Can you give me examples of the process of analysis to synthesis of the literature?

When your kitchen table is covered in a mountain of research literature and you do not know what to do next, an example of the process of analysis to synthesis can be helpful in getting you started. I have provided these examples below.

The thinking at this stage consumes a lot of energy and time (more hands would not necessarily be helpful, trust me). How you interpret the significance of the literature is what’s most important. You will do more than simply reporting the findings (facts); you will make statements about what is “known” or “not known” (the gaps) on the topic and identify the controversies among the academics who research the topic.

While reading through your sources, you first need to determine the:

- general trends or themes in the literature
- similar findings in some of the different studies
- contrasting findings among the different studies.

Below, the original sources are provided and the successful synthesis of these findings. Read through these examples carefully. Next go to the sample literature reviews found on this site.

**Reporting General Trends in the Literature**

**Original sources to analyze**

In Davis, Hershberger, Ghan, and Lin (1990), you found that:

“In this study about the personal qualities for a good nurse, caring was reported 84% of the time in good nurses and kindness was reported 80% of the time”.

In Resnick (2002), the patient shared that she:

“… was fortunate to have a positive experience with my nurse. The nurse was thoughtful and empathetic.
The nurse comforted me, listened to my fears, shared the experiences of other women in this situation with me, and gave me information when I needed it. This nurse touched my heart and made the illness easier.

In their study, Rush and Cook (2006) reported that:

“Five hundred and twenty five comments were recorded on the main requirements of a good nurse. More than 70 percent reported that ‘having a caring attitude’ or ‘caring nature’ was extremely important for the nurse. Taking time to listen and talk with patients was also associated with caring. Many comments were about ‘what a good nurse was not’ including someone who ignores patients, makes jokes about patients, shouts at patients, for instance. Thus, being caring and kind to patients is integral to being a good nurse.”

Smith and Godfrey (2002) claim that:

“The positive attitudes of the good nurse are linked to attitudes of the nurse as a person. Many good nurses are caring, kind, and compassionate people. A good nurse ‘truly cares about people’, ‘likes the patients and wants to help them’, ‘listens to the patients carefully and respectfully’, and ‘sees the person, not just the disease’.”

Successful Synthesis:

The literature consistently states that the important personal characteristics of a good nurse are related to the nurse’s ability to be caring and kind to patients (Davis, Hershberger, Ghan, & Lin, 1990; Resnick, 2002; Rush & Cook, 2006; Smith & Godfrey, 2002).

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Two or three sources with the same meaning or main idea

Original sources to analyze

Ruth and Cook (2006) found that:

“The strongest theme in the research was communication. There were 102 comments on communication with particular emphasis on listening skills and taking the time to communicate with patients. Another important theme was knowledge. While specific nursing knowledge was important, the participants reported that good nurses use their common sense to make good decisions about care (and then communicate those decisions well)”

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Smith and Godfrey (2002) also came to the conclusion that:

“… good nurses make good decisions and appropriate judgments about their patients’ care. This requires that the nurse should continually ask questions, clarify information, and consider a variety of options before choosing the best, most logical, decision. Often the nurse will need to consider very different perspectives and opinions. Therefore, the nurse must be able to effectively communicate the reasons why he/she made this particular decision”.

Successful Synthesis:

The ability to communicate and have common sense are also desirable characteristics of a good nurse (Rush & Cook, 2006; Smith & Godfrey, 2002).

Or

Rush and Cook (2006) and Smith and Godfrey (2002) argue that the ability to communicate and have common sense are also desirable characteristics of a good nurse.

Two or three sources with some contrasting or differing ideas

Original sources to analyze

Davis, Hershberger, Ghan, and Lin (1990) report that:

“In this study about the personal qualities for a good nurse, caring was reported 84% of the time in good nurses and kindness was reported 80% of the time. Good/moral character was found in 66% of the sample and responsibility was determined in 66 percent of the research participants”.

Similarly, Smith and Godfrey (2002) conclude that:

“The larger implications from the research are that good nurses are kind, compassionate, caring men and women who use their knowledge to do the right thing or make the best decisions. The difficult question becomes: how do nursing educators create or encourage nursing students to have these qualities?”

However, Rush and Cook (2006) point out that:

“The importance of showing respect to the patients and other health care professions was a consistent theme in the research. This respect comes in many forms, including respect for age, cultural diversity, class, and disability. Respect means making each patient feel valued and important”.

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Successful Synthesis:

While Davis, Hershberger, Ghan, and Lin (1990) and Smith and Godfrey (2002) state that kindness, compassion, and good character are the most frequently identified qualities of a good nurse, Rush and Cook (2006) claim that being respectful is one of the most significant qualities of a good nurse.