ASHFORD UNIVERSITY℠
Writing Center

Literature Review

What is a literature review?
A literature review is a survey of scholarly sources that provides an overview of a particular topic. Literature reviews are a collection of the most relevant and significant publications regarding that topic in order to provide a comprehensive look at what has been said on the topic and by whom. The basic components of a literature review include

- a description of the publication;
- a reference to the author's credentials;
- a summary of the publication's main points;
- an evaluation of the publication's contribution to the topic.

What is the difference between a literature review and an annotated bibliography?
An annotated bibliography is a list of your references with a summary of the content and the publication's relationship to your research question. A literature review is an overview of the topic, an explanation of how publications differ from one another, and an examination of how each publication contributes to the discussion and understanding of the topic.

What is the purpose of a literature review?
The purpose of a literature review is to provide a review of writings on the given topic in order to establish the reviewer's own position in the existing field of scholarship on that topic. A literature review provides a reader with a comprehensive look at previous discussions prior to the one the reviewer will be making in his/her own research paper, thesis, or dissertation. In short, a literature review shows readers where the reviewer is entering the academic conversation on a particular topic in the context of existing scholarship.

How do I create a literature review?
The length and depth of your literature review depends on the length of your project. If you are writing a 10-page argument paper, you may have room to include 5-6 sources to review, because you will also be establishing your argument as well, but there's no hard equation for how many/how much. Use your judgment or consult your instructor.

Here is a step-by-step approach to drafting your literature review:

1. **Define Your Goal**. If you are writing an argument paper, create a thesis statement with a clear position. If you are evaluating scientific theories, develop a hypothesis to examine. If you are providing a self-contained review of writings on a topic, state your project's purpose. At the beginning of any paper, define your paper's purpose so that the literature review will be anchored to a specific point of view.

2. **Do Your Research**. Review a number of texts that most closely pertain to your topic and position and are written by relevant scholars. Understand who the top voices are in your topic's academic field, and be sure to include the most pertinent publications by those scholars.

3. **Ground Summary in Relevance**. As you summarize each publication, provide the context for that publication's importance by tying its main points to your thesis, hypothesis, or project statement. How does it relate? Establish its relevance to the discussion.

4. **Develop Review Logically**. Think of your literature review as a development of an argument—what were the earliest ideas on the topic and how did they grow and evolve in the academic conversation of these publications? First things first.

5. **Include References/Works Cited List**. As you are writing the literature review you will mention the author names and the publication years in your text, but you will still need to compile comprehensive citations for each entry at the end of your review. Follow APA or MLA guidelines, as your course requires.

A sample Literature Review section with Annotations follows on the next page.

A **literature review** is a survey of scholarly sources that provides an overview of a particular topic. It generally follows a discussion of the paper's thesis statement or the study's goals or purpose.

Literature reviews are a collection of the most relevant and significant publications regarding that topic in order to provide a comprehensive look at what has been said on the topic and by whom.

Articulate the selection criteria for the literature reviewed. Explain to readers why you include these contributions and not others. Establish parameters.

Use of Propofol and Emergence Agitation in Children: A Literature Review

The current literature review was conducted using multiple search engines, including CINAHL, MEDLINE, GOOGLE, and OVID. Articles were selected based on the following 3 criteria for inclusion: sevoflurane inhalational general anesthetic, propofol as an adjunct to sevoflurane general anesthetic, and propofol TIVA techniques.

Clinical Factors Related to Development of Emergence Agitation

The literature review can be organized by study topic, building information about the topic through definitive academic contributions.

Populations studied for [illegible] included the following characteristics: sex, age, ethnicity, type and le[illegible]al status, and ASA class. Most studies failed to differenti[illegible] populations. Some studies did separate age cohorts; for instan[illegible]een seen in preschool boys anesthetized with sevoflurane compared with school-aged boys (Aouad & Nasr, 2005).

The age of the child has been considered to be a factor in the development of EA postoperatively, perhaps because of the expected confusion and fright in this age group in response to perioperative events. Aono et al (1999) concluded that preschool-aged boys showed a higher rate of emergence agitation than did school-aged boys when anesthetized with sevoflurane. Voepel-Lewis et al (2003) noted that young age and anxiety level preoperatively were associated with EA. Many studies have confirmed that a younger age is a contributing factor in the development of EA, and most studies now target the ages of 2

through 6 years old when studying EA (Aouad & Nasr, 2005). When EA was first described by Eckenhoff in 1961, it was speculated that patients unde[illegible]nd neck procedures may have a sense of suffocation during emergen[illegible] thus increasing the chance of EA. Surgical procedures that have been [illegible] risk of developing EA are otorhinolaryngology, ophthalmology, an[illegible]ll of which may produce a sense of suffocation (Aouad & Nasr, 200[illegible]elic, 2007; Voepel-Lewis, Malviya, & Tait, 2003). The length of surgery in at least one study was found to be a factor associated with increased incidence of EA (Voepel-Lewis, Malviya, & Tait, 2003). In most studies, patients have been excluded if they were above ASA classes I and II, which is one limitation of the current literature (Baum, Yemen, & Baum, 1997). Exclusion criteria also included children with psychological or emotional disorders, developmental delay, and patients who needed sedative medication before induction (Abu-Shahwan, 2008).

It is important to reference the first instance of research on your topic.

Propofol Total Intravenous Anesthesia

Propofol TIVA techniques have also demonstrated a reduction in EA in children. In the study by Cohen et al (2003) of sevof[illegible]alational anesthesia versus a propofol TIVA technique, there were signif[illegible]sevoflurane group compared with the propofol group (23.1% vers[illegible]y Picard et al (2000) of the quality of recovery in children, a sevoflur[illegible]c and propofol TIVA techniques were compared, with a reduction in EA rates observed in the propofol TIVA group (46% versus 9%, respectively). A reduction in EA from 42% to 11% was seen in children 2 to 5 years of age with propofol TIVA compared with sevoflurane inhalational general anesthesia (Nakayama, Furukawa, & Yanai, 2007). In a small study of children presenting for eye surgery (n = 16),

Each literature review subtopic has its own thesis statement that is then "proven" through the review of existing research publications.

propofol TIVA technique had an EA incidence of 0%, in contrast to a cohort managed with sevoflurane inhalational general anesthetic, which produced an EA incidence of 38% (Uezono et al, 2000).

The studies summarized in T… …rates in sevoflurane alone, propofol TIVA alone compared with sevof… …propofol adjunct together with sevoflurane compared with… …gs demonstrate that either using propofol adjunctively or us… …ts in lower rates of EA compared with either sevoflurane alone or sevoflur… …djunctive propofol.

A literature review articulates the purpose of your new project, which is to either fill a gap in current research or to provide the next step in researching the topic.

According to the literature evidence base, there is an advantage to either propofol TIVA or adjunctive propofol with sevoflurane (compared with sevoflurane alone). We conclude, based on the current evidence, that the use of propofol is associated with a reduction in the incidence of emergence agitation.

References

A **References** list at the end of the paper will include entries for each publication discussed in the literature review.

Abu-Shahwan, I. (2008). Effect of propofol on emergence behavior in children after sevoflurane general anesthesia. Paediatr Anaesth, 18(1), 55–59.

Aono, J., Mamiya, K., & Manabe, M. (1999). Preoperative anxiety is associated with a high incidence of problematic behavior on emergence after halothane anesthesia in boys. Acta Anaesthesiol Scand, 43(5), 542–544.

Aouad, M. T. & Nasr, V. G. (2005). Emergence agitation in children: an update. Curr Opin Anaesthesiol, 18(6), 614–619.

Cohen, I. T., Finkel, J. C., Hannallah, R. S., Hummer, K. A., & Patel, K. M. (2003). Rapid emergence does not explain agitation following sevoflurane anaesthesia in infants and

children: A comparison with propofol. Paediatr Anaesth., 13(1), 63–67.

Eckenhoff, J. E., Kneale, D. H., & Dripps, R.D. (1961). The incidence and etiology of postanesthetic excitement: A clinical survey. Anesthesiology, 22, 667–673.

Nakayama, S., Furukawa, H., & Yanai, H. (2007). Propofol reduces the incidence of emergence agitation in preschool-aged children as well as in school-aged children: A comparison with sevoflurane. J Anesth., 21(1), 19–23.

Picard, V., Dumont, L., & Pellegrini, M. (2000). Quality of recovery in children: Sevoflurane versus propofol. Acta Anaesthesiol Scand., 44(3), 307–310.

Uezono, S., Goto, T., Terui, K., et al. (2000). Emergence agitation after sevoflurane versus propofol in pediatric patients. Anesth Analg., 91(3), 563–566.

Vlajkovic, G. P., & Sindjelic, R. P. (2007). Emergence delirium in children: Many questions, few answers. Anesth Analg., 104(1), 84–91.

Voepel-Lewis, T., Malviya, S., & Tait, A. R. (2003). A prospective cohort study of emergence agitation in the pediatric postanesthesia care unit. Anesth Analg., 96(6), 1625–1630.

Thanks to Dr. Claire DeCristofaro for supplying this sample.