

PRESS Guideline — Search Submission & Peer Review Assessment**SEARCH SUBMISSION: THIS SECTION TO BE FILLED IN BY THE SEARCHER**

Searcher: MK

Email: Will be provided after peer review for the purpose of anonymous peer-review of the protocol manuscript.

Date submitted: April 20, 2021

Date requested by: TBD.

[Maximum = 5 working days]

Systematic Review Title:

Effectiveness of interventions on healthcare professionals' understanding and use of conscience: A systematic review protocol.

This search strategy is ...

| | |
|---|---|
| X | My PRIMARY (core) database strategy — First time submitting a strategy for search question and database |
| | My PRIMARY (core) strategy — Follow-up review NOT the first time submitting a strategy for search question and database. If this is a response to peer review, itemize the changes made to the review suggestions |
| | SECONDARY search strategy— First time submitting a strategy for search question and database |
| | SECONDARY search strategy — NOT the first time submitting a strategy for search question and database. If this is a response to peer review, itemize the changes made to the review suggestions |

Database

(i.e., MEDLINE,CINAHL...): [mandatory]

MEDLINE

Interface

(i.e., Ovid, EBSCO...): [mandatory]
OVID

Research Question

(Describe the purpose of the search) [mandatory]

What do healthcare professionals know about conscience?

How do healthcare professionals make meaning of conscience?

What interventions have been done to support healthcare professionals to understand what conscience is and to use it in healthcare education and practice?

How are healthcare professionals supported to use their conscience in medicine, nursing and midwifery?

PICO Format

(Outline the PICOs for your question — i.e., Patient, Intervention, Comparison, Outcome, and Study Design — as applicable)

P - Healthcare professionals, specifically physicians, nurses, and midwives

I - Interventions (general), education, training, mentoring, quality improvement, tools, screening

C - NA

O - Conscience, empirical ethics

S - NA

Inclusion Criteria

(List criteria such as age groups, study designs, etc., to be included) [optional]

English, scholarly, peer-reviewed, full text articles from 2000 onward pertaining to interventions on conscience for healthcare professionals (population). Interventions include experimental, quasi-experimental and non-experimental studies consisting of clinical trials, qualitative, quantitative and mixed-method studies. Unpublished articles will not be included.

Exclusion Criteria

(List criteria such as study designs, date limits, etc., to be excluded) [optional]

Articles that solely focus on arguing against conscience and issues of conscience for healthcare professionals. Review articles.

Was a search filter applied?

Yes No

If YES, which one(s) (e.g., Cochrane RCT filter, PubMed Clinical Queries filter)? Provide the source if this is a published filter. [mandatory if YES to previous question — textbox]

Medline Expert Search Filter for Systematic Reviews

Other notes or comments you feel would be useful for the peer reviewer? [optional]
 The PI specifically requested to remove from the search language for ethics and morals following an initial preliminary search in Medline.

Please copy and paste your search strategy here, exactly as run, including the number of hits per line. [mandatory]

Ovid MEDLINE(R) ALL <1946 to April 19, 2021>

```

1    conscience/ 1573
2    (conscience? or "conscientious* object*").mp. 3695
3    "empirical ethics".mp.150
4    1 or 2 or 3 3844
5    health personnel/ or exp nurses/ or exp nurse practitioners/ or exp nurse specialists/ or
exp nurses, pediatric/ or exp physicians/ 277280
6    (doctor* or physician* or "general practitioner*" or surgeon* or clinician* or nurse* or
midwife* or midwives or ((healthcare or "health care" or medical or nursing) adj3 (professional*
or personnel))).mp. 1498351
7    5 or 6 1536357
8    (intervention* or train* or educat* or workshop* or seminar* or curricul* or coach* or
mentor* or experiment* or tool* or interview* or "focus group" or review* or screening or
questionnaire* or survey* or perception* or implication* or barrier* or facilitat* or obstacle* or
encourag* or trial* or test* or "quality improvement*").mp.13896377
9    education/ or curriculum/ or education, distance/ or exp education, professional/ or exp
education, continuing/ or exp education, graduate/ or exp education, medical/ or exp education,
nursing/ or exp inservice training/ or mentoring/ 367641
10   focus groups/ or interviews as topic/ or "surveys and questionnaires"/ or health care
surveys/ or self report/ 614592
11   Quality Improvement/27190
12   8 or 9 or 10 or 11 13910462
13   4 and 7 and 12 681
14   meta-analysis.pt. 129734
15   (meta-anal$ or metaanal$).mp. 232007
16   ((quantitativ$ adj3 review$1) or (quantitativ$ adj3 overview$)).mp. 3403
17   ((systematic$ adj3 review$) or (systematic adj3 overview$)).mp. 239417
18   ((methodologic adj3 review$1) or (methodologic adj3 overview$)).mp. 232
19   (integrat$ adj5 research).mp. 10739
20   (quantitativ$ adj3 synthes$).mp. 3146

```

21 or/14-20 370682
 22 review.pt. or (review\$ or overview\$).mp. 3928917
 23 (medline or medlars or pubmed or index medicus or embase or cochrane).mp. 251818
 24 (scisearch or web of science or psycinfo or psychinfo or cinahl or cinhal).mp. 94621
 25 (excerpta medica or psychlit or psyclit or current contents or science citation index or sciences citation index or scopus).mp. 35970
 26 (hand search\$ or manual search\$).mp. 12189
 27 ((electronic adj3 database\$) or (bibliographic adj3 database\$) or periodical index\$).mp. 43482
 28 (pooling or pooled or mantel haenszel).mp. 116964
 29 (peto or der simonian or dersimonian or fixed effect\$).mp. 19646
 30 ((combine\$ or combining) adj5 (data or trial or trials or studies or study or result or results)).mp. 133034
 31 or/23-30 509089
 32 22 and 31 276394
 33 21 or 32 468309
 34 (hta\$ or health technology assessment\$ or biomedical technology assessment\$).mp. 8409
 35 technology assessment, biomedical/ or biomedical technology assessment/ 10225
 36 34 or 35 16492
 37 33 or 36 482109
 38 13 not 37 661
 39 limit 38 to (english language and yr="2000 -Current") 431

PEER REVIEW ASSESSMENT: THIS SECTION TO BE FILLED IN BY THE REVIEWER

Reviewer:Liz Dennett

Email:eal@ualbert

Date completed: April 27, 2021

1. TRANSLATION

A ---No revisions

x

B --- Revision(s) suggested

C --- Revision(s) required

If “B” or “C,” please provide an explanation or example:

Comment: I think it is appropriate to use a narrow take on the conscience concept here. Of course all exact synonyms should be included and unfortunately I don’t have a good enough understanding of the topic to know what is an exact synonym for conscience and what is only related, but I can see the benefit of not being too broad here. If the authors don’t use the term conscience in the abstract, the article is unlikely to be relevant.

2. BOOLEAN AND PROXIMITY OPERATORS

A ---No revisions

x

B --- Revision(s) suggested

C --- Revision(s) required

If “B” or “C,” please provide an explanation or example:

3. SUBJECT HEADINGS

A ---No revisions

x

B --- Revision(s) suggested

C --- Revision(s) required

If “B” or “C,” please provide an explanation or example:

4. TEXT WORD SEARCHING

A ---No revisions

B --- Revision(s)suggested

X

C --- Revision(s) required

If “B” or “C,” please provide an explanation or example:

Line 6: I would add health to the first set of brackets and provider* or practitioner* to the second. Terms such as health practitioner* or healthcare provider* can pick up physician / nurse focused articles.

Also curious why all the physician specialties were removed from the preliminary search although I assume there was a good reason for this.

The intervention concept is tough. You have done a good job coming up with terms that will help you find the publication types and study designs that the protocol indicates you are looking for. I just worry that there might be additional types of studies that are not well described that may be relevant.

Here are just some suggestions of terms that might be relevant that you COULD consider (but by no means have to) What about practice guidelines as an intervention? Would that make sense here? Or Dagmara has this list of KT terms. Would any of them be relevant?:

[https://docs.google.com/document/d/1v5Hyfpc-](https://docs.google.com/document/d/1v5Hyfpc-BICRmfNOaqp06H5xYLVvW0Ns5RDM2MwbsiA/edit?usp=sharing)

BICRmfNOaqp06H5xYLVvW0Ns5RDM2MwbsiA/edit?usp=sharing . Additional QI suggestions: (QI adj6 (intervention* or initiative* or strateg* or program* or campaign* or implement*)),mp. (Practice or behavior* or organizational) adj3 chang*).mp. patient safety.mp. Quality assurance.mp.

Additional barrier / experiential terms: Impediment* or impede* or challenges or obstruct* or hurdle* OR Experience* or perceive* or perspective* or self-report*

5. SPELLING, SYNTAX, AND LINE NUMBERS

A ---No revisions

X

B --- Revision(s)suggested

C --- Revision(s) required

If “B” or “C,” please provide an explanation or example:

6. LIMITS AND FILTERS

A ---No revisions

B --- Revision(s) suggested

x

C --- Revision(s) required

If “B” or “C,” please provide an explanation or example:

Highly sensitive filters are good for finding those study types but to exclude a publication type, it is safer to use a highly precise filter – such as (systematic* review or meta-anal* or metanal* or hta or health technology assessment).ti. or systematic review/ or meta-analysis.pt. or technology assessment, biomedical/ or biomedical technology assessment/ or review.pt. This may not make a big difference to your numbers but I still think it is better to take this approach

OVERALL EVALUATION (NOTE: If one or more "revision required" is noted above, the response below must be "revisions required")

A ---No revisions

B --- Revision(s) suggested

x

C --- Revision(s) required

Additional comments: none.