

Alienation and/or anomie in pharmacists: a narrative systematic review. [Protocol].

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2024

Alienation and/or anomie in pharmacists: a narrative systematic review

Review methods were amended after registration. Please see the revision notes and previous versions for detail.

Citation

Paul Forsyth, Barry Maguire, Robert O'Brien, James Carey, Gordon Rushworth, Scott Cunningham, Andrew Radley. Alienation and/or anomie in pharmacists: a narrative systematic review. PROSPERO 2024 CRD42024536336 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42024536336

Review question

Question: What are the focuses, causes, associated factors, and/or consequences of alienation and/or anomie in pharmacists?

Aim: The aim of this systematic review is to deliver a narrative synthesis of primary peer-reviewed published research accounts of alienation and/or anomie in pharmacists.

Objectives:

- Identify all published primary peer-reviewed research accounts describing alienation and/or anomie in pharmacists.
- Produce a descriptive and critical analysis of the studies.
- Narratively explore relationships within and between studies, looking at the focuses, causes, associated factors, and/or consequences of alienation and/or anomie in pharmacists
- Assess the robustness and confidence of the narrative synthesis

SPIDER Acronym:

Sample

The population we will study is international pharmacists.

Phenomenon of Interest

The phenomena we will be study is alienation and/or anomie.

Design

We will study all types of methodological designs, published in peer-reviewed journals.

Evaluation

The main outcomes that we intend to look for are the focuses, causes, associated factors, and/or consequences of alienation and/or anomie in pharmacists.

Research Type

We will study all primary qualitative, quantitative, and/or mixed method research studies that study (by design), describe (in the results), or discuss (based on the results) aspects of alienation and/or anomie in pharmacists.

Studies that describe alienation and/or anomie in multiple different professional groups will be allowed, as long as pharmacists are included in the cohort. Where studies are unclear whether pharmacists were included, the corresponding author of such studies will be contacted to clarify, before inclusion.

Searches [1 change]

7 different databases will be searched in order to ensure the systematic review search is comprehensive: (1) MEDLINE, (2) Embase, (3) APA PsycINFO, (4) CINAHL Plus, (5) Cochrane Library, (6) Web of Science Core Collection, and (7) Scopus.

No time limitations will be placed on the search from these databases. Non-English records will be excluded

Google Scholar will be used as an additional source, to augment the standard electronic databases and increase the likelihood of identifying potentially suitable studies. Private browsing mode will be used to negate the influence of cookies and previous search histories influencing the results. Google Scholar may produce almost limitless results however, and as per existing guidance, only the first 200 entries will be screened.

The systematic review may encounter linguistic challenges in the description of alienation and/or anomie in the pharmacy literature. To partially counter this possibility, in addition to the standard electronic bibliographic databases and Google Scholar, the authors will conduct extensive targeted hand-searching and citation-searching, including:

- Papers referenced in the included studies, identified from their reference list
- Papers that cite the included studies
- Papers referenced in other paper types excluded in the screening that discuss or study alienation and/or anomie in pharmacists (e.g. review articles, expert commentaries, editorials articles, and/or systematic reviews), identified from their reference list
- Papers that cite the other paper types excluded in the screening that discuss or study alienation and/or anomie in pharmacists (e.g. review articles, expert commentaries, editorials articles, and/or systematic reviews)
- Other publications by the lead authors of included studies
- Journals from the included studies to identify non-indexed articles, using the basic terms such as 'alienation', 'alienate', and 'anomie'
- Other web-based search engines (e.g. Google) and websites, using the basic terms 'alienation', 'alienate', and 'anomie' AND 'pharmacist'

The first author will identify interesting papers from hand/citation-search strategy for full double screen.

Types of study to be included

We will study all types of methodological designs, published in peer-reviewed journals, including primary qualitative, quantitative, and/or mixed method research studies.

Condition or domain being studied

Alienation and/or anomie in international pharmacists

Participants/population

International pharmacists

Intervention(s), exposure(s)

The exposure is alienation and/or anomie. The concept of alienation identifies a distinct type of psychological or social ill; namely, one involving a problematic separation between a person and other persons or things that ideally belong together. Alienation can be subjective, based on the feelings of the individual, or objective, based on the environments and structures around an individual, even if the individual does not subjectively feel alienated, or both. Anomie is a specific form of alienation, characterised by the disintegration of the standards or norms, which had previously been common to a society or community.

Comparator(s)/control

None, or in some cases those without alienation and/or anomie

Context

Inclusion: We will study all primary qualitative, quantitative, and/or mixed method research studies that study (by design), describe (in the results), or discuss (based on the results) aspects of alienation and/or anomie in pharmacists. Studies that describe alienation and/or anomie in multiple different professional groups will be allowed, as long as pharmacists are included in the cohort. Where studies are unclear whether pharmacists were included, the corresponding author of such studies will be contacted to clarify, before inclusion.

Exclusion:

The following criteria will be used for excluding a study from the final results:

- Non-English sources
- Systematic reviews, as they are not primary research
- Sources describing alienation and/or anomie only involving student pharmacists (i.e. pre-registration), but not fully qualified or registered pharmacists
- Sources describing alienation and/or anomie involving only pharmacy technicians or pharmacy support workers, but not pharmacists
- Sources describing patients experiences of alienation and/or anomie from pharmacists (NB- pharmacists experiences of alienation and/or anomie from pharmacists will be allowed)
- Conference abstracts without full-text papers

Non-research papers describing alienation and/or anomie (for example, review articles, expert commentary, editorials articles, university theses, grey literature, and other sources, e.g. books, blogs etc.) discovered in the literature search will not formally be included in the narrative synthesis, but may be used as context for the final paper (e.g. the discussion section).

Main outcome(s) [2 changes]

We will produce a qualitative narrative synthesis of alienation and/or anomie in pharmacists. The main outcomes will be the focuses, causes, associated factors, and/or consequences of alienation and/or anomie in pharmacists. The consequences may include health-related outcomes such as burnout, stress, and emotional distress, and professional outcomes like intention to leave the profession.

Measures of effect

This synthesis will be delivered through a hybrid thematic analysis. Initially we will deductively structure the findings according to six themes from underpinning alienation and anomie theory: Care, Values, Meaning, Recognition, Autonomy, and Shared Responsibility. This structure may thereafter be inductively adapted, by creating new additional themes, if required from the data.

Additional outcome(s)

None.

Data extraction (selection and coding)

STUDY SELECTION

All relevant entries uncovered in the search will be exported to a reference manager software. Article titles will be screened and duplicates removed. Titles and abstracts will then be reviewed for relevance and inclusion/exclusion criteria. A second researcher will independently review all papers. Lists between both researchers will be compared, Cohen's kappa coefficient will be used to measure the inter-rater reliability, and discrepancies will be discussed between the researchers and agreement reached on the final list for full-text review. Any disagreements will be adjudicated by a third researcher.

Full-text articles will be reviewed by the lead researcher and again independently double-reviewed by a second researcher and then a final produced by each researcher. Again, at this point lists between both researchers will be compared, Cohen's kappa coefficient will be used to measure the inter-rater reliability, and discrepancies will be discussed between the researchers and agreement reached. Any disagreements will be adjudicated by a third researcher.

Hand-searching and citation-searching will take place at this stage. The screening and review methods will mirror that already described, with the processes independently undertaken by two researchers, and adjudicated by a third researcher where needed, and Cohen's kappa coefficient calculated. A snow-balling technique will be used to further hand-screen, as per the Information Sources section above, if further relevant articles are identified and/or included. The screening and review methods will mirror those already described. This will continue until no further articles are identified.

DATA EXTRACTION

A standardised data extraction form will be used to extract relevant descriptive characteristics of each included study independently by the lead author and one of the other researchers. Papers will be summarised, highlighting the year published, country, paper/study type, care location, group, intervention, comparator, and summary findings of the study relevant to alienation and/or anomie.

Risk of bias (quality) assessment

A quality assessment of each study will be carried out using the Quality assessment with diverse studies (QuADS) appraisal tool. The QuADS tool requires a rating from 0-3 across 13 separate criteria. This will be scored independently by two researchers. The first QuADS criteria, on the theoretical or conceptual underpinning of the study, will be scored independently by two academic philosophers with expertise in alienation and/or anomie theory. The remaining QuADS criteria, from two to thirteen, will be scored independently by the lead researcher and senior supervising researcher. Scores across each QuADS criteria will be compared between both scorers and agreement sought. Where necessary a third researcher will adjudicate any disagreements. A QuADS score will be worked out for each study, out of a possible 39 points. No arbitrary threshold of high or low quality will be predefined based on the numerical score, as per advice from the QuADS authors. Instead, deficits in quality will be narratively described. Papers will be described and compared both in text and in tabular form.

Strategy for data synthesis

- Role of theory in synthesis: We have synthesised six themes from alienation/anomie theory that will be explored in the synthesis: Care, Values, Meaning, Recognition, Autonomy, and Shared Responsibility.

- Exploring relationships within and between studies:

a) Coding: All articles will be reviewed by the lead researcher and deductively coded for the six a-priori themes. Sub-codes below each of the six themes may also be used, describing any focuses, causes, associated factors, and/or consequences of alienation and/or anomie. Additional new codes may be used for any aspects of alienation or anomie that do not fit into the six a-priori themes. All studies will also be independently coded in the same way by a second researcher. A meeting between coders will then be arranged to discuss the initial coding of the data, including how well the data fits into the six a-priori themes and whether or not there is a need to develop any new themes outside of these, and how best to code these. All disagreements will be adjudicated by a third researcher. Patterns of this coded data will be collated into broader concepts which linked them together (i.e. themes and sub-themes), where needed.

b) Mapping: A visual map of codes will then be produced, illustrating the link within and between themes and sub-themes. This map will help guide the formation of an initial preliminary narrative synthesis. This map will be jointly produced during a face-to-face meeting between the lead author and the senior supervising author. All disagreements will be adjudicated by a third researcher.

- Assessing robustness of the synthesis: A GRADE-CERQual analysis will be undertaken, independently by two researchers, for both the six a-priori themes and if necessary any new themes which have been produced. Results will then be compared between both researchers and agreement sought. Where necessary a third researcher will adjudicate any disagreements. This analysis will deliver five key components for each theme:

a) A summary of review findings statement

b) Studies contributing to the review finding will be logged against each theme

c) Four key components will be analysed: Methodological limitations, Coherence, Adequacy, and Relevance

d) A GRADE-CERQual assessment of the confidence in the evidence in each finding will be produced

e) A summary explanation of this assessment will also be produced

The analysis will be undertaken independently by two researchers. Results will then be compared between both scorers and agreement sought. Where necessary a third researcher will adjudicate any disagreements.

Analysis of subgroups or subsets

None planned.

Contact details for further information

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Organisational affiliation of the review

NHS Greater Glasgow & Clyde

Review team members and their organisational affiliations

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Type and method of review

Systematic review

Anticipated or actual start date

19 May 2024

Anticipated completion date

31 December 2024

Funding sources/sponsors

None- this study received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors

Conflicts of interest

Language

English

Country

Scotland

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Anomie; Humans; Periodicals as Topic; Pharmacists; Social Alienation; Socioeconomic Factors

Date of registration in PROSPERO

25 April 2024

Date of first submission

19 April 2024

Stage of review at time of this submission [1 change]

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Revision note

Added one additional sentence to clarify hand-searching method: 'The first author will identify interesting papers from hand/citation-search strategy for full double screen.'

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

25 April 2024

07 June 2024

28 June 2024