Scoping/Systematic Review

The process of writing a review varies depending on the type of review you are writing. While all reviews involve identifying, evaluating, and synthesising existing knowledge, each review type serves a different purpose and follows a distinct approach.

The differences

- A **literature review** focuses on highlighting a research gap and comparing and contrasting relevant studies.
- A **scoping review** maps the key concepts, evidence, and ascertains the breadth of a field of research to inform future research. A scoping review might outline a broad research question as a precursor to posing a narrowly focused research question in a systematic review later.
- A **systematic review** is written to answer a specific research question.
- A **meta-analysis** uses statistical methods on data from multiple comparable quantitative studies to produce an overall estimate of findings.

The similarities

All types of review:

- are planned carefully with a clear focus on a research question, hypothesis or key concepts, or evidence
- follow a structure process with distinct stages
- analyse, compare and synthesise relevant research literature
- are organised logically, with all content directly contributing to the reviews purpose
- will move from broader literature to more specific literature issues and findings
- use clear, concise, and precise academic writing
- require drafting, revision, editing and proofreading
- aim to produce a clear outcome, whether that is identifying a research gap (literature review), mapping concepts and evidence (scoping review), answering a specific research question (systematic review), or synthesising statistical findings (meta-analysis).

Structure

The following guidance for writing scoping and systematic reviews can also be applied to meta-analyses, with the addition of a section describing the statistical methods used to analyse and synthesise data.

Scoping and systematic reviews typically follow reporting frameworks such as JBI, PRISMA, or Cochrane guidelines (Tricco et al., 2018). These frameworks provide a recommended structure, although exact requirements may vary. If you intend to publish your review, always consult the target journal's author guidelines and review previously published articles in that journal.

The overall structure is similar to an empirical research report, often referred to as the AIMRaD format (Abstract, Introduction, Methods, Results and Discussion). While reviews follow this familiar structure, each review type includes specific elements that reflect its purpose. These are outlined below.

Abstract

Scoping and systematic reviews typically use a structured abstract, with headings that summarise the key sections of the review, such as the background, objectives, methods, results, and conclusions.

Introduction

The Introduction to a review follows the same general structure as other scholarly papers. It first (a) introduces the general topic, then (b) provides relevant background information and defines key terms where necessary, then (c) narrows the focus to the specific issue, problem, or research area being examined. Thereafter, (d) it explains the rationale for the review, (e) states the reviews aim, objectives, or research question(s), and finally (f) outlines the structure of the review.

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Rationale

The rationale explains *why* the review is needed. It should clearly justify the importance of the review and be written in a way that is accessible to a non-expert audience. A strong rationale often identifies a **research gap**, such as limited evidence, inconsistent findings, emerging issues, or areas requiring further investigation. In systematic reviews, the rationale may also be to evaluate new methodologies, inform policy or practice, or synthesise evidence on a specific question.

Examples:

- *'A scoping review was conducted in 2013 on social media use by health professionals and trainees, rather than health researchers. However, there is no evidence synthesis of the ways in which health researchers, as a specific population group, are using social media across platforms, and there remains uncertainty about how to best harness the potential of this medium in health research'* (Dol et al., 2019, Introduction section).
- *'By focusing on actual behaviour change and patient outcomes in emergency situations, this review provided an opportunity to identify the essential components of effective emergency training. If this can be achieved, then the factors that are required to deliver the best possible training can be incorporated into emergency training courses to facilitate improvement in patient and organisational outcomes across specialities'* (Merriel et al., 2019, Why it is important section).

Objectives

The objectives section states *what* the review intends to achieve. It should include a clear aim statement that leaves no doubt about the reviews purpose. Use the word "aim(s)" or "objective", e.g., *'This review aims to ...'; 'The aim of this review is to ...'; 'The objective of the scoping study is ...'* and so on.

- *'The primary aim of the study was to identify the type of NVC strategies used by nurses to communicate with older adults'* (Wanko Keutchafo et al., 2020, Background section).
- *'The objective for this scoping review was to map the literature on the ways in which health researchers report on their use of social media from the existing literature'* (Dol et al., 2019, Introduction section).
- *'The main objective is to identify, across studies published in the post-NCLB era, how single-track YRE affects student achievement. Along with this, we investigate the effect of YRE on different subgroups of students'* (Fitzpatrick & Burns, 2019, Research questions section).

The research question(s)

Scoping reviews may include a broadly-defined research question that guides the review and helps define its scope. The question focuses on exploring and mapping evidence rather than providing a definitive answer.

- *'The main question for this review was: What is the evidence of [NVC] between nurses and older adults?'* (Wanko Keutchafo et al., 2020, Research questions section).

In contrast, systematic reviews use more focused and specific research questions designed to guide a rigorous search, appraisal and synthesis of evidence.

Examples:

- *What is the estimated effect of single-track YRE for math achievement and for reading achievement?*
- *What is the effect size (of math and reading achievement) for only low-income students and for only minority students?*

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- *What is the relationship between characteristics of YRE (calendar structure, duration of the longest remaining break) and the effect size estimate?* (Fitzpatrick & Burns, 2019, Research questions section).

A scoping review *may* include a research question, whereas a systematic review *must* be guided by a clearly defined research question.

The purpose of a systematic review is "to collate evidence that fits pre-specified eligibility criteria in order to answer a specific research question" (Chandler et al., 2022, para. 1). Importantly, the research question should be researchable, i.e., there needs to be a means to answer the question (it can't be overly ambitious, and should be time-bound, limited in scope, and there should be access to suitable data).

Establishing a research question is best done by first establishing a topic, researching the topic and finding a sub-theme, narrowing the theme, and turning the narrow and focused theme into a question.

The Introduction should finish with a statement noting whether searches were conducted for existing reviews on the topic and identifying the sources searched (e.g., Cochrane, JBI, Campbell Library etc.).

Methods

Protocol and registration

A protocol statement should indicate whether a review protocol already exists and, where applicable, provide its registration number. If you are using or adapting an existing protocol, acknowledge it clearly and explain how it informs your reviews methodology.

If a new protocol has been developed, consider registering it to improve transparency and support future research. Scoping review protocols are commonly registered with platforms such as the Open Science Framework (OSF), Figshare, or the JBI Systematic Review Register. Systematic review protocols are often registered with Cochrane, PROSPERO, or Campbell. Including a protocol statement helps demonstrate methodological rigour and allows others to identify, evaluate, and build on your review.

- *'The protocol for this review is available at Fitzpatrick & Burns, 2017'* (Fitzpatrick & Burns, 2019, Types of studies section).
- *'A scoping review protocol was created to guide the process and is available from the corresponding author upon request. This paper adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews'* (Dol et al., 2019, Overview section).

The important thing is that if a previous protocol is being followed, it should be acknowledged formally.

Eligibility criteria

This section outlines the criteria used to determine which sources were included in the review. Eligibility criteria are often developed using frameworks such as **PCC** (Population, Concept, Context) or **PICO** (Population, Intervention, Comparison, Outcome).

The section should clearly describe the types of evidence included and justify any limits placed on source types, publication dates, languages, or study designs. Brief eligibility criteria may be presented in the main text, with detailed criteria provided in a table or appendix.

Examples provided over the page...

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- *'Articles were determined eligible for inclusion if they discussed the use of social media by health researchers, including but not limited to use of social media for recruitment, data mining, social media initiatives or campaigns, hashtag communities, and journal clubs. Articles could be from health researchers at any stage of their career (trainee to faculty member) and across any types of health research (policy, services, outcomes, medical, and basic)'* (Dol et al., 2019, Inclusion and exclusion section).
- *'We included randomised trials and cluster-randomised trials investigating training interventions where there was the comparison of interactive training and no or standard training'* (Merriel et al., 2019, Types of studies section).

Information sources

This section describes the databases used with coverage dates.

- *'A range of sources were used to ensure a comprehensive coverage of the literature. An initial search was conducted in August 2017, repeated and finalized in November 2019. The search made use of the following databases: ...* (Wanko Keutchafo et al., 2020, Database searching section).
- *'An experienced information specialist (RP) developed comprehensive search strategies for 6 electronic citation databases: MEDLINE (OvidSP, 1946 to May 2018), EMBASE (Elsevier, 1947 to May 2018), CINAHL (EBSCOHost, 1971 to May 2018), PsycINFO (EBSCOHost, 1967 to May 2018), ERIC (ProQuest, 1966 to May 2018), and Web of Science Core Collection (Clarivate Analytics, 1900 to May 2018)'* (Dol et al., 2019, Search strategy section).

Search strategy conducted

This section outlines the search strategy used to identify relevant literature, including the search terms, databases, and any limits applied (such as date ranges, language restrictions, or study types). Some reviews also provide the full search strategy in an appendix or figure to support transparency and reproducibility.

- *'We include a database search log in an online appendix to this review. This log contains, for each database that was searched, the terms, phrases, and Boolean operators that were used to identify relevant studies; fields that were searched; and restrictions or filters that were used. The log also includes comments on the search strategy used for each database to describe any database-specific procedures that were used to identify studies. Finally, the log indicates the number of records that were retrieved from each database along with the number of full-text studies that were downloaded from this pool'* (Fitzpatrick & Burns, 2019, Electronic searches section).
- *'Our general/starting-point search terms for this meta-analysis include those used by Cooper et al. (2003), augmented by terms used in pertinent research published after that meta-analysis. The basic form of the search terms is: "year-round school*" or "year-round education" or (school AND ("alternative calendar" or "modified calendar" or "balanced calendar") or ("year-round calendar" AND school). We modified the precise terms, phrases, and Boolean operators to take advantage of the search features, index terms identified in the resource's thesaurus, and tools within each of 22 specific search/retrieval resource'* (Fitzpatrick & Burns, 2019, Electronic searches section).

Selection of sources of evidence

This section outlines how the sources were screened and selected for inclusion in the review, such as the criteria used and how disputes were resolved. In multi-author reviews, reviewer initials are often used to describe each person's role in the selection process, as shown on the next page.

- *'The titles were reviewed against the eligibility criteria by EW. This initial search was monitored, exported into EndNote X9 reference manager, for abstract and full text screening by EW. The duplicated studies were deleted, followed by independent reviewing of the abstracts by EW and JK. Studies deemed 'unclear' were advanced to the subsequent screening stage. Assistance from the study university library services was requested when full texts could not be retrieved from the databases and five full texts were provided'* (Wanko Keutchafo et al., 2020, Study selection section).
- *'Two review authors (of AM, JF, and KB) independently screened all titles and abstracts for eligibility. We retrieved the full-text articles for all studies deemed by any review author to be potentially eligible. Two review authors (of AM, JF, and KB) assessed the full-text articles against the inclusion criteria. Any disagreements between the two review authors were resolved by discussion with the review team'* (Merriel et al., 2019, Selection section).

Data charting process

Sometimes referred to as 'data extraction', this section outlines how the data was charted from the sources of evidence included, and whether it was done independently or in duplicate, and notes any processes of confirmation that might have been used. This section should also clearly present how data were collected and organised, often through tables, figures, or other visual summaries.

- *'Microsoft Excel was utilized for this stage. The collected data points were author(s), title, publication year, country of first author's affiliated university, research setting, purpose, participant demographics, research methods, measures, interventions, key findings, and limitations. The authors, participants, measures, interventions, and findings are summarized in Table 1. Aggregate data have been presented in the results section. As the first author compiled the data for Table 1, 12 articles were removed from the study because they were not primary research (n = 3), measured stereotypy and not SF (n = 5), did not isolate PA from other activities (n = 1), did not include a PA component (n = 2), or did not include a SF component (n = 1). The discarded articles were approved by authors two and five before the analysis was complete'* (Reinders et al., 2019, Chart the data section).
- *'Two review authors (of AM, JF, and KB) independently extracted data from each study onto a data collection form based upon the Cochrane Effective Practice and Organisation of Care (EPOC) Group data collection checklist (EPOC 2013). Review authors (of AM, JF, and KB) piloted the form and ensured that it was fit for purpose and that there was consistency of approach. We refined the form as we progressed in the data extraction process by adding further fields or categories to the existing fields'* (Merriel et al., 2019, Data extraction section).

Data items

This section explains what data is obtained from the studies reviewed. It needs to include a summary of the results based on the inclusion criteria.

- *'Extracted data included bibliographic details, country and setting, aim/objective, study design, targeted population, nurses' nonverbal strategies used while communicating with older adults, older adults' interpretation of nurses' nonverbal behaviors, and relevant outcomes of interest'* (Wanko Keutchafo et al., 2020, Data extraction section).
- *'We extracted the student outcome data needed for calculating the effect size(s) from each study. To consider our second research question, we recorded two independent variables of interest: calendar structure and the duration of summer break. For each study, we recorded standard information on the study and report itself. This included the report author, year of publication or release, published/unpublished status, and the matching protocol used to identify the comparison school(s)* (Fitzpatrick & Burns, 2019, Student outcomes section).

Critical appraisal of individual sources of evidence

This section is sometimes titled 'quality appraisal' and consists of a statement showing how the evidence sources were treated and discarded as appropriate. This is based on the exclusion criteria. A scoring or rating system might be used in this section.

- *'Of the 22 included studies, 16 studies underwent methodological quality assessment using the MMAT version 2018 [reference omitted]. The remaining six [references omitted] were excluded from the quality appraisal because they were not primary studies. The 16 studies which underwent methodological quality assessment showed high methodological quality and scored between 80 and 100%. Of these studies, 15 studies [references omitted] scored 100%, and one [references omitted] scored 80%'* (Wanko Keutchafo et al., 2020, Quality of evidence section).

Systematic reviews **must** include quality appraisal and a risk of bias assessment. This section should describe the appraisal tools or frameworks used, who conducted the assessment, and how disagreements between reviewers were resolved. Where applicable, explain any scoring, rating, or ranking system used to assess study quality. The section should also identify potential sources of bias, describe how they were evaluated, and outline any steps taken to minimise or address their impact on the review's findings.

- *'We used the EPOC 'Risk of bias' tool to assess the risk of bias (EPOC, 2015). The areas of bias addressed by the tool cover the domains outlined in the Cochrane Handbook for Systematic Reviews of Interventions (Higgins, 2011). Two review authors (of AM, JF, and KB) independently assessed the risk of bias of each included study, and assessment was compared and reconciled, if necessary, with the help of an arbitrator. We categorised each study as having low, high, or unclear risk of bias using the EPOC 'Risk of bias' tool (EPOC, 2015). Any disagreements were resolved by discussion or by consulting the senior review author'* (Merriel et al., 2019, Assessment of risk of bias section).

Measures of effect

Systematic reviews and meta-analyses will often include a section on measures of treatment effect. This section reports the effect estimates used to compare outcomes across studies and explains how the results were calculated and interpreted. Common measures include risk ratios, odds ratios, mean differences, and standardised mean differences, typically reported alongside confidence intervals. These measures help assess the size, direction, and precision of the observed effects.

- *'From each study we collected the outcomes relevant to this review, regardless of whether they were the primary outcome for each individual study or not. We extracted the effect estimate and confidence intervals of the intervention from the data provided in the publication. We were unable to perform a meta-analysis due to the heterogeneity of outcomes reported in the included studies. We presented a structured synthesis of the results as reported by the authors'* (Merriel et al., 2019, Measures of treatment section).

Systematic reviews and meta-analyses may also include sections addressing assessments of heterogeneity, reporting bias, units of analysis, certainty assessments and missing data.

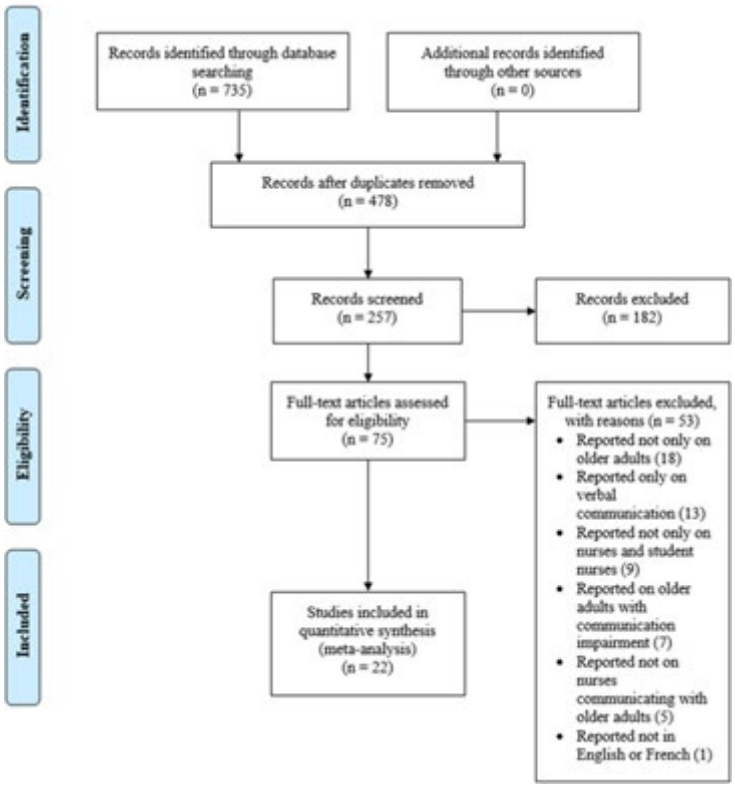
- *'Studies that did not report all data necessary to calculate an effect size were handled in one of three ways. First, authors were contacted in order to seek supplemental information to allow for standard calculations. For a subset of studies whose authors could not provide additional data, the N and mean but not SD figures were provided. However, SDs can be imputed for effect size calculations with continuous outcomes'* (Fitzpatrick & Burns, 2019, Dealing with missing data section).

Results

Search results

This section reports the results of the search and screening process, including the number of sources identified, screened, excluded, and ultimately included in the review. The search process should be described clearly and accompanied by a flow diagram showing how studies were selected at each stage. The **PRISMA Flow Diagram**, or a variation of it, is commonly used to visually present the selection process.

- *'We identified 3261 references from electronic database searching and handsearching of reference lists after de-duplication. Full-text screening of 75 records resulted in 11 studies being included in the review. Three studies were ongoing. The PRISMA flow diagram is shown in Figure 1'* (Merriel et al., 2019, Results of the search section).
- *'Two hundred and fifty-seven (257) studies met the eligibility criteria following the deletion of 478 duplicates from the 735 studies identified at the title screening stage (see Fig. 1)'* (Wanko Keutchafo et al., 2020, Results section).



Note. Figure 1. From "Evidence of nonverbal communication between nurses and older adults: A scoping review", by Wanko Keutchafo et al., 2020, *BMC Nursing,* 19, Article 53. https://doi.org/10.1186/s12912-020-00443-9

Characteristics of sources of evidence, Critical appraisal within sources of evidence, Results of individual sources of evidence, and Synthesis of results

Reviews may present these as separate sections or combine them into a single **Results** section. Regardless of the structure used, this section should describe and synthesise the findings of the included studies without interpreting their meaning. Interpretation belongs in the **Discussion** section.

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The results should summarise the characteristics and quality of the included sources and compare and contrast their findings. Reviews often begin by identifying broad patterns and trends across the literature before examining findings according to key review elements, such as the PCC or PICO framework. Tables, figures, and summary charts are often used to present findings clearly and concisely.

Examples:

General trends

- *'The study identified 414 unique articles across 278 different journals. The number of articles published on health researchers' use of social media has increased significantly over time (see Figure 2), ranging from 1 publication in 2007 to 88 in 2017'* (Dol et al., 2019, Article characteristics section).

Specific characteristics

- *'A third of the articles included were nonspecific and covered health broadly (33.1% [137/414]), touching on 61 different health areas'* (Dol et al., 2019, Area of health section).

Study type

- *'Atypically, the majority of the studies in Tables 1 and 2 are dissertations. Published works, perhaps in order to increase their sample size to make statistically significant findings easier to achieve, tended to look at mixed single- and multitrack YRE. As a result, excluding mixed studies resulted in a final sample with three reports, two conference presentations, five articles, and 20 dissertations'* (Fitzpatrick & Burns, 2019, Included studies section).

There may also be sections describing and summarising the results of the included studies according to the framework characteristics used, e.g., comparing the participants in the included studies, describing the interventions used, and the outcomes reported.

- *'We identified 11 randomised studies for inclusion in this review. Four focused exclusively on obstetric training (Nielson, 2007; Riley, 2011; Sorensen, 2015; Fransen, 2017), three on obstetric and neonatal training (Nisar, 2011; Walker, 2014; Gomez, 2018), two exclusively on neonatal training (Opivo, 2008; Xu, 2014), one on trauma (Knudson, 2008), and one on general adult resuscitation (Weidman, 2010). There were approximately 2000 healthcare workers randomised to different forms of training in these studies. Outcome data were collected on over 300,000 patients'* (Merriel et al., 2019, Included studies section).

Discussion

The Discussion section of a scoping review is written in the same way as a Discussion in a scientific report or research paper. Other elements in the Discussion are as follows.

Strengths and limitations

This section evaluates the strengths and limitations of both the evidence reviewed and the review process itself. For example, included studies may have small sample sizes, methodological weaknesses, or a high risk of bias. Limitations may also arise from the review methods, such as restricting searches to English-language publications or a limited number of databases.

- *'Some limitations should be noted regarding the quality of this scoping review. While the first two authors took many steps to ensure all relevant articles were included in the review, it is possible some studies were missed due to the selection of databases and search terms. Second, the first two authors each conducted title reviews independently, meaning if one author determined an article was irrelevant based on the title, the other author would not have seen it'* (Reinders et al., 2019, Limitations section).

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Study implications

As a **scoping review** does not typically conduct a quality or risk of bias assessment, implications for policy or practice are unable to be given. In a **systematic review**, these implications need to be included to explain to stakeholders what action they need to take based on the review findings. **All review types** can make explicit recommendations for further research.

- *'Logically, it seems important to train staff for in-hospital-based emergencies. However, due to the heterogeneity of outcomes within this review, it was not possible to provide firm conclusions as to whether interactive training works. Having said this, the structured synthesis of the evidence showed that most of the studies included in this review reported improvements in patient, staff, or organisational outcomes. The certainty of the evidence for these results is very low'* (Merriel et al., 2019, Implications for practice section).

Further material

Conclusion and/or Recommendations

In a **systematic review**, the study implications and recommendations are often included at the end of the Discussion and forms the conclusion. A **scoping review** usually has a separate conclusion section. The conclusions need to match the review objectives and questions, summarising what was found out.

- *'In summary, this scoping review provides insight into the relationship between PA and SF in young people with ASD. From the current literature, PA may be related to the social interactions and behaviors of young people with ASD. This review has summarized the relevant literature regarding PA and SF and suggests future directions for research. It has become evident that PA is a viable intervention option to target some of the primary concerns associated with ASD. Further, interventions educating young people with ASD about how to engage in PA may enhance quality of life through increased PA participation and diversified* social relationships' (Reinders et al., 2019, Conclusion section).

Reference list

Use the referencing style required by your institution, discipline, assessment task, or intended publication outlet. Include all sources cited in the text in the reference list. Ensure that every in-text citation has a corresponding reference entry, and that all reference list entries are cited within the text.

If you plan to publish your review, check the author guidelines for your target journal before you begin writing, as journals often have specific referencing and formatting requirements. Reference management software, such as EndNote, can help organise citations and make it easier to change referencing styles if required.

Additional files and/or Appendices

It is encouraged now to make data freely available for others to use. This aids research integrity, accountability, and reproducibility. For a review, this may include the data extracted from studies, the full search strategy, a list of excluded sources, clean datasets in a form able to be re-analysed, metadata or analytic software code. It is important to check the copyright restrictions as well, for example records exported from databases may include copyright material and is therefore unable to be shared. These files can be appended to the review text or shared on a site such as FigShare.

- *'The Supplementary Material for this article can be found online at: https://www.frontiersin.org /articles/10.3389/fpsyg.2019.00120/full#supplementary-material'* (Reinders et al., 2019, Supplementary material section).

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Related helpsheets

- Incorporating Evidence
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