently expensive. ^(30, 56, 58-63).

Formal guidelines may encourage uniformity in transparency and practice, increasing bias-resistance. However, standardising a process distinguished by its responsive and experimental nature, is a challenging proposition ^(58, 60, 63).

strengths and limitations

Each Review process possesses strengths and limitations (Table 2) and care must be taken to best match the evidence inquiry to need. A high-quality search output, maximising strengths and minimising the limitations of its chosen method, requires decision makers to first consider the evidence outcome they seek, the questions to be answered, the purpose the review will support, and the available time and resources.

Our four Case Examples highlight contemporary health care scenarios to demonstrate how this may be achieved.

**case
example 1**

You are the officer with overall workplace safety responsibility for a large Victorian Local Hospital Network. Your CEO asks you how vulnerable older healthcare workers with hypertension are to increased COVID-19 morbidity and mortality, as final rosters need to be completed for 2020.

What is the best way to find such information?

- A Systematic, Rapid or Scoping Review could meet your needs.
- A Systematic Review corresponds with the question's narrow focus, and comparison of the effectiveness of a treatment/intervention.
- A Rapid Review would sacrifice some rigor but may be necessary to provide timely information on an emerging topic such as COVID-19.
- A Scoping Review could also be useful, as its broad inclusion of different study designs and grey literature could compensate for the scarcity of literature and RCT evidence that would make a Systematic Review challenging in this instance. They can also provide complementary information addressing relevant questions outside that of clinical trial effectiveness.

**case
example 2**

You are the health promotion officer supporting a large multicultural population with significant health issues due to unhealthy lifestyle choices. Passive promotion approaches have made no health impact and you are changing tack.

Which patient activation lifestyle initiatives might be most successful in vulnerable populations?

Potentially All methodologies might be of use, as the multi-faceted nature of this question means that the appropriate review choice depends on the specific focus / question.

- If the question takes a narrow focus and involves comparison of the effectiveness of a specific intervention type, a Systematic Review may be the best choice.

- If a well-defined topic, but requiring broad overview, summary and critique, a Narrative Review may be optimal.
- If less specific and requiring broad inclusion of different study designs and grey literature, you may choose a Scoping Review.

If needed quickly to launch a new program within months, a Rapid Review may be most appropriate. If more interested in the complexity / inter-relationships of multicultural influence, social disadvantage, health literacy and service access, a Realist Review may be chosen.

case
example 3

You manage a large outpatient department in a hospital facing significant budgetary pressure, and are asked to move consulting for as many Category 3 patients as possible to telehealth. You would like to be aware of all relevant international quality and safety implications before doing so, and must have a plan to your team by the end of the quarter.

- A Scoping, Rapid or Narrative Review could meet your needs.
- A Scoping Review could be useful as it can broadly capture the nature and extent of relevant research activity from a range of study designs.
- A Rapid Review could provide an appropriate methodology given the question, time constraints and the needs of the end-user. As a well-defined topic, but requiring broad overview, summary and critique, a Narrative Review may also be optimal.

case
example 4

You would like to implement a program outsourcing some home visits to practice nurses. You wonder what should be considered in delegating patient-requested home visits: what works, for whom, and in what contexts?

- A Realist Review would be useful for understanding variation in the practice of delegation of home visits and provide explanation of the contexts in which it may or may not be feasible and/or effective for patient care.

conclusion

Our findings highlight that all review types have a role to play in current health services research, policy and practice. The onus is on decision-makers to choose the method that matches most appropriately to their search environment: namely the question, purpose and available time and resources.

It is time to challenge the prevailing perception that Systematic Reviews are the 'gold-standard', and recognise the value of other review methods in specific service or policy settings.

Health executives and policy makers are critical players in evidence-based policy and resource allocation, and experts in their intended delivery context. This paper allows them to better understand the broadening options in the search for 'best evidence', and be confident in targeting resources to their desired outcome.

Table 1: General Characteristics of the Methodologies

	Systematic	Narrative	Scoping	Rapid	Realist
Context & Purpose	<p>Response to concerns regarding the scientific validity of the standard narrative review.</p> <p>Gathers all available knowledge on a specific question with methodological clarity, identifying patterns, gaps or inconsistencies.</p>	<p>Broad overview, provides a summary, interpretation and critique of findings.</p> <p>Seeks to persuade its audience through informed knowledge and reasoning</p>	<p>Addresses a broad question by mapping a diverse range of relevant literature, capturing the size, scope and key concepts of available evidence.</p> <p>Often a preliminary assessment to determine the appropriateness of a systematic review, but can function as a standalone method.</p>	<p>Response to policymakers need for 'rapid' assessment of available information.</p> <p>Simplifies or omits components of the systematic methodology to shorten timeframe, ideally with minimal hindrance on quality.</p>	<p>Provides a methodology to accommodate the complexity of intervention programs.</p> <p>Theorises the relationship between context, mechanism and outcome and then consults available evidence to determine whether these theories should influence an intervention program.</p>
Guidelines	<p>Cochrane Collaboration.</p> <p>PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)</p> <p>Campbell Collaboration.</p> <p>Joanna Briggs Institute.</p> <p>AMSTAR (Assessing the Methodological Quality of Systematic Reviews)</p>	<p>No Formal Guidelines.</p> <p>SANRA (Scale for the Assessment of Narrative Review Articles) was developed by Baethge et al (2017) to address this gap.</p>	<p>No Formal Guidelines.</p> <p>Guidelines have developed overtime by Arksey & O'Malley (2005), Levac (2010), Joanna Briggs Institute (2015).</p> <p>PRISMA-ScR provides a checklist of minimum standards for publication.</p>	<p>No Formal Guidelines.</p> <p>Can be considered systematic if authors adhere to systematic guidelines.</p>	<p>No Formal Guidelines.</p> <p>RAMESES (Realist and Meta-Narrative Evidence Syntheses: Evolving Standards) has proposed 19 publication standards in accordance with the PRISMA guidelines.</p>
Process	<p>Formal guidelines for search, appraisal, synthesis and reporting. This consists of a clearly formulated question, screening using strictly enforced criteria, objective retrieval of evidence to minimise bias, and an expectation of reproducibility.</p> <p>Can include quantitative, qualitative and mixed-method studies. They may use a meta-analysis for quantitative evidence or meta-synthesis for qualitative evidence.</p>	<p>Non-specific, transparency is recommended for a clear message and search, and to minimise bias.</p> <p>Recommended features include a focus on well-defined topics, clear inclusion and exclusion criteria, different information sources, and a commentary on the limitations and possible inconsistencies in the results.</p>	<p>Pre-determined protocol encouraged to ensure rigor and transparency.</p> <p>Search is documented with a flowchart.</p> <p>Data extraction ('charting the results') should include a summary and charting diagram/table that maps key information.</p> <p>Iterative nature allows for adjustments of protocol with emerging evidence.</p> <p>Consultation with stakeholders is recommended.</p> <p>Output is a narrative description complimented by mapping information.</p>	<p>Can vary based on the nature of the question, duration of the process and the needs of the end-user.</p> <p>Should adhere to systematic rigor and transparency to minimise bias. Transparency is particularly important in highlighting 'shortcuts'.</p> <p>'Shortcuts' that are less likely to risk bias should be prioritised to maximise quality.</p>	<p>Iterative, steps can occur in parallel or be refined with emerging evidence.</p> <p>Combine evidence from diverse sources with theory to model understanding through context-mechanism-outcome configurations.</p> <p>Search and appraisal of data is based on the reviewer's judgement of relevance and rigor, with the aim of refining theory.</p> <p>Requires cooperation between stakeholders and reviewers.</p>

Table 2: Strengths & Limitations of the Methodologies

	Systematic	Narrative	Scoping	Rapid	Realist
Strengths	<p>'Gold-standard', due to specific focus, rigor, transparency and resistance to bias.</p> <p>All potentially relevant studies are screened.</p> <p>Objectivity allows for strong evidence-based inferences.</p> <p>Meta-analyses objectively provide generalisable conclusions by statistically combining individual studies.</p> <p>Qualitative synthesis can be useful in exploring complex issues within systematic guidelines.</p>	<p>Describe background information, concepts, theories and knowledge gaps.</p> <p>-Link a diverse range of studies.</p> <p>Valuable in tracking historical development of a scientific principle or clinical concept overtime.</p> <p>Good format for thought-provoking arguments that can alert policymakers to things they have overlooked or misunderstood.</p>	<p>Can Identify gaps and recommend direction for future research.</p> <p>Suited to topics that are too complex for the systematic review's precision or that haven't been reviewed comprehensively.</p> <p>Adherence to protocol encourages transparency and rigor, increasing quality and minimising bias.</p> <p>Diverse inclusion of sources informs beyond the effectiveness of an intervention.</p> <p>Stakeholder consultation encourages practical relevance.</p>	<p>Valuable for decision-makers who require information despite restrictive time and financial considerations that make a traditional systematic review impractical.</p> <p>If methodological rigour and transparency is upheld, they can match the quality of some systematic reviews.</p>	<p>Suited to methodology diverse and complex topics such as health care management and policy intervention.</p> <p>Diverse inclusion of sources informs beyond the effectiveness of an intervention.</p> <p>Accommodate innovation from researchers.</p> <p>Cooperation with stakeholders encourages practical relevance.</p>
Limitations	<p>Narrow scope limits effectiveness in complex situations such as policymaking or patient-care.</p> <p>Heterogeneity hinders the validity of meta-analyses and pooling studies sufficient for comparison can be difficult.</p> <p>Rigor makes them time-consuming and expensive, requiring technical skill.</p> <p>Relatively short duration of validity and are unable to be continuously updated.</p>	<p>Discretion increases susceptibility to bias, limits data appraisal and analysis and can result in the omission of significant aspects of the literature.</p> <p>Bias of evidence-light opinion can contribute to improper decision-making.</p> <p>Broad overview makes them ill-equipped for specific clinical problems.</p>	<p>Lack formal guidelines, leading to variation in rigor and quality.</p> <p>Lack of quality appraisal encourages bias, undermining their commentary and value for recommending policy or practice.</p> <p>Significant number of included studies makes a comprehensive synthesis unrealistic.</p>	<p>Shortcuts may increase susceptibility to bias. Limited quality appraisal risks an over-representation of weak evidence and careless synthesis risks error and missing important evidence.</p> <p>Lack of formal structure, variation in practice and transparency.</p>	<p>Lack formal guidelines. Highly complex methodology doesn't correspond with strict systematic demands. This and quality appraisal based on the reviewer's judgement leads to variation in practice and increases risk of bias.</p> <p>Significant number of included studies makes comprehensive analysis and synthesis unrealistic.</p> <p>Many lack comment on implications and relevance for policy and decision-makers.</p> <p>Time-consuming, resource demanding, expensive.</p>

references

1. Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Info Libr J.* 2009;26(2):91-108.
2. Moher D, Stewart L, Shekelle P. All in the Family: systematic reviews, rapid reviews, scoping reviews, realist reviews, and more. *Syst Rev.* 2015;4:183.
3. Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol.* 2018;18(1):143.
4. Agarwal N, Dewan P. Writing a Review Article: Making Sense of the Jumble. *Indian Pediatr.* 2016;53(8):715-20.
5. Baker KA, Weeks SM. An overview of systematic review. *J Perianesth Nurs.* 2014;29(6):454-8.
6. Cates CJ, Stovold E, Welsh EJ. How to make sense of a Cochrane systematic review. *Breathe.* 2014;10(2):134-44.
7. Collins JA, Fauser BC. Balancing the strengths of systematic and narrative reviews. *Hum Reprod Update.* 2005;11(2):103-4.
8. Cronin P, Ryan F, Coughlan M. Undertaking a literature review: a step-by-step approach. *Br J Nurs.* 2008;17(1):38-43.
9. Gopalakrishnan S, Ganeshkumar P. Systematic Reviews and Meta-analysis: Understanding the Best Evidence in Primary Healthcare. *J Family Med Prim Care.* 2013;2(1):9-14.
10. Greenhalgh T, Thorne S, Malterud K. Time to challenge the spurious hierarchy of systematic over narrative reviews? *Eur J Clin Invest.* 2018;48(6):e12931.
11. Hartling L, Guise JM, Hempel S, Featherstone R, Mitchell MD, Motu'apuaka ML, et al. Fit for purpose: perspectives on rapid reviews from end-user interviews. *Syst Rev.* 2017;6(1):32.
12. Noble H, Smith J. Reviewing the literature: choosing a review design. *Evid Based Nurs.* 2018;21(2):39-41.
13. Reynen E, Robson R, Ivory J, Hwee J, Straus SE, Pham B, et al. A retrospective comparison of systematic reviews with same-topic rapid reviews. *J Clin Epidemiol.* 2018;96:23-34.
14. Schunemann HJ, Moja L. Reviews: Rapid! Rapid! Rapid! ...and systematic. *Syst Rev.* 2015;4:4.
15. Siddaway AP, Wood AM, Hedges LV. How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, Meta-Analyses, and Meta-Syntheses. *Annu Rev Psychol.* 2019;70:747-70.
16. Uman LS. Systematic reviews and meta-analyses. *J Can Acad Child Adolesc Psychiatry.* 2011;20(1):57-9.
17. Vetter TR. Systematic Review and Meta-analysis: Sometimes Bigger Is Indeed Better. *Anesth Analg.* 2019;128(3):575-83.
18. Ferrari R. Writing narrative style literature reviews. *Medical Writing.* 2015;24:230-5.
19. Garg AX, Hackam D, Tonelli M. Systematic review and meta-analysis: when one study is just not enough. *Clin J Am Soc Nephrol.* 2008;3(1):253-60.
20. Linares-Espinos E, Hernandez V, Dominguez-Escrig JL, Fernandez-Pello S, Hevia V, Mayor J, et al. Methodology of a systematic review. *Actas Urol Esp.* 2018;42(8):499-506.
21. Mahtani KR, Jefferson T, Heneghan C, Nunan D, Aronson JK. What is a 'complex systematic review'? Criteria, definition, and examples. *BMJ Evid Based Med.* 2018;23(4):127-30.
22. Pham MT, Rajic A, Greig JD, Sargeant JM, Papadopoulos A, McEwen SA. A scoping review of scoping reviews: advancing the approach and enhancing the consistency. *Res Synth Methods.* 2014;5(4):371-85.
23. Whitty CJ. What makes an academic paper useful for health policy? *BMC Med.* 2015;13:301.
24. Lockwood C, Dos Santos KB, Pap R. Practical Guidance for Knowledge Synthesis: Scoping Review Methods. *Asian Nurs Res (Korean Soc Nurs Sci).* 2019;13(5):287-94.
25. Khangura S, Konnyu K, Cushman R, Grimshaw J, Moher D. Evidence summaries: the evolution of a rapid review approach. *Syst Rev.* 2012;1:10.

26. Krnic Martinic M, Pieper D, Glatt A, Puljak L. Definition of a systematic review used in overviews of systematic reviews, meta-epidemiological studies and textbooks. *BMC Med Res Methodol.* 2019;19(1):203.
27. Marshall IJ, Marshall R, Wallace BC, Brassey J, Thomas J. Rapid reviews may produce different results to systematic reviews: a meta-epidemiological study. *J Clin Epidemiol.* 2019;109:30-41.
28. Bannigan K. Systematic review: the first step in developing a complex intervention. *JB Database System Rev Implement Rep.* 2018;16(5):1079-80.
29. Aromataris E, Pearson A. The systematic review: an overview. *Am J Nurs.* 2014;114(3):53-8.
30. Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist review--a new method of systematic review designed for complex policy interventions. *J Health Serv Res Policy.* 2005;10 Suppl 1:21-34.
31. Peters MD, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. Guidance for conducting systematic scoping reviews. *Int J Evid Based Healthc.* 2015;13(3):141-6.
32. Green BN, Johnson CD, Adams A. Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *J Chiropr Med.* 2006;5(3):101-17.
33. Moller AM, Myles PS. What makes a good systematic review and meta-analysis? *Br J Anaesth.* 2016;117(4):428-30.
34. Noyes J, Booth A, Cargo M, Flemming K, Harden A, Harris J, et al. Chapter 21: Qualitative evidence. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, et al., editors. *Cochrane Handbook for Systematic Reviews of Interventions* version 60 (updated July 2019): Cochrane; 2019.
35. Tricco AC, Antony J, Zarin W, Striffler L, Ghassemi M, Ivory J, et al. A scoping review of rapid review methods. *BMC Med.* 2015;13:224.
36. Karunanathan S, Maxwell LJ, Welch V, Petkovic J, Pardo Pardo J, Rader T, et al. PROTOCOL: When and how to replicate systematic reviews. *Campbell Systematic Reviews* 2020;16(2).
37. Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ.* 2017;358(j4008).
38. Aromataris E, Munn Z. Chapter 1: JBI Systematic Reviews. In: Aromataris E, Munn Z, editors. *Joanna Briggs Institute Reviewer's Manual.* : The Joanna Briggs Institute; 2017.
39. Varker T, Forbes D, Dell L, Weston A, Merlin T, Hodson S, et al. Rapid evidence assessment: increasing the transparency of an emerging methodology. *J Eval Clin Pract.* 2015;21(6):1199-204.
40. Thorne S. Rediscovering the "Narrative" review. *Nurs Inq.* 2018;25(3):e12257.
41. Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Kastner M, et al. A scoping review on the conduct and reporting of scoping reviews. *BMC Med Res Methodol.* 2016;16:15.
42. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology.* 2005;8(1):19-32.
43. Peterson J, Pearce PF, Ferguson LA, Langford CA. Understanding scoping reviews: Definition, purpose, and process. *J Am Assoc Nurse Pract.* 2017;29(1):12-6.
44. Cacchione PZ. The Evolving Methodology of Scoping Reviews. *Clin Nurs Res.* 2016;25(2):115-9.
45. Harms MC, Goodwin VA. Scoping reviews. *Physiotherapy.* 2019;105(4):397-8.
46. Khalil H, Peters M, Godfrey CM, McInerney P, Soares CB, Parker D. An Evidence-Based Approach to Scoping Reviews. *Worldviews Evid Based Nurs.* 2016;13(2):118-23.
47. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci.* 2010;5:69.
48. Nyanchoka L, Tudur-Smith C, Thu VN, Iversen V, Tricco AC, Porcher R. A scoping review describes methods used to identify, prioritize and display gaps in health research. *J Clin Epidemiol.* 2019;109:99-110.
49. Sucharew H, Macaluso M. Progress Notes: Methods for Research Evidence Synthesis: The Scoping Review Approach. *J Hosp Med.* 2019;14(7):416-8.
50. Colquhoun HL, Levac D, O'Brien KK, Straus S, Tricco AC, Perrier L, et al. Scoping reviews: time for clarity in definition, methods, and reporting. *J Clin Epidemiol.* 2014;67(12):1291-4.

51. Haby MM, Chapman E, Clark R, Barreto J, Reveiz L, Lavis JN. What are the best methodologies for rapid reviews of the research evidence for evidence-informed decision making in health policy and practice: a rapid review. *Health Res Policy Syst.* 2016;14(1):83.
52. Kelly SE, Moher D, Clifford TJ. Quality of conduct and reporting in rapid reviews: an exploration of compliance with PRISMA and AMSTAR guidelines. *Syst Rev.* 2016;5:79.
53. Khangura S, Polisen J, Clifford TJ, Farrah K, Kamel C. Rapid review: an emerging approach to evidence synthesis in health technology assessment. *Int J Technol Assess Health Care.* 2014;30(1):20-7.
54. Moore G, Redman S, Rudge S, Haynes A. Do policy-makers find commissioned rapid reviews useful? *Health Res Policy Syst.* 2018;16(1):17.
55. Polisen J, Garritty C, Umscheid CA, Kamel C, Samra K, Smith J, et al. Rapid Review Summit: an overview and initiation of a research agenda. *Syst Rev.* 2015;4:111.
56. Saul JE, Willis CD, Bitz J, Best A. A time-responsive tool for informing policy making: rapid realist review. *Implement Sci.* 2013;8:103.
57. Pluddemann A, Aronson JK, Onakpoya I, Heneghan C, Mahtani KR. Redefining rapid reviews: a flexible framework for restricted systematic reviews. *BMJ Evid Based Med.* 2018;23(6):201-3.
58. Booth A, Briscoe S, Wright JM. The "realist search": A systematic scoping review of current practice and reporting. *Res Synth Methods.* 2020;11(1):14-35.
59. Rycroft-Malone J, McCormack B, Hutchinson AM, DeCorby K, Bucknall TK, Kent B, et al. Realist synthesis: illustrating the method for implementation research. *Implement Sci.* 2012;7:33.
60. Berg RC, Nanavati J. Realist Review: Current Practice and Future Prospects. *Journal of Research Practice.* 2016;12(1).
61. Jagosh J. Realist Synthesis for Public Health: Building an Ontologically Deep Understanding of How Programs Work, For Whom, and In Which Contexts. *Annu Rev Public Health.* 2019;40:361-72.
62. Wong G, Greenhalgh T, Westhorp G, Buckingham J, Pawson R. RAMESES publication standards: realist syntheses. *BMC Med.* 2013;11:21.
63. Yonekura T, Quintans JR, Soares CB, Negri Filho AA. Realist review as a methodology for using evidence in health policies: an integrative review. *Revista da Escola de Enfermagem da U S P.* 2019;53:e03515.

contact

Dr Rebecca Haddock
Director
Deeble Institute for Health Policy Research
Australian Healthcare and Hospitals Association

E: deebleadmin@ahha.asn.au
T: 02 6162 0780
Tw: @DeebleInstitute

Australian Healthcare and Hospital Association, 2020. All rights reserved