

Crafting a Literature Review

The Format for this Workshop

Because literature reviews may be foreign to many, this workshop has been designed in a very specific way.

Part One: Defining Lit Reviews

Part Two: Approaching Research

Part Three: Organizing Research

Part Four: Creating MEAL for sections

- Social Work Sample
- Nursing Sample
- Criminal Justice Sample
- Management Sample

Part One: Defining Lit Reviews

What is a Literature Review?

- A literature review is an ESSAY that surveys, summarizes, links, and analyzes research (a.k.a., literature) in a given field.
- **Surveys:** An overview of sub-topics within a topic
- **Summarizes:** What the literature presents
- **Links:** How the literature relates or does not
- **Analyzes:** Quality/state of literature, comparisons/contrasts

Inductive and Deductive

Literature reviews are organized by CATEGORIES and THEMES

Themes are created inductively

To find and examine specific gaps, we use deduction



Justifying yourself...

We use literature reviews in two primary ways:

- 1) justifying our research by noting what has already been written and to contextualize our research
- 2) to get a “snapshot” of the field independent of new research

For the first purpose, your study/paper/thesis performs at least one of the following:

- 1) Closes gaps in the research;
- 2) Tests an aspect of a theory;
- 3) Replicates an important study;
- 4) Retests a hypothesis with a new or improved methodology;
- 5) Resolves conflicts in the field;
- 6) Creates original research (this is rare).

The Overall Process

- 1) Select a topic
- 2) Read as much as you can
- 3) Take notes
- 4) Develop categories (i.e., recurring topics in lit)
- 5) Move literature into categories
- 6) Develop overall themes (i.e., the statement of what the literature in a category says overall and/or the state of the literature within a category)
- 7) Write one section at a time
- 8) Bring together into a whole
- 9) Edit, edit, edit, edit, edit

Summary

Thus, a literature review:

- 1) Surveys, summarizes, links, and analyzes literature on a topic—it is essentially an analytical “snapshot” of a field
- 2) Is divided into sub-topics organized by categories with themes that state
- 3) Uses both inductive and deductive methods
- 4) Links a current study to the literature as a whole

Part Two: Approaching Research

Some general guidelines

Establish a general field of interest and start searching for literature.

Start with the MOST RECENT and WORK BACKWARDS to the oldest. A five-year span from the present is ideal.

Read through abstracts to identify if an article would be good

Read through summary materials

Look for MAJOR figures in the field and MAJOR studies/articles using both Online Research and a Library Database Search. Here is how...

Using the Library

Let's go to the Auraria Library website to cover Library usage. Keep in mind these principles:

- 1) Almost all fields will have field-specific search engines
- 2) Be sure to click "Full Text" and "Peer Reviewed" when searching

<http://www.ucdenver.edu/student-services/Pages/Library.aspx>

Summary

The key aspects to this step are:

- 1) Locate reliable research on a *narrow* topic
- 2) Identify major figures and themes
- 3) Begin to notice what questions are not asked or questions not investigated properly or completely

Part Three: Organizing Research

Types of Lit Reviews

Literature Reviews are typically organized CATEGORICALLY with THEMES acting as thesis statements for categories

However, there are several ways to organize the themes:

- Chronological**

- Emphasizes changes over time and growth in field

- Methodological**

- Appropriate for empirically-oriented studies and used to identify problems with extant methods and to build the case for new methods

- Descriptive-Analytical (Most common in public affairs)**

- An overview of the field, usually using some organization heuristic, that usually analyzes the state/quality of the lit

- Aspects of a theory, major types of findings

- Mixed**

- Some combination of the above; usually employs a “history” section to detail changes/growth in a field

MEAL

Ideally, all literature reviews, both globally (the whole essay) and at the section level, and regardless of organizational type, should conform to a MEAL organization ideally structurally, functionally, or both.

M: Main Point

- Thesis statement for whole review AND for all sections (a lit review thesis statement will indicate the state of the literature)

E: Evidence

- The literature under a sub-topic (there are various organizational methods for this demonstrated later)

A: Analysis

- What the literature suggests, the quality/state of literature (i.e., what is missing, areas of disagreement, or simply what reader needs to take away from section)

L: Linking

- Relates sub-section back to thesis and transitions to next section

When using the MEAL system, the key is to start the process with **EVIDENCE**.

At first, this is an inductive process in which we gather a general idea of the field.

As we progress further and identify themes OR if we know the themes already, the process is largely deductive.



Ways to get the Evidence

- 1) Take basic notes
- 2) Paraphrase/summarize-as-you-go
- 3) Build tables

The second and the third are usually the best options

The Overall Process (Reminder)

- 1) Select a topic
- 2) Read as much as you can
- 3) Take notes
- 4) Develop categories
- 5) Move literature into categories
- 6) Develop overall themes
- 7) Write one section at a time
- 8) Bring together into a whole
- 9) Edit, edit, edit, edit, edit

Steps to Paraphrasing-as-you-go

As demonstrated in the next slides, you will do the following:

- 1) Create the full bibliographic/works cited/references citation for the source
- 2) Summarize in your own words the methods, findings, conceptual frameworks of the work
- 3) Use a combination of different types of citations
- 4) Simply write down in complete sentences anything you find useful
- 5) Conduct the same process with every piece of literature you find useful
- 6) Begin to identify CATEGORIES of studies (i.e., studies on similar topics)
- 7) Identify THEMES once you identify the categories

This helps to create up to 80-90% of the bulk of the final literature review.

An example...

Essentially getting “raw data” and allows for cutting and pasting (especially since every sentence has a citation)

Provides basis for MEAL

Following is from listserv that demonstrates the basic process and deals with social capital (see the World Bank definition below)



The screenshot shows the World Bank website's 'Social Capital' page. The header includes the World Bank logo and navigation links: Home, Site Map, Index, FAQs, Contact Us. Below this is a secondary navigation bar with links: About, Countries, Data & Research, Learning, News, Projects & Operations, Publications, and Topics. A search bar is present with the text 'Social Capital' and a 'GO' button. The main content area is titled 'Social Capital' and features a large image of people. Below the title is a breadcrumb trail: Home > Topics > Social Development > Social Capital > Overview > What is Social Capital? > What is Social Capital. The page is divided into three main sections: a left sidebar with a table of contents, a main content area, and a right sidebar with a 'Contents' section.

The World Bank Home • Site Map • Index • FAQs • Contact Us

About Countries Data & Research Learning News Projects & Operations Publications Topics

Search Social Capital GO

Home > Topics > Social Development > Social Capital > Overview > What is Social Capital? > What is Social Capital

Email Print

Overview

- What is Social Capital?
 - Sources of Social Capital
 - Social Capital Topics
 - Social Capital and Policy
 - Capital Social en Español
 - About Us
- Social Capital in Operations
- Measuring Social Capital
- Publications & Reports

What is Social Capital

Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions. Increasing evidence shows that social cohesion is critical for societies to prosper economically and for development to be sustainable. Social capital is not just the sum of the institutions which underpin a society – it is the glue that holds them together.

Some key concepts are elaborated below:

Contents

- What is social capital?
 - Horizontal associations
 - Vertical and horizontal associations
 - Enabling social and political environment
 - How is social capital

Measuring Social Capital

Putnam: Bonding social capital (values assigned to social networks between homogeneous groups); bridging social capital (networks between socially heterogeneous groups). Collective value of all social networks (social networks—who people know) and inclinations arising from networks to do things for each other (norms of reciprocity). Solow (2000) and Arrow (2000) noted that the danger lies in defining social capital.

Grootaert and Basterlaer (2002) defined social capital broadly since there are so many competing definitions: “This lack of agreement, and the reluctance to impose a narrow definition on a still-evolving conceptual debate has led us to define social capital broadly as the institutions, relationships, attitudes, and values that govern interactions among people and contribute to economic and social development” (p. 97).

Uphoff (2000) noted that the first is structural social capital, which refers to objective and externally observable social structures (networks, associations, institutions, rules); the second is cognitive social capital, which comprises subjective and intangible elements such as attitudes, norms, perceptions of shared values, reciprocity, and trust. As such, during an experiment while it is possible for experimenters to observe the creation of structural social capital, the measure proposed concerns the **cognitive** social capital, which is the more fundamental form since it can be observed ex post.

Social capital also as micro, meso, and macro forms on structural and cognitive dimensions, ranging from institutions to values. As such, given the replication of institutions by the experimenters as dependent variables (i.e., structural), measuring the cognitive dimensions is more appropriate since this is where individuals understand, process, and reap benefits of social capital (Field, 2008).

Colletta and Cullen (2000)—Noted that many scholars have agreed that social capital measurement is dependent upon perceptions

Skocpol (1995) asserted that local groups benefit from social capital analysis and that a group metric is required. Woolcock and Narayan (2000) noted that sociology in particular has provided insight into conceiving how to measure social capital and that categorizing social capital can take place on communitarian (local organizations), networked, institution, and synergistic viewpoints. Suggested measurement should emphasize obtaining groups synergistic viewpoints. Built off work of Skocpol.

However, Grootaert and VanBastaeler asserted that while there must be rigor in coming to an exact definition, the opportunities for research outweigh the need for strict definitions now.

The empirical literature has noted that integrating qualitative and quantitative instruments best captures social capital. Further, the Social Capital Assessment Tool (SOCAT), which is a qual/quant measure, is primarily a survey and also open-ended and is designed to improve cognitive measurement (Smith-Morris, 2007).

Main Point: There is no scholarly consensus on how to define and measure social capital, and scholars often emphasize different dimensions.

EVIDENCE	STUDIES
BASIC DEFINITIONS	Grootaert and Van Basterlaer (2002) Briggs (1997) Putnam (1995)—Classic definition and bonding/bridging SC
TYPES	Uphoff—Network structure Field—Structure and cognition (expanded upon Uphoff) Arrow and Solow said problem is in agreement, comprehensiveness, and measurement
MEASUREMENT SUGGESTIONS	Dependent upon perceptions—Colletta & Cullen Uphoff—Easy to study structure experimentally Field—Cognitive should be way to go Skocpol—Group Metric Woolcock & Narayan—Group's synergistic viewpoints Smith-Morris—SOCAT
ANALYSIS	No comprehensive suggestions G&V—Opportunities for research more important
<u>NEED TO FIND</u>	Problems with measuring SC and whether it is even possible (e.g., Arrow) Interpretive problems

Main Point: There is no scholarly consensus on how to define and measure social capital, and scholars often emphasize different dimensions.

Holistically, scholarly definitions of social capital are broad and often compete with one another, although they usually emphasize “the institutions, relationships, attitudes, and values that govern interactions among people and contribute to economic and social development” (Grootaert & Van Basterlaer, 2002, p. 97). Broadly, the concept refers to the notion that individuals derive social and economic benefits from interactions with individuals in networks (Briggs, 1997).

Putnam (1995) noted that there are at least two different types of social capital. The first is bonding social capital, which consists of values assigned to social networks between homogeneous groups. The second is bridging social capital, or networks between socially heterogeneous groups. Uphoff (2000) largely agreed with Putnam but argued that a better understanding of social capital lies in observing network structure (i.e., objective and externally observable network rules, institutions, and associations) versus network cognition (i.e., attitudes, norms, perceptions of shared values, reciprocity, and trust). Uphoff noted that cognitive social capital is the more fundamental form since this is likely where individuals process, retain, and understand the benefits from social capital. Field (2008) expanded upon Uphoff's work and noted that both structural and cognitive dimensions have micro-, meso-, and macro-level forms, ranging from institutions to values.

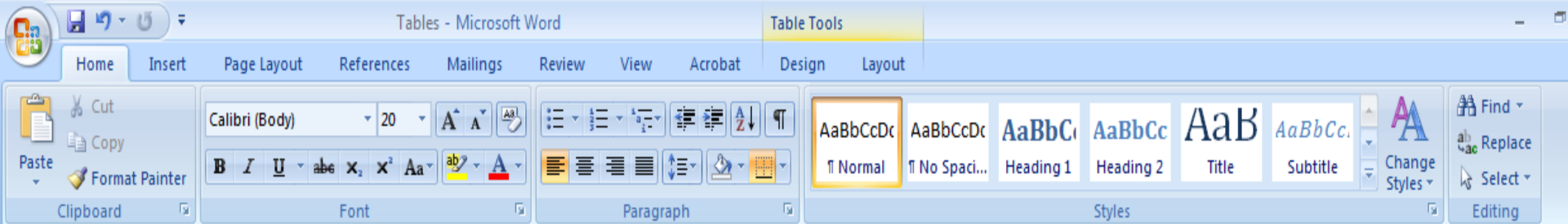
However, none of these definitions are agreed upon and comprehensive (see Arrow, 2000; Solow, 2000), leading to different suggestions for measurement. What scholars have largely agreed upon is that social capital is dependent upon individual's perceptions (Colletta & Cullen, 2000). For instance, Uphoff (2000) noted that it is relatively easy to observe structural social capital in experimental conditions since it is possible to conduct ex post network analysis on observed conditions. However, to scholars like Field (2008), studying cognitive dimensions is the most important because it is through cognition, which implicates perceptions, in which individuals understand, process, and reap the benefits of social capital.

Several suggestions for improving social equity measurement are extant. Skocpol (1995) recommended a group metric, and Woolcock and Narayan (2000), building off of Skocpol's work, noted that the best approach concerned developing a metric to obtain groups' synergistic viewpoints. The empirical literature has noted that integrating qualitative and quantitative instruments best captures social capital. Further, the Social Capital Assessment Tool (SOCAT), which is a qual/quant measure, is primarily a survey and also open-ended and is designed to improve cognitive measurement (Smith-Morris, 2007).

However, questions remain regarding the need to create strict definitions and measures. Grootaert and VanBastaeler (2002) asserted that while there must be rigor in coming to an exact definition, the opportunities for research outweigh the need for strict definitions now.

Managing Numerous Definitions

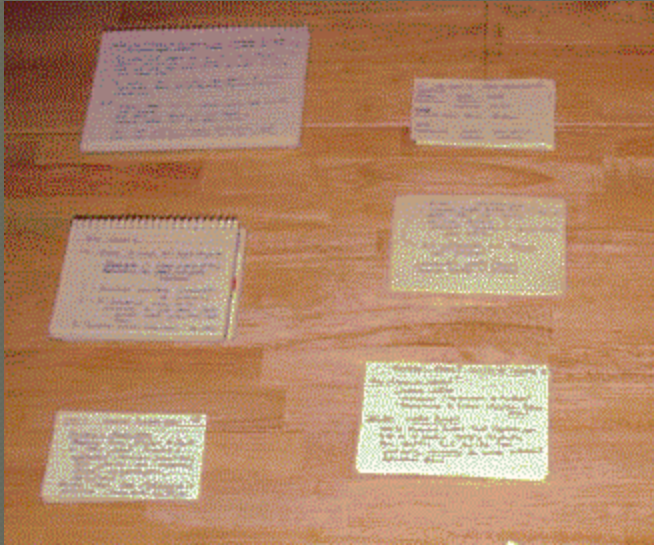
- Very often, you will encounter the same concept defined in different ways by different researchers.
- This is especially important in research as how we define something determines how we can measure it.
- Consider building tables for definitions so as to keep track.
- The following is adapted from Galvan's (2006) book *Writing Literature Reviews, Third Edition* (pp. 63-64):



Definition of X		
Author	Definition	Notes
Goerdeler (1984)	Defined X as...	First definition
Ferris (1985)	Defined X as...	Disagreed with Goerdeler
Groening (1985)	Defined X as...	Agreed with Goerdeler but added A,B, and C to definition
Julian (1987)	Defined X as...	Disagreed with all previous definitions

Here is a more complex example. This indicates that an author can include as many boxes as necessary. This is also good because it lends itself well to the MEAL format for literature review sections.

AUTHOR	ESSENTIAL POINTS	METHOD	ANALYSIS	SECTION/THEME
<u>Rouban</u> (2008)	Described French management as "reform without doctrine"	Historical analysis of government practices and reports	Most cited article on French management modernization. Does not address X, Y, and Z	Modern French management
Closets (1989)	French management needs modernization; more privatization and private sector business practices	Government-sponsored report; extensive meta-analysis of local level reports	First major government report supporting public sector modernization; compatibility with NPM	Modern French Management
<u>McCandless</u> (2011)	French management practices compatible with NPM at local level but less so at national level. Qualifies by noting three competing definitions of NPM (i.e., it depends on the type of government and type of NPM). French culture is changing, thus changing environment of public management	Literature review; interviews; local level government report analysis	Highly qualified conclusions but with relations to <u>Rouban</u> (2008). Uses Rogers (2003) to explain innovation diffusion and Heady (2001) for conceptual articulation. Some conclusions based upon a less-than-10-year span, so not sure if conclusions will bear out	France and NPM



Another approach is the Kirschner method, which involves using the paraphrase-as-you-go method, writing the information down on cards, and laying them out on a table. This allows a person to move the cards around physically to see how a piece of literature can fit into themes.

Once the writer is satisfied with the placement, he or she can begin writing up the sections in MEAL formal.

This works very well for tactile learners.

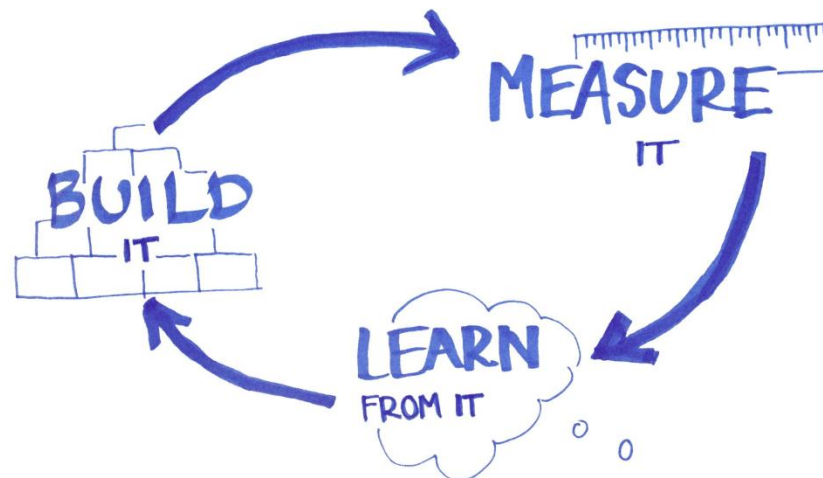
Managing Sections

All you have done at this point is to move the raw data (e.g., individual articles, studies, books, etc.) into labeled sections

Take uncoordinated information and find the general categories of literature

--Actually iterative since we find categories through research and do not do it solely after finding the literature we need

Then find the THEME for each category, which is the Main Point of MEAL



Managing Sections

The MAIN POINT, or the theme for a section or category, is what the literature on the topic says overall and/or the state/quality of the literature.

For each section and sub-section, indicate in a few sentences **what in total the literature suggests about the topic.**

These sentences are often written like

“The literature suggests...”

“Studies indicate...”

“Scholars have argued...”

“Most literature on X has noted Y and Z”

...and many other varieties

Managing Sections

We have to use INDUCTION to find what the overall themes are, which could include:

- 1) What findings seem to occur the most and variations on those findings
- 2) What scholars (mostly) agree upon and areas of disagreement
- 3) The state/quality of the literature
- 4) How scholars have studied the phenomenon under investigation
- 5) Simply the aspects of what has been studied (e.g., Scholars have studied X by looking at A and B)
- 6) ...or some combination of two or more of these

Creating the “E”

The next step is to decide how to create the “E” of MEAL, or how to organize the “Evidence” within a section.

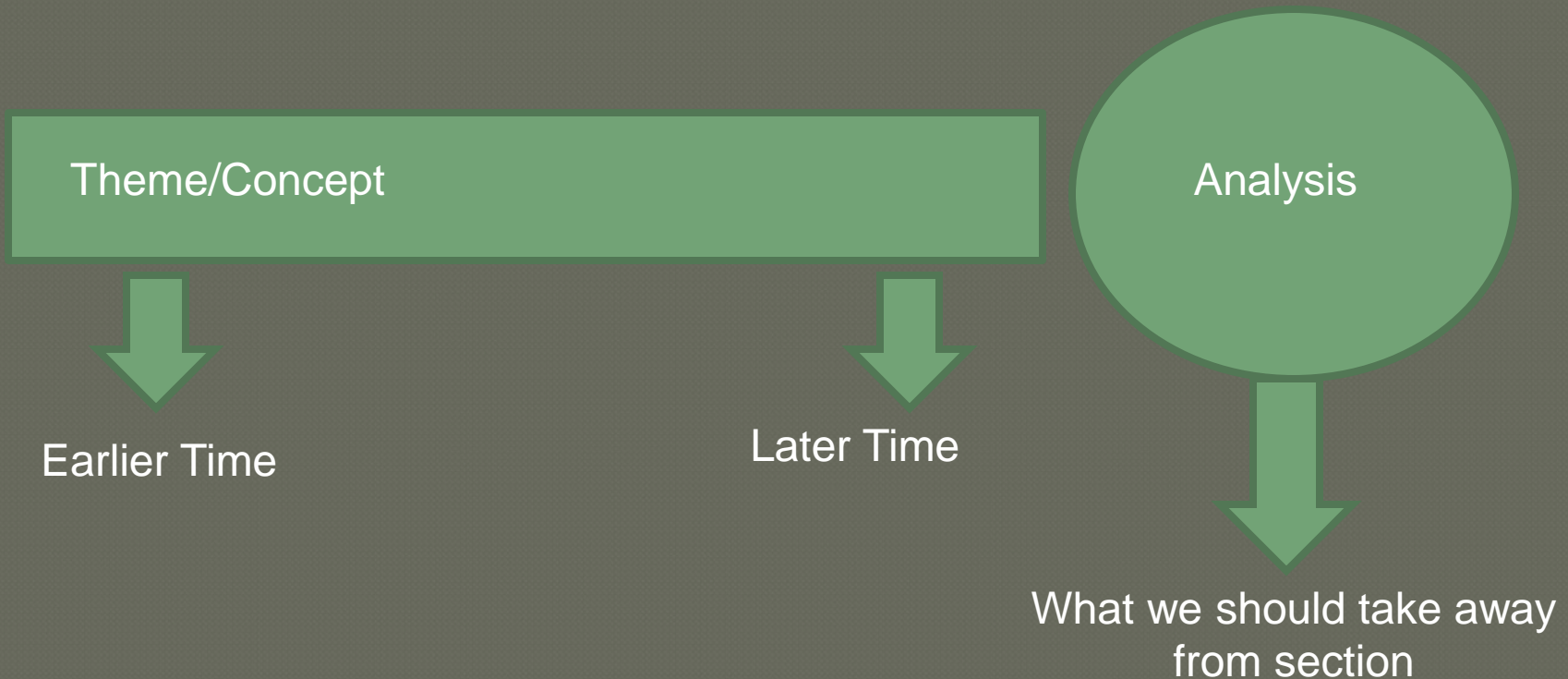
Based upon your understanding the literature, think of the best way to organize the evidence.

In the next few slides, we will discuss the **most common** models. They are:

- 1) Historical
- 2) Descriptive
- 3) Descriptive Analytical
- 4) Big studies → small studies → big studies
- 5) Similar methodologies → mini-analysis → other methodologies → mini-analysis
- 6) Big Camps

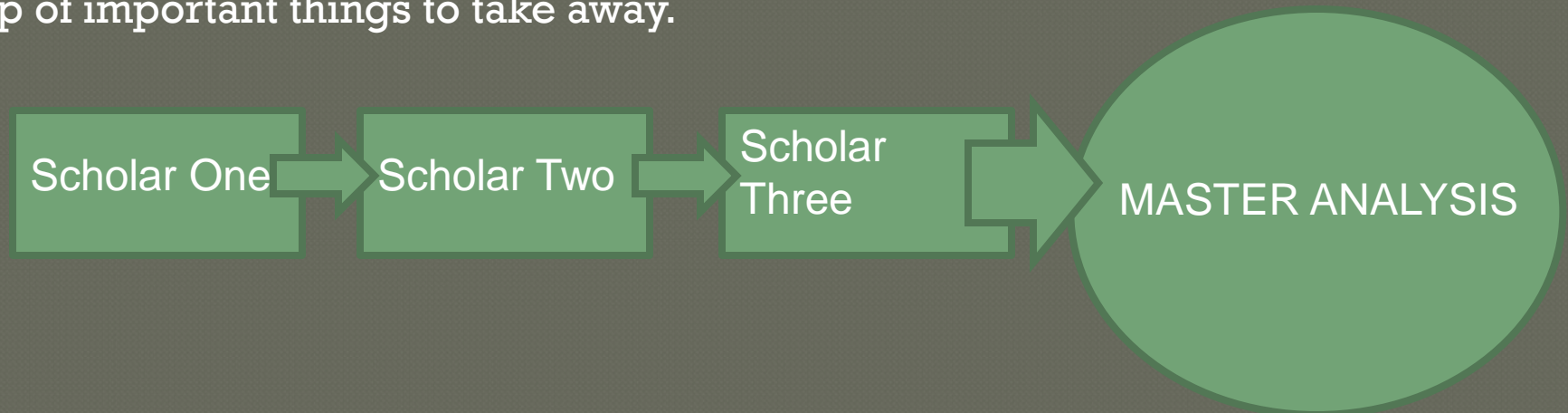
Historical

This “E” organization is great for literature reviews that want to chart ***changes in a theme over time***. For instance, if we are examining the development of public sector employee wellness programs, a historically-organized “E” will be able to chart changes. This is mostly a descriptive literature review organized chronologically.



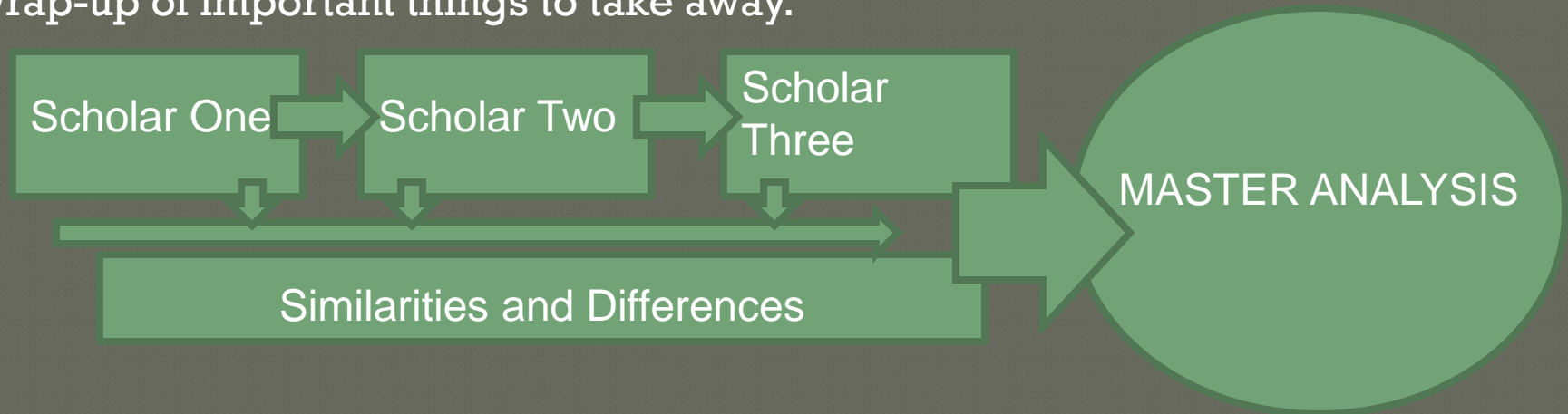
Descriptive

Descriptive literature reviews or sections are primarily extended definitions of a concept. For example, if we are reviewing the concept of “administrative discretion,” we would be presenting different scholars’ definitions/understandings of this topic. A MASTER ANALYSIS provides a wrap-up of important things to take away.



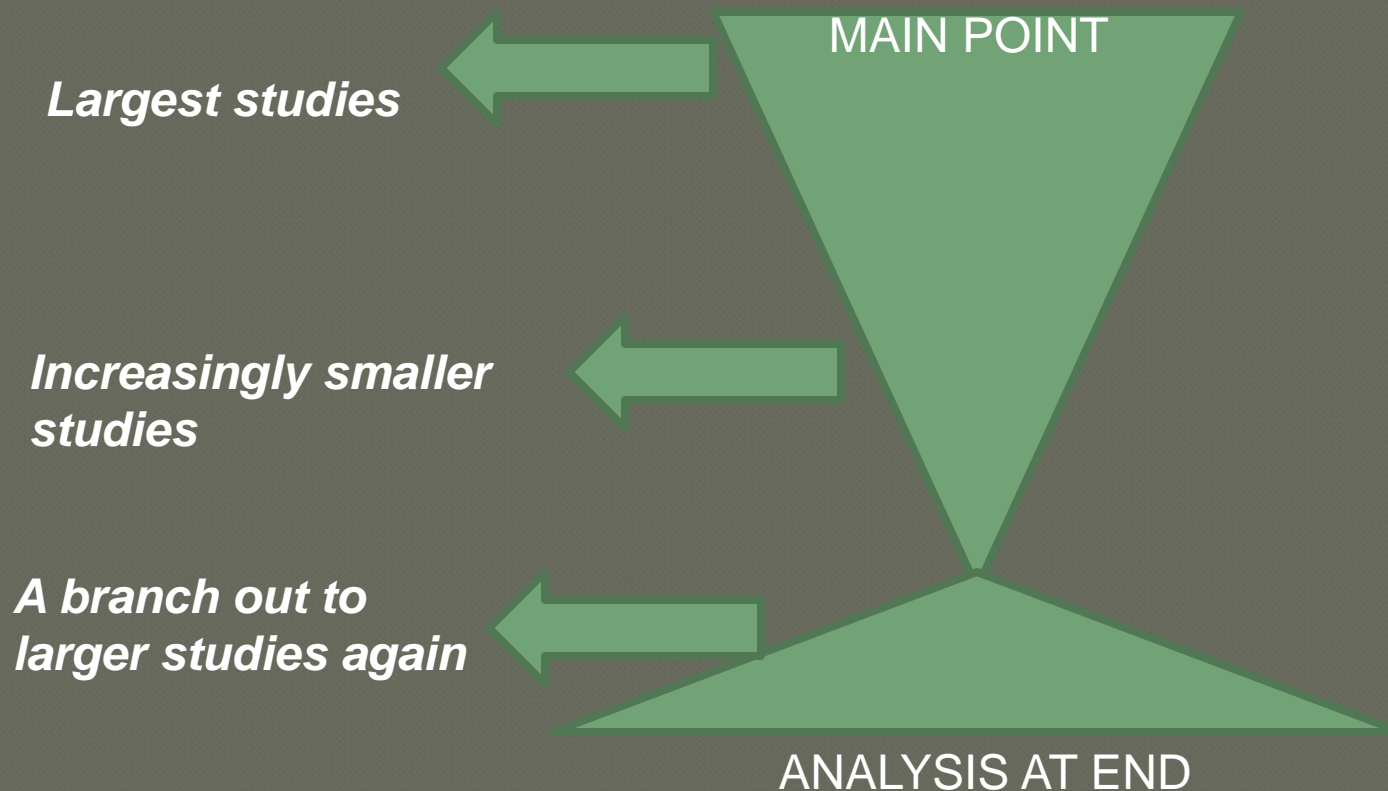
Descriptive-Analytical

Descriptive literature reviews or sections are primarily extended definitions of a concept. For example, if we are reviewing the concept of “administrative discretion,” we would be presenting different scholars’ definitions/understandings of this topic with analysis-along-the-way to indicate similarities/differences in these definitions. A MASTER ANALYSIS provides a wrap-up of important things to take away.



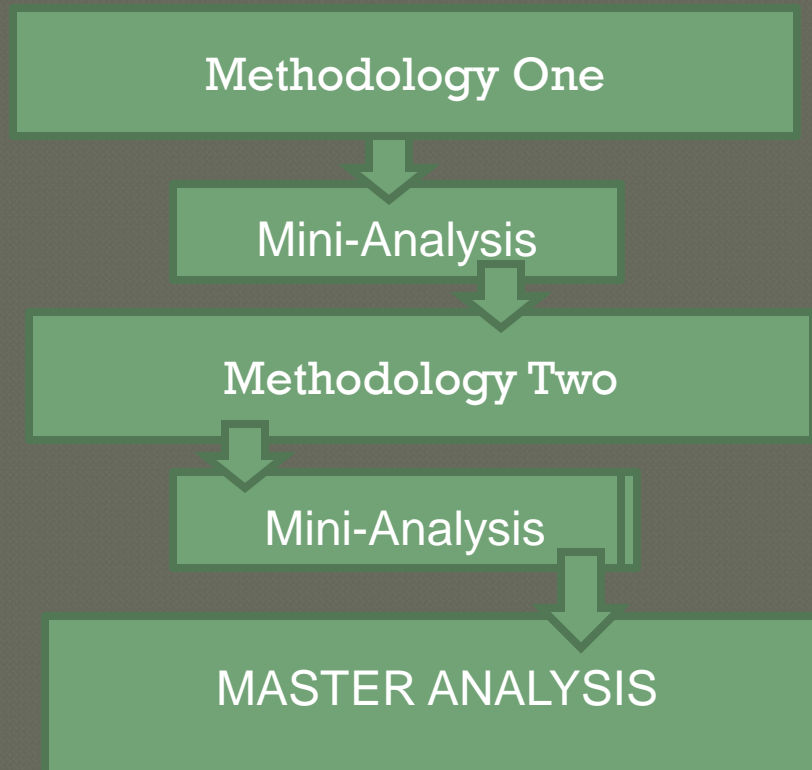
Big-to-small-to-big

This style is very amenable to empirically oriented literature reviews or section. In this style, an author will start with larger, wide-ranging studies, present smaller and smaller studies, and then branch out again. A MASTER ANALYSIS will end the section.



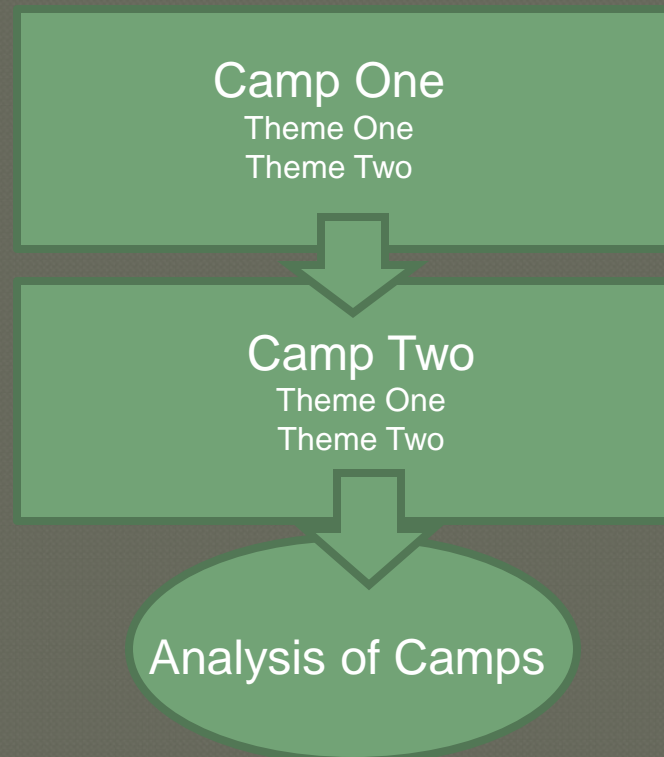
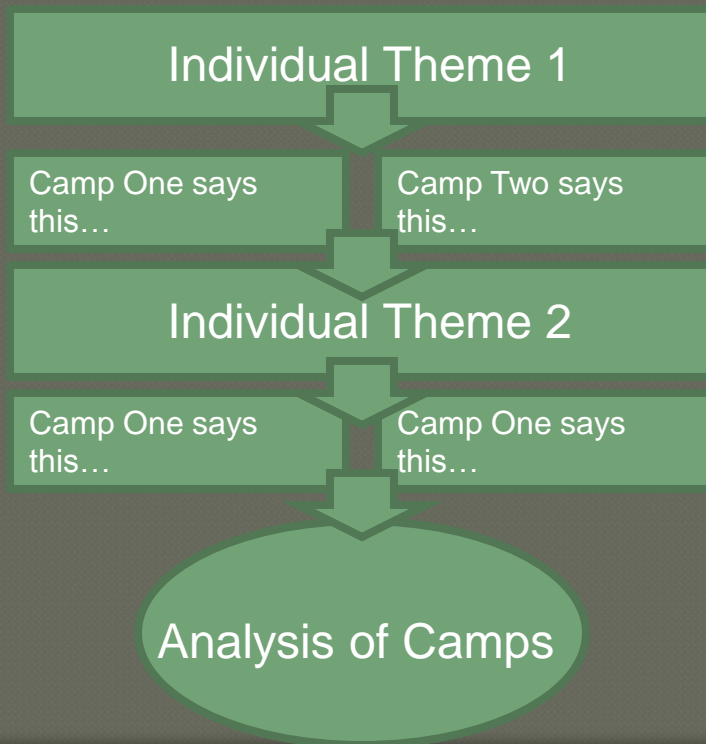
Similar Methodologies

In this organization, you will be grouping studies within sections based upon similar methodologies. There will be mini-analysis-along-the-way so that readers can understand the points. A MASTER ANALYSIS will end the section.



Big Camps

“Big Camps” will organize information based upon a collection of studies or scholars who support a particular interpretation of a body of data that are different from other camps. This requires a summary of the individual camps with some analysis to indicate points of similarity or contention. A lit review could organize these by a) individual themes or b) by camps.



Creating the “A”

The “A”, or Analysis, can occur either at the end of each section or throughout

It consists of re-establishing the overall theme and then identifying the state/quality of the literature, usually by focusing on:

- What is missing

- The implications of what is missing

Literature reviews for empirical work usually include:

- Why something is missing (e.g., scholars have paid too much attention to X versus Y because of Z)

- Ways to address what is missing

- Hypotheses (i.e., relationships to be tested later)

Creating the “L”

The “L” of MEAL, or “Linking” consists of:

1) Transitioning to the next section

--Using headings and sub-headings

--Employing transitions between paragraphs

2) Relating a category to the whole literature

Part Four: Creating MEAL for Sections and for the whole review

The Overall Process (Reminder yet again)

- 1) Select a topic
- 2) Read as much as you can
- 3) Take notes
- 4) Develop categories
- 5) Move literature into categories
- 6) Develop overall themes
- 7) Write one section at a time
- 8) Bring together into a whole
- 9) Edit, edit, edit, edit, edit

The Introduction

- The good literature review will start with a good introduction.
- Let's Look at the “Latino Youth” sample to extrapolate some elements of a good introduction

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice¹

According to the 2000 census, the Latino population living in the United States increased by 58% over 10 years, growing from 22.4 million in 1990 to 35.3 million in 2000 (Schmidley, 2001). As their presence in the United States grows, Latinos are relocating in many areas of the country that have not been traditional destinations for new Latino immigrants, such as the South and the Midwest. As a result, health and social service providers, in both traditional and new receiving communities, are working with increasing numbers of Latino clients. To better serve these clients, helping professionals will need to develop an understanding of the risk and protective factors for Latino youth. In particular because the largest percentage of Latinos living in the United States are immigrants or children of immigrants (Hernandez, 1997; Suarez-Orozco & Suarez-Orozco, 2001), service providers will need to understand the risk and protective factors associated with migration and acculturation.

Research suggests that Latino youth face multiple threats to their well-being, including substance use, poor school functioning, and early adult role-taking. These risks may be particularly acute for children who immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these risks, additional research suggests that new immigrant Latino families possess certain cultural attitudes and norms that are protective against the many risks that accompany immigration.

In this article, we summarize findings regarding the well-being of Latino youth on domains important to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that more fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

Status of Latino Youth

Mental Health

Few investigations of the incidence and prevalence of specific mental health diagnoses for Latino youth exist. Most current research compares several ethnic groups on specific diagnostic categories or other measures of well-being. In a multistage probability sample, Shrout et al. (1992) found limited differences between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and white youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders, anxiety disorders, and psychotic disorders compared with non-Hispanic whites. The study sample was also less likely to be diagnosed with attention deficit disorder. Latino females appear to be at particular risk for depressive symptoms and suicidal behavior. The Commonwealth Fund reported that 27% of Latina girls enrolled in Grades 5 through 12 experienced depressive symptoms in the past 2 weeks; this percentage is higher than that for all other groups except Asian girls (Schoen et al., 1997). In 1999, more than 25% of Latina girls reported seriously considering suicide and nearly 1 in 5 Latina girls between the ages of 12 and 21 attempted suicide one or more times in the past 12 months (Centers for Disease Control [CDC], 2002). This percentage for Latina girls was more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

MODEL LITERATURE REVIEW E

The Well-Being of Immigrant Latino Youth: Form Practice¹

According to the 2000 census, the Latino population living in the United States increased by 58% over 10 years, growing from 22.4 million in 1990 to 35.3 million in 2000 (Schmidley, 2001). As their presence in the United States grows, Latinos are relocating in many areas of the country that have not been traditional destinations for new Latino immigrants, such as the South and the Midwest. As a result, health and social service providers, in both traditional and new receiving communities, are working with increasing numbers of Latino clients. To better serve these clients, helping professionals will need to develop an understanding of the risk and protective factors for Latino youth. In particular because the largest percentage of Latinos living in the United States are immigrants or children of immigrants (Hernandez, 1997; Suarez-Orozco & Suarez-Orozco, 2001), service providers will need to understand the risk and protective factors associated with migration and acculturation.

An ideal first paragraph for a literature review will begin with:

- a) A general statement of importance
- b) A narrowing of scope to the particular issue
- c) A clear problem definition

immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these risks, additional research suggests that new immigrant Latino families possess certain cultural attitudes and norms that are protective against the many risks that accompany immigration.

In this article, we summarize findings regarding the well-being of Latino youth on domains important to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that more fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders, anxiety disorders, and psychotic disorders compared with non-Hispanic whites. The study sample was also likely to be diagnosed with attention deficit disorder. Latino females appear to be at particular risk for depressive symptoms and suicidal behavior. The Commonwealth Fund reported that 27% of Latina girls enrolled in Grades 5 through 12 experienced depressive symptoms in the past 2 weeks; this percentage is higher than that for all other groups except Asian girls (Schoen et al., 1997). In 1999, more than 25% of Latina girls reported seriously considering suicide and nearly 1 in 5 Latina girls between the ages of 12 and 21 attempted suicide one or more times in the past 12 months (Centers for Disease Control [CDC], 2002). This percentage for Latina girls was more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice¹

Status of Latino Youth

Mental Health

Few investigations of the incidence and prevalence of specific mental health diagnoses for Latino youth exist. Most current research compares several ethnic groups on specific diagnostic categories or other measures of well-being. In a multistage probability sample, Shrout et al. (1992) found limited differences between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and white youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders

Somewhere in the introduction and clearly located, should be:

- 1) The thesis statement(s) that indicate(s) the overall state of the literature
- 2) The major sub-topics of the review

According to the 2000 census, the Latino population living in the United States increased by 58% over 10 years, growing from 22.4 million in 1990 to 35.3 million in 2000 (Schmidley, 2001). As their presence in the United States grows, Latinos are relocating in many areas of the country that have not been traditional destinations for new Latino immigrants, such as the South and the Midwest. As a result, health and social service providers, in both traditional and new receiving communities, are working with increasing numbers of Latino clients. To better serve these clients, helping professionals will need to develop an understanding of the risk and protective factors for Latino youth. In particular because the largest percentage of Latinos living in the United States are immigrants or children of immigrants (Hernandez, 1997; Suarez-Orozco & Suarez-Orozco, 2001), service pro-

Research suggests that Latino youth face multiple threats to their well-being, including substance use, poor school functioning, and early adult role-taking. These risks may be particularly acute for children who immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these risks, additional research suggests that new immigrant Latino families possess certain cultural attitudes and norms that are protective against the many risks that accompany immigration.

to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that more fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice¹

Status of Latino Youth

Mental Health

Few investigations of the incidence and prevalence of specific mental health diagnoses for Latino youth exist. Most current research compares several ethnic groups on specific diagnostic categories or other measures of well-being. In a multistage probability sample, Shrout et al. (1992) found limited differences between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and white youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders

Last, there should be:

- 1) Some indication of the purpose of the literature review
- 2) Any information necessary to understand literature order, context, and so forth

According to the 2000 census, the Latino population living in the United States increased by 58% over 10 years, growing from 22.4 million in 1990 to 35.3 million in 2000 (Schmidley, 2001). As their presence in the United States grows, Latinos are relocating in many areas of the country that have not been traditional destinations for new Latino immigrants, such as the South and the Midwest. As a result, health and social service providers, in both traditional and new receiving communities, are working with increasing numbers of Latino clients. To better serve these clients, helping professionals will need to develop an understanding of the risk and protective factors for Latino youth. In particular because the largest percentage of Latinos living in the United States are immigrants or children of immigrants (Hernandez, 1997; Suarez-Orozco & Suarez-Orozco, 2001), service providers will need to understand the risk and protective factors associated with migration and acculturation.

Research suggests that Latino youth face multiple threats to their well-being, including substance use, poor school functioning, and early adult role-taking. These risks may be particularly acute for children who immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these risks, additional research suggests that new immigrant Latino families possess certain cultural attitudes and

In this article, we summarize findings regarding the well-being of Latino youth on domains important to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that more fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

Those reporting posttraumatic stress disorder were more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

Principles of Introductions

As seen in the “Latino Youth” sample, at a minimum, you will have:

- 1) An introduction that establishes the importance of the topic and the problem definition;
- 2) A master thesis statement that indicates the overall state of the literature (i.e., what the literature as a whole suggests/says);
- 3) An indication of the sub-topics in the review

MEAL in Sections

As indicated previously, all sections should correspond to MEAL as closely as possible.

Let's examine the first major section and sub-section in the "Latino Youth" sample, namely "Status of Latino Youth—Mental Health."

It is available from the UCD Writing Center website here:

http://www.ucdenver.edu/academics/colleges/CLAS/Centers/writing/Documents/Latino_youth_litreview.pdf

Or you can look it up in the Auraria Library databases:

Chapman, M.V., & Perreira, K.M. (2005). The well-being of immigrant Latino youth: A framework to inform practice. *Families in Society*, 86(1), 104-111.

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice¹

Ideally, each section should have:

1) A mini-thesis statement about the state of the literature for JUST that sub-topic

2) Any qualifying information readers should know

age of Latinos living in the United States are immigrants or children of immigrants (Hernandez, 1997; Suarez-Orozco & Suarez-Orozco, 2001), service providers will need to understand the risk and protective factors associated with migration and acculturation.

Research suggests that Latino youth face multiple threats to their well-being, including substance use, poor school functioning, and early adult role-taking. These risks may be particularly acute for children who immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these risks, additional research suggests that new immigrant Latino families possess certain cultural attitudes and norms that are protective against the many risks that accompany immigration.

In this article, we summarize findings regarding the well-being of Latino youth on domains important to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that more fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

Status of Latino Youth

Few investigations of the incidence and prevalence of specific mental health diagnoses for Latino youth exist. Most current research compares several ethnic groups on specific diagnostic categories or other measures of well-being. In a multistage probability

between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and white youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders, anxiety disorders, and psychotic disorders compared with non-Hispanic whites. The study sample was also less likely to be diagnosed with attention deficit disorder. Latino females appear to be at particular risk for depressive symptoms and suicidal behavior. The Commonwealth Fund reported that 27% of Latina girls enrolled in Grades 5 through 12 experienced depressive symptoms in the past 2 weeks; this percentage is higher than that for all other groups except Asian girls (Schoen et al., 1997). In 1999, more than 25% of Latina girls reported seriously considering suicide and nearly 1 in 5 Latina girls between the ages of 12 and 21 attempted suicide one or more times in the past 12 months (Centers for Disease Control [CDC], 2002). This percentage for Latina girls was more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice¹

According to the 2000 census, the Latino popula-

Status of Latino Youth

There should be a logical flow of information using one of the models mentioned in Part Three of this PowerPoint.

This corresponds to the large-to-small model

y 58%
1990 to
their pre
elocati
been
nts, su
health
al and
incre
e thes
develo
factor
est per
s are i

20 Suarez-Orozco & Suarez-Orozco, 2001), service providers will need to understand the risk and protective factors associated with migration and acculturation. Research suggests that Latino youth face multiple threats to their well-being, including substance use, poor school functioning, and early adult role-taking. These risks may be particularly acute for children who immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these findings, additional research suggests that new immigrant Latino families possess certain cultural attitudes and norms that are protective against the many risks that accompany immigration.

30 In this article, we summarize findings regarding the well-being of Latino youth on domains important to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

measures of well-being. In a multistage probability sample, Shrout et al. (1992) found limited differences between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and white youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders, anxiety disorders, and psychotic disorders compared with non-Hispanic whites. The study sample was also less likely to be diagnosed with attention deficit disorder. Latino females appear to be at particular risk for depressive symptoms and suicidal behavior. The Commonwealth Fund reported that 27% of Latina girls enrolled in Grades 5 through 12 experienced depressive symptoms in the past 2 weeks; this percentage is higher than that for all other groups except Asian girls (Schoen et al., 1997). In 1999, more than 25% of Latina girls reported seriously considering suicide and nearly 1 in 5 Latina girls between the ages of 12 and 21 attempted suicide one or more times in the past 12 months (Centers for Disease Control [CDC], 2002). This percentage for Latina girls was more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice¹

According to the 2000 census, the Latino popula-

Status of Latino Youth

Also, in this paragraph, the authors essentially use one sentence per study/finding.

This is perfectly acceptable for findings that may not be linked together. The "Nursing" sample found later in this presentation demonstrates a more complex sentence-level style.

y 58%
1990 to
their pre
elocati
been
nts, su
health
al and
incre
e these
develo
factor
est per
s are i
ndez,
service
d prote
turation
ace mu
stance
role-ta

25 These risks may be particularly acute for children
immigrate later in childhood, especially during ad
cence (Portes & Rumbaut, 2001). Despite these
additional research suggests that new immigran
tino families possess certain cultural attitudes
norms that are protective against the many risks
accompany immigration.

30 In this article, we summarize findings rega
the well-being of Latino youth on domains impo
to functioning later in life. The summary is foll
by a discussion of the psychosocial risks that thr
the successful adaptation of Latino youth in immi
35 families and the protective factors that facilitate
adaptation. We argue that the understanding of
and resiliency among Latino youth can be improv
it is embedded in an ecological framework that
fully accounts for the challenges of immigr
40 Based on this argument, a framework is propos
guide helping professionals in assessing the nee
Latino youth.

measures of well-being. In a multistage probability sample, Shrout et al. (1992) found limited differences between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and white youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders, anxiety disorders, and psychotic disorders compared with non-Hispanic whites. The study sample was also less likely to be diagnosed with attention deficit disorder. Latino females appear to be at particular risk for depressive symptoms and suicidal behavior. The Commonwealth Fund reported that 27% of Latina girls enrolled in Grades 5 through 12 experienced depressive symptoms in the past 2 weeks; this percentage is higher than that for all other groups except Asian girls (Schoen et al., 1997). In 1999, more than 25% of Latina girls reported seriously considering suicide and nearly 1 in 5 Latina girls between the ages of 12 and 21 attempted suicide one or more times in the past 12 months (Centers for Disease Control [CDC], 2002). This percentage for Latina girls was more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

gaged in behaviors and situations that either put them

Go ahead and turn to page two, pictured here...

90 ...with mental disturbance. In particular, a comparison of documentation of elevated rates of aggressive behavior, hate crimes based on race, school failure, and child sexual abuse between Latino youth and other groups may indicate the presence of un-
145 measured mental health concerns (CDC, 2002; Kaufman et al., 2001; Tienda & Kleykamp, 2000).

Substance Use

95 Substance abuse of both illicit drugs and alcohol is problematic among Latino youth. Alcohol consump-
150 tion is thought to act as a gateway to illicit substance use for Latino youth perhaps because its use is culturally accepted (Gil & Vasquez, 1996; Warheit, Vega,
100 Khoury, Gil, & Elfenbein, 1996). For 1999, CDC reported that the percentage of Latino adolescents who
155 had used marijuana, cocaine, heroin, and methamphetamine during their lifetime was higher than for either African Americans or non-Latino whites. In
105 addition, the 1999 CDC report also noted that Latinos had the highest lifetime percentage of students who had injected illegal drugs (CDC, 2002). King, Gaines, Lambert, Summerfelt, and Bickman (2000) confirm
160 that substance abuse disorders in adolescents are often comorbid with mental health diagnoses and are often
110 missed by clinicians.

School Functioning and Early Adult Role-Taking

It is important to note that much of the existing
165 data come from Latino youth who are attending school. Indeed, when one considers Freud's classic

of adult roles likely relates to decreased educational Latino boys, family monetary needs may push them into the workforce earlier than their non-Latino counterparts, again interfering with school performance.

Taken together, the literature suggests that, regardless of the presence of considerable cultural strengths, Latino youth are suffering. However, the context of the struggle is missing. These studies do not take into account the immigration experience of the child and family, the role of immigrant generation, acculturation levels, and family functioning. Without that context, practitioners and policymakers are poorly informed about which Latino youth are having difficulties and how the potential protective factors of Latino families interact with contextual risks. The potential results are inadequately informed theoretical or intervention models and inadequate clinical assessments.

Risk Factors for Latino Youth

The Migration Experience: Leaving Home and Entering the United States

Children and families immigrate for many reasons and in many ways. Some come to escape poverty or to expand their economic prospects; others come looking for sanctuary from violence; some come as whole families; others send a parent first with children following months or even years later. The reasons one immigrates and the events that happen during that process may shape both a parent's and a child's experience of entering a new country. In their studies of

gaged in behaviors and situations that either put them at increased risk for mental health difficulties or are often co-occurring with mental disturbance. In particular, a comparison of documentation of elevated rates of aggressive behavior, hate crimes based on race, school failure, and child sexual abuse between Latino youth and other groups may indicate the presence of unmeasured mental health concerns (CDC, 2002; Kaufman et al., 2001; Tienda & Kleykamp, 2000).

Substance Use

Substance abuse of both illicit drugs and alcohol is problematic among Latino youth. Alcohol consumption is thought to act as a gateway to illicit substance use for Latino youth perhaps because its use is culturally accepted (Gil & Vasquez, 1996; Warheit, Vega, Khoury, Gil, & Elfenbein, 1996). For 1999, CDC reported that the percentage of Latino adolescents who had used marijuana, cocaine, heroin, and methamphetamines during their lifetime was higher than for either African Americans or non-Latino whites. In addition, the 1999 CDC report also noted that Latinos had the highest lifetime percentage of students who had injected illegal drugs (CDC, 2002). King, Gaines, Lambert, Summerfelt, and Bickman (2000) confirm that substance abuse disorders in adolescents are often comorbid with mental health diagnoses and are often missed by clinicians.

School Functioning and Early Adult Role-Taking

It is important to note that much of the existing data come from Latino youth who are attending school. Indeed, when one considers the literature

of adult roles, likely relates to decreased educational attainment. For Latino boys, family monetary needs may push them into the workforce earlier than their non-Latino counterparts, again interfering with school performance.

Taken together, the literature suggests that, regardless of the presence of considerable cultural strengths, Latino youth are suffering. However, the context of the struggle is missing. These studies

Notice how even short sections still have main point that comment on the state and/or quality of the literature. A statement of the quality of the literature is important for aspects of the literature that have problems in terms of coverage, methodology, findings, and so forth.

The Migration Experience: Leaving Home and Entering the United States

Children and families immigrate for many reasons and in many ways. Some come to escape poverty or to expand their economic prospects; others come looking for sanctuary from violence; some come as whole families; others send a parent first with children following months or even years later. The reasons one immigrates and the events that happen during that process may shape both a parent's and a child's experience of entering a new country. In their studies of

gaged in behaviors and situations that either put them at increased risk for mental health difficulties or are often co-occurring with mental disturbance. In particular, a comparison of documentation of elevated rates

This is an analytical paragraph found at the end of this major section. It does the following:

- 1) Indicates the overall points readers should take away;
- 2) Problems with current studies
- 3) The implications of these problems.

Not all literature reviews will have these types of assessments, but many publications and professors prefer this style. At a minimum, this section should have a review of the major points.

data come from Latino youth who are attending school. Indeed, when one considers Freud's classic

of adult roles, likely relates to decreased educational attainment. For Latino boys, family monetary needs

Taken together, the literature suggests that, regardless of the presence of considerable cultural strengths, Latino youth are suffering. However, the context of the struggle is missing. These studies do not take into account the immigration experience of the child and family, the role of immigrant generation, acculturation levels, and family functioning. Without that context, practitioners and policymakers are poorly informed about which Latino youth are having difficulties and how the potential protective factors of Latino families interact with contextual risks. The potential results are inadequately informed theoretical or intervention models and inadequate clinical assessments.

Entering the United States

Children and families immigrate for many reasons and in many ways. Some come to escape poverty or to expand their economic prospects; others come looking for sanctuary from violence; some come as whole families; others send a parent first with children following months or even years later. The reasons one immigrates and the events that happen during that process may shape both a parent's and a child's experience of entering a new country. In their studies of

Principles of sections

We can identify a few ideal principles of introductions:

- 1) A main point (thesis statement) that indicates the main point of the section, namely the state/quality of the literature
- 2) A presentation of the evidence/data that corresponds to and compliments the type of information being presented
- 3) Some type of analysis indicating the major points and/or problems with the literature

Nursing Sample

Let's look at the "Nursing" sample. Keep an eye out for:

- 1) Introductions, conclusions, and summaries;
- 2) Major categories;
- 3) Citations;
- 4) Problems with the research

It is available from the UCD Writing Center website here:

http://www.ucdenver.edu/academics/colleges/CLAS/Centers/writing/Documents/Nursing_litreview.pdf

Or, through the databases:

Bonsall, K., & Cheater, F.M. (2008). What is the impact of advanced primary care nursing roles on patients, nurses and their colleagues? A literature review. *International Journal of Nursing Studies*, 45, 1090-1102.

first contact care (as defined earlier) and if that care was

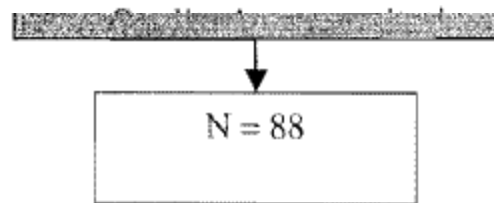


Fig. 3. Flow chart depicting process for inclusion of papers in review.

Perry et al., 2005) have led to improved patient access. Furthermore, there is evidence that the introduction of nurse-led triage and telephone consultation services, such as NHS Direct, has led to a reduction in the demand for doctor appointments (Richards et al., 2002;

Murphy et al., 2005). The introduction of these services has led to improved access to primary care services, reducing the demand for doctor appointments.

For literature review sections that have numerous studies and for sections in which identifying methodology is important, the section indicated here is a great start to help readers understand the range of methodologies represented in the section. A total of 26 papers were identified in this section (five systematic reviews, Brown and Grimes, 1995; Renders et al., 2001; Horrocks et al., 2002; Sibbald et al., 2004; Laurant et al., 2005; two reviews, Office of Technology Assessment, 1986; Branson et al., 2003; one mixed methods study, Jenkins-Clarke et al., 1997; five qualitative interview-based studies, Baldwin et al., 1998; Mills et al., 2002; Williams et al., 2003; Redsell et al., 2005;

evidence synthesis given the broad scope of the review

their availability and convenience, rather than the provision of extended hours that are the valued dimensions of access (Salisbury et al., 2002a). Furthermore, a nursing service that complements rather than substitutes the activities of doctors will not necessarily lead to increased availability of doctor appointments in circumstances where this is the patient's preferred option.

In summary, research to date suggests that while access has improved for some patient groups for a range of APCN services, access may not have improved for some sectors of the population with the greatest health need. Investigation of the relative importance of different elements of access for diverse population groups will assist in better defining what and how primary care services should be delivered to meet the varied needs of those who require them.

A total of 26 papers were identified in this section (five systematic reviews, Brown and Grimes, 1995; Renders et al., 2001; Horrocks et al., 2002; Sibbald et al., 2004; Laurant et al., 2005; two reviews, Office of Technology Assessment, 1986; Branson et al., 2003; one mixed methods study, Jenkins-Clarke et al., 1997; five qualitative interview-based studies, Baldwin et al., 1998; Mills et al., 2002; Williams et al., 2003; Redsell et al., 2005;

Sample Lit Review, PDF - Adobe Acrobat Professional

File Edit View Document Comments Forms Tools Advanced Window Help

Create PDFCombine FilesExportStart MeetingSecureSignFormsReview & Comment

1095 (6 of 13)

Find

treatment recommendations from nurses than from doctors (Horrocks et al., 2002; Laurant et al., 2005; Brown and Grimes, 1995; Sibbald et al., 2004).

A national evaluation of nurse-led WiCs found them to be clinically safe and effective (Salisbury et al., 2002a) and one study showed that for a range of similar conditions using simulated patients, nurses in WiCs performed significantly better than doctors based in family practices (Grant et al., 2002). A randomised controlled trial evaluating nurse-led telephone consultation services demonstrated that nurses can safely manage half of all patient referrals without the help of a doctor, without an increase in the number of adverse events (Lattimer et al., 1998). For long-term conditions such as diabetes and coronary heart disease, nurses substituting for doctors resulted in outcomes comparable to doctor-led care (Laurant et al., 2005) while nursing services complementing standard doctor-led diabetes care were associated with improved glycaemic control (Renders et al., 2001).

In summary, the research suggests that the impact of APCN roles for minor illness and some long-term conditions are similar to those of family doctors though little is known about the long-term outcomes, for example, nurses failing to diagnose serious conditions (Horrocks et al., 2002). Overall, the quality of evidence

(Mills et al., 2002), although no improvement in clinical outcomes was reported (Mills et al., 1999).

The majority of studies evaluating APCN services have reported that patients are at least as satisfied with the outcome, in comparison with equivalent doctor-led care (Horrocks et al., 2002; Branson et al., 2003). Some studies have demonstrated that APCN care (Shum et al., 2000; Miles et al., 2003; Williams et al., 2003; Salisbury et al., 2002b) including nurse-led first contact care (Horrocks et al., 2002; Laurant et al., 2005) is associated with higher rates of patient satisfaction than care provided by general practitioners (GPs) (Miles et al., 2003; Williams et al., 2003; Salisbury et al., 2002b). However, some studies have found that consultations tend to be longer (Williams and Jones, 2006; Caldow, 2000), higher levels of patient satisfaction have been reported even after controlling for length of consultation (Venning et al., 2000; Shum et al., 2000).

There is evidence that patients regard nurses as more communicative during the consultation (Redsell et al., 2005; Williams and Jones 2006), they are made to feel more at ease (Redsell et al., 2005) and nurses provide more information than doctors (Seale et al., 2005). Research in the USA suggests that 'personal factors' such as friendliness and competence of the nurse as well

This is a great example of complex linking of different findings together.

events (Latham et al., 1998). For long-term conditions such as diabetes and coronary heart disease, nurses substituting for doctors resulted in outcomes comparable to doctor-led care (Laurant et al., 2005) while

In summary, the research suggests that the impact of APCN roles for minor illness and some long-term conditions are similar to those of family doctors though little is known about the long-term outcomes, for example, nurses failing to diagnose serious conditions (Horrocks et al., 2002). Overall, the quality of evidence is variable, often derived from small studies with questionable generalisability (Lankshear et al., 2005). Many studies provide inadequate details on the level of prior education and experience of nurses in their samples (Denver et al., 2003; Mundinger et al., 2000) masking the extent to which such variables are related to reported outcomes. Additionally, the different education and training requirements for APCN roles internationally limits the transferability of findings.

primary care nurse practitioners has reported similar findings (Brown and Grimes, 1995). Although nurse consultations tend to be longer (Williams and Jones, 2006; Caldw, 2000), higher levels of patient satisfaction have been reported even after controlling for length of consultation (Venning et al., 2000; Shum et al., 2000).

This is a great analytical summary for a complex section. It has a few advantages:

- 1) It indicates the major points readers should take away
- 2) It provides clear indications of the problems with this aspect of the literature

and to be flexible in modifying their communication strategies, helping to resolve the tensions existing between patients' reasons for attendance and their

Other Samples

Criminology

Harris, P.J., Baltodano, H.M., Bal, A., Jolivette, K., & Malcahy, C. (2009). Reading achievement of incarcerated youth in three regions. *Journal of Correctional Education*, 60(2), 120-145.

Smith, L.J. (2003). The organizational environment and its influence on state criminal justice systems with the United States and the offender reintegration process. *Criminal Justice Studies*, 16(2), 97-112.

prison hardened offenders to the community and in such large numbers poses unprecedented challenges. Smith (2003) is an example of a journal article that uses an extensive literature review, albeit mostly descriptive and descriptive-analytical (see Part III). Below we see some good examples of lit review thesis statements that are very similar to the other samples...

Justice partnerships, considered important when developing comprehensive and effective responses to complex problems such as re-integration and recidivism, are slowly developing. Programs of this type actively seek representatives from each criminal justice system agency to join together in multiagency task forces, steering committees or planning groups to identify problems, develop goals and strategies for addressing the problems and to oversee

The literature suggests that justice partnerships of this type can address specific problems within the criminal justice system such as offender re-integration more efficiently and will minimize the impact of the changes that occur in the organizational environment, such as legal and political influences. The literature also suggests that as a result of these planning groups, overall improvements can be seen in the systemic relationship between each agency in the criminal justice system: the police, prosecution, courts and corrections, thus, improving *system outcomes*.

successful programs that address re-integration through restorative justice and re-entry models. Restorative justice involves returning to the ancient view that redefines crime more as an injury to the victim and community than as an injury to the government. It views the criminal justice process more comprehensively by including the victim, the offender and the community in its processes in a "community building" process (Bazemore, 1995). The community is a responsible partner in the offender re-integration process and is actively involved in planning the restoration process as opposed to being a passive participant. To further enhance this comprehensive approach, re-entry court models have been introduced with the role of re-entry management assigned to the sentencing judge, whose duties would be expanded to create a "re-entry court". At the time of sentencing, the judge would also convene meetings with the stakeholders who would be responsible for the offender's re-entry.

Turn to page 99 of Smith (2003). This is the first paragraph of the review, and it corresponds to a primarily descriptive lit review defining “organizational environment..

THE ORGANIZATIONAL ENVIRONMENT

A system's organizational environment is described as any external phenomenon, event, group or individual which is composed of technological, legal, political, economic, demographic, ecological and cultural forces (Kolfas *et al.*, 1990). Kolfas and colleagues (1990) affirmed that as environmental conditions change, demands for service, legal resources and positions on policy and programs of both public and private organizations may change (p. 19). They further explained that adapting to these new demands, constraints and pressures may alter the mission or policy of the organization (p. 19). For example, increasing the number of arrests as a result of an increase in crime and public pressure will impact on the criminal justice system. The populations of jails will increase and court dockets and caseloads of prosecuting attorneys will expand (p. 29). Another good example of how the organization's environment (for example, the political climate) can affect the organization is through direct pressures from constituents and clients and indirectly through governmental action (p. 25). The government's response to political conditions can be passed on to the organization and other agencies within the system. Governments can be influenced to change budgets and mandates, and to alter the composition of top administrative personnel. These situations normally result after elections or after legislation is written that changes the purpose or power base of a bureaucracy (p. 25) It was also found that that changes in organizational environments have led to a variety of justice models being used over the years. Cole and Smith (1998) identify seven justice models used from the 1600s through to the 1990s: the colonial, penitentiary, reformatory, progressive, medical, community and crime control (p. 456).

In the next two paragraphs, we see more description but some analysis...

As the political climate changed in the 1970s and 1980s, a renewed emphasis on the crime control model of corrections developed. The crime control model emphasizes efficiency and the capacity to catch, try, convict and punish a high proportion of offenders; it also stresses speed and finality over the caution against the possibility of innocent people being adversely impacted (Cole and Smith, 1998, p. 9). It can be argued that the abovementioned components of the crime control model are actually deficiencies and may be the reasons why most US criminal justice systems are fragmented and not functioning at optimum levels. It can also be argued that these alleged deficiencies have impaired the offender re-integration process, which has prompted the need to explore new or a combination of justice models that will be more flexible and work more efficiently to improve the administration of justice.

Herbert Packer (1968) explains that the crime control model competes with the due process model, a model that encourages the adversarial process, the rights of defendants, and formal decision-making processes. He emphasizes that no one official agency functions according to one mode or the other, and elements of both models are found throughout the system. However, as indicated above, the crime control model that has been identified as the predominant model results in a philosophy that encourages police and prosecutors to decide early on whether a defendant is innocent or guilty, leaving the possibility that more procedural errors may ensue. In contrast, the due process model encourages conclusive evidence in order to minimize error (Packer, 1968). Although the philosophy of the crime control model and due process are polarized, it can be argued that the due process model

In the next two paragraphs, we see more description but some analysis. However, this is still mostly descriptive versus analytical.

As the political climate changed in the 1970s and 1980s, a renewed emphasis on the crime control model of corrections developed. The crime control model emphasizes efficiency and the capacity to catch, try, convict and punish a high proportion of offenders; it also stresses speed and finality over the caution against the possibility of innocent people being adversely impacted (Cole and Smith, 1998, p. 9). It can be argued that the abovementioned components of the crime control model are actually deficiencies and may be the reasons why most US criminal justice systems are fragmented and not functioning at optimum level. It can also be argued that these alleged deficiencies have impaired the offender re-integration process, which has prompted the need to explore new or a combination of justice models that will be more flexible and work more efficiently to improve the administration of justice.

Herbert Packer (1968) explains that the crime control model competes with the due process model, a model that encourages the adversarial process, the rights of defendants, and formal decision-making processes. He emphasizes that no one official agency functions

system. However, as indicated above, the crime control model that has been identified as the predominant model results in a philosophy that encourages police and prosecutors to decide early on whether a defendant is innocent or guilty, leaving the possibility that more procedural errors may ensue. In contrast, the due process model encourages conclusive evidence in order to minimize error (Packer, 1968). Although the philosophy of the crime

Turn to page 100. Again, Smith (2003) is mostly writing descriptively that also includes some summary of main points and some analysis.

THE PLANNING PROCESS AND SYSTEMIC FRAGMENTATION

Systemic fragmentation, as defined in this article, is when the criminal justice system's planning processes are inadequate, which adversely impacts the relationship between its agencies and their overall mission, goals and objectives, the development of a unifying criminal justice philosophy and the system's expected outcomes. The review of existing literature revealed that all state criminal justice systems were found to be systematically fragmented at certain stages in the process and deficient in continuity, thus producing systems subdued in differences and occasionally deemed non-systems (Wright, 1994).

Criminal justice systems within the United States are designed sequentially with interrelated parts. For example, decisions in the criminal justice system are made in a specific order (Cole and Smith, 1998, p. 22). The police must make the arrest before the offender is prosecuted, the prosecutor's decisions determine the nature of the court's activity, prosecutors and judges cannot bypass the police and make arrests and corrections officials cannot punish anyone who has not been through the earlier states of the process (p. 22). This process creates an exchange relationship among the key decision makers in the criminal justice system that could impact goals, objectives and policy development (p. 22). The literature suggests that a "cause and effect" relationship exists for every decision made by system members that, in turn, can impact on system outcomes.

Much of the debate on criminal justice systems outcomes focuses on whether the systems' *planning processes* are adequate in addressing these issues or if there is a lack in unifying philosophy thus fragmenting the system's goals and objectives (Hahn, 1998).

Turn to page 100. Again, Smith (2003) is mostly writing descriptively that also includes some summary of main points and some analysis.

THE PLANNING PROCESS AND SYSTEMIC FRAGMENTATION

Systemic fragmentation, as defined in this article, is when the criminal justice system's planning processes are inadequate, which adversely impacts the relationship between its agencies and their overall mission, goals and objectives, the development of a unifying criminal justice philosophy and the system's expected outcomes. The review of existing literature revealed that all state criminal justice systems were found to be systematically fragmented at certain stages in the process and deficient in continuity, thus producing systems subdued in differences and occasionally deemed non-systems (Wright, 1994).

Criminal justice systems within the United States are designed sequentially with interrelated parts. For example, decisions in the criminal justice system are made in a specific order (Cole and Smith, 1998, p. 22). The police must make the arrest before the offender is prosecuted, the prosecutor's decisions determine the nature of the court's activity, prosecutors and judges cannot bypass the police and make arrests and corrections officials cannot punish anyone who has not been through the earlier states of the process (p. 22). This process creates an exchange relationship among the key decision makers in the criminal justice system that could impact goals, objectives and policy development (p. 22). The literature suggests that a "cause and effect" relationship exists for every decision made by system members that, in

Much of the debate on criminal justice systems outcomes focuses on whether the systems' *planning processes* are adequate in addressing these issues or if there is a lack in unifying philosophy thus fragmenting the system's goals and objectives (Hahn, 1998).

Overall Summary: 1

The samples demonstrate some alternative-yet-still-similar choices for literature reviews. However, here are some important points for ALL samples:

- 1) A literature review will ideally have an introduction that establishes the scope, importance and state of, and major findings of the literature (i.e., the thesis);
- 2) A literature review introduction should indicate somewhere in some form what the major topics are; the “Nursing” sample did this overtly;
- 3) The “Nursing” sample overtly identified the studies used by methodology, which is important for literature reviews in which mentioning methodology is important;

Overall Summary: 2

- 4) Each section will have a statement on the state/quality of literature;
- 5) The organization of the evidence will conform to one of the styles we discussed previously;
- 6) The “Nursing” sample excelled in analytical summaries of each section that enhance readability;
- 7) At a minimum, an ideal section will have a Main Point, a logical structure of Evidence seen in Part III, and some type of analysis.

The most important point...

At a minimum, a literature review will have a thesis statement indicating the state of the literature and the sub-topics, and an ideal section will have a Main Point, a logical structure of Evidence seen in Part III, some type of Analysis, and a Link to the overall thesis, or...

MEAL

Other Guidelines

- It recommended that you:
- 1) NOT use contractions;
- 2) NOT use first person;
- 3) ONLY use acronyms AFTER you have defined their meaning;
- 4) Spell out numbers from 0-9 and use the numerals for all numbers above 9;
- 5) Avoid slang, colloquialisms, and idioms;
- 6) Make sure that every source you cite in your paper is included in the References page(s);
- 7) Double-space ALL lines, number ALL pages; do not futz around with margins;
- 8) Be consistent with verb tenses.
 - APA recommends past (discussed) or present perfect (have discussed) when presenting results
 - Chicago and MLA are a little more accepting of present tense

Questions?

Comments?