# Writing a Literature Review

## Guiding questions to support planning, revising, and refining of a literature review\*

1. What is the focus and aim of your review? Who is your audience?

**Focus:** How key digital information systems (EHRs, decision support, telehealth tools, interoperability platforms, analytics systems) are put into practice in the UK NHS, what helps or blocks their use, and what results they produce.

**Aim:** To collect and critically summarise UK NHS studies on implementing these systems so I can see what works, what does not, and where evidence is thin.

**Audience:** Module marker, health informatics researchers, and NHS digital managers.

1. Why is there a need for your review? Why is it significant?

The NHS is investing in digital systems to improve care quality, safety, efficiency and patient experience. Results are mixed. Before starting any new project, I need a clear, up‑to‑date picture of the evidence: common success factors, frequent barriers, reported outcomes, and gaps. Focusing on the NHS keeps the context consistent.

**Scope Limits:**

* UK / NHS only.
* Core clinical / organisational systems (not wellness apps or stand‑alone AI tools).
* 2014 onwards (recent strategies and tech generations).
* English language.

1. What is the context of the topic or issue? What perspective do you take? What framework do you use to synthesise the literature?

Draft Research Questions:

1. What helps or hinders successful implementation of core digital information systems in the NHS?
2. What outcomes (clinical, organisational, patient experience) are reported and how strong is the evidence?
3. Which frameworks or models are used to study implementation and adoption?
4. What ongoing problems or unintended effects are described?
5. Where are the main evidence gaps?
6. How is your review structured?

**Structure:** Introduction → Methods → Results (facilitators; barriers & unintended effects; outcomes; frameworks) → Discussion → Limitations → Conclusion & recommendations → References/Appendix.

1. What are the main findings in the literature on this topic?

Common facilitators: leadership, user engagement, training, interoperability planning. Common barriers: legacy systems, workflow disruption, extra documentation, poor data quality, alert fatigue, digital exclusion. Clear gains: information access & record completeness. Mixed/weak: efficiency, costs, hard clinical outcomes. Framework use uneven.

1. What are the main strengths and limitations of this literature?

*Strengths:* Rich qualitative insights; some framework use; covers multiple system types.

*Limitations:* Few robust comparative/longitudinal studies; inconsistent outcome measures; little economic, equity, or long‑term evidence; uneven theory; patchy reporting of unintended effects.

1. Are there any discrepancies in this literature?

**Discrepancies:** Conflicting findings on efficiency (faster vs. slower work), clinical impacts, and decision support usefulness (helpful vs. alert fatigue). Variable user acceptance; unclear equity effects.

1. What conclusions do your draw from the review? What do you argue needs to be done as an outcome of the review?

**Conclusions & Needed Actions (provisional):** Evidence supports better information availability but not consistent efficiency or clinical gains yet. Need stronger multi‑site longitudinal studies, standardised outcomes (including cost & equity), fuller use of implementation frameworks, improved interoperability/workflow design, and routine tracking of unintended consequences.

## References

Healey, M., Matthews, K., & Cook-Sather, A. (2020) *Writing about learning and teaching in higher education: Creating and contributing to scholarly conversations**across a range of genres*. Center for Engaged Learning Open-Access Books, Elon University. 142-152.