Reviewer's report

Title: Quality assessment of systematic review or meta-analysis for nursing intervention in the nursing related journals published by Korean reviewers

Version: 3 Date: 4 April 2012

Reviewer: Anne Moseley

Reviewer's report:

Major Compulsory Revisions


2. Analysis and interpretation of the AMSTAR data are not consistent with previous reports (eg, http://www.ncbi.nlm.nih.gov/pubmed/18159233). The total AMSTAR score can range from 0 (low quality) to 11 (high quality). Has a cut-off score of => 6 plus => 3 of 4 key domains addressed well been validated for classification as "high" quality. Further, how were the 4 key domains selected (some of this information is in the "limitation" subsection of the discussion, but should be moved to the methods section)? The AMSTAR items are scored as "Yes", "No", "Can't answer" or "Not applicable", but a definition of "addressed well" was in the definition of a high-quality reviews. Is "addressed well" equivalent to a "Yes" rating? Some reviews were classified as "low quality" in the results and discussions section, but "low" (and "moderate") quality have not been defined.

3. The data analysis section should be expanded to include all components of the analyses undertaken:
   - tabulation of the scoring for each AMSTAR domain (Yes, No, Can't answer, Not applicable) for each included review
   - calculation of the total AMSTAR score (number of items scored as "Yes") and number of key domains met for each review
   - calculation of the mean (standard deviation) total AMSTAR score and the number of "Yes" responses for each domain
   - count of the number of reviews categorised as "high", "moderate" and "low" quality
4. Similar to comment 1, the discussion section includes material about trials (not reviews), eg, page 7, which is irrelevant and makes the manuscript difficult to read.

5. The discussion section could be rewritten to make it easier to read and to consider some additional implications of this research. I think the points that are being made are: (1) Korean nursing reviews are generally of low quality, (2) evidence-based practice involves the use of high-quality clinical research so nursing reviews from Korea are not currently providing this type of evidence, and (3) quality could be improved by following the PRISMA statement. The only limitation identified was the need to validate the classification of "high quality" reviews using the AMSTAR scale. What about the degree of generalisability of the data given that only 22 reviews were included in the evaluation? As a reader I also wanted to know: (a) how did your results compare to other areas of healthcare and to reviews conducted in other countries?, (b) what factors influence the quality of reviews (eg, year of publication, area of healthcare, language), perhaps this could be a suggestion for future research, (c) what strategies could be used to improve the quality of reporting of reviews (eg, Cochrane reviews are of higher quality than non-Cochrane reviews in other investigations, so encouraging reviewers to go through the Cochrane system may be one strategy).

Minor Essential Revisions

6. The AMSTAR ratings are currently partially deidentified to "preserve anonymity". I don't think this is necessary, the AMSTAR ratings (Table 2) and descriptions (Table 1) of the included systematic reviews should be explicitly linked the citations in Appendix 2.

7. Perhaps use a broader term than "medical and nursing intervention" - eg. "healthcare interventions" could be used in the abstract and introduction.

8. Please avoid the use of acronyms, including RCT, DB, NDSL, KISTI, KISS.

9. It would make the manuscript easier to read if the term "review" was used to refer to the included systematic reviews and the term "trial" was used to refer to the studies included in reviews (instead of the term "study" for both trials and reviews) - see the "Study characteristics" section as an example.

10. Some results are currently included in the methods section (eg, paragraph 2 on page 4) and should be moved to the results section.

11. Perhaps it would be best to refer to the AMSTAR as assessing "methodological quality" of systematic reviews (as described by the developers, http://www.ncbi.nlm.nih.gov/pubmed/18159233) rather than "risk of bias" (which may be confused with the Cochrane system for evaluating individual trials in a systematic review).

12. Information about how reliable and valid the AMSTAR tool is should be
included in the methods, the methods currently state "it has been validated for internal consistency, inter-rater reliability, and external validity" which is insufficient given that the AMSTAR is the primary outcome measure in the manuscript.

13. Is reference number 6 the correct citation for publication bias on page 4?

14. The "Quality assessment findings" subsection of the results is very confusing and should be rewritten to match the revised "Data analysis" subsection of the methods.

15. There are some small errors in the reference list including the spelling of some journals ("J clin epidemiol" should be "J Clin Epidemiol", "Health technol asses" should be "Health Technol Assess", and "Phys ther" should be "Phys Ther"), some years have a letter after them (eg, references 10 and 11).

Discretionary Revisions

16. Appendix 1 would be much easier to read if the search number and search terms were merged into a single column of cells (eg, "1. nurs*.mp." instead of "1" in a separate cell from "nurs*.mp"), and if there were separate columns for each database searched (rather than grouping all the Korean databases in a single column).

17. Perhaps Table 1 could be moved to an Appendix.

18. In Table 1, the number of articles included in meta-analysis is not listed for review 15.

19. Table 3 and Figure 2 present identical data, so one could be deleted. I prefer the retention of Table 3.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests