

Barriers and facilitators to uptake of systematic reviews by policy makers and health care managers: a scoping review

Summary

We completed a scoping review on the barriers and facilitators to the use of systematic reviews (SRs) by healthcare managers and policy makers. After reviewing 19 studies, identified barriers included: the belief that the results of SRs are not useful or valid; inability to access, assess, or interpret SRs; and organizational resistance to implementing new evidence. Facilitators included understanding the importance of SRs and collaboration between policy makers and researchers that produce SRs. Authors can consider our results when publishing systematic reviews.

Implications

We identified common themes across the included studies, which explored factors influencing SR uptake by policy makers and managers. Our results identified how to best present SR findings including, for example, tailored one-page summaries. Partnerships between researchers and policy makers/managers to facilitate the conduct and use of SRs could enhance relevance of reviews, and thereby influence uptake. These strategies should be rigorously evaluated to determine impact on reviews.

Reference: Tricco AC, Cardoso R, Thomas SM, et al. Barriers and facilitators to uptake of systematic reviews by policy makers and health care managers: a scoping review. *Implementation Science*. 2016 Jan 12;11(1):1

PMID: [26753923](https://pubmed.ncbi.nlm.nih.gov/26753923/)

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What is the current situation?

- Systematic reviews (SRs) are ideal for evidence-based decision making; they summarize the totality of available evidence and have a lower risk of bias than individual studies.
- However, current evidence suggests that systematic reviews are not frequently used by health care managers and policy makers.

What is the objective?

- To complete a scoping review to identify barriers and facilitators to the use of systematic reviews by health care managers and policy makers, in order to develop recommendations and inform future research efforts towards optimizing the uptake of systematic reviews

How was the review conducted?

- 7 electronic databases were searched from inception to September 2014; grey literature searches, reference scanning, and forward citation searching were also used to supplement the search results.
- Eligible studies included health care managers or policy makers/analysts and discussed barriers or facilitators to the uptake of systematic reviews
- Screening and data abstraction were conducted in duplicate by 2 independent reviewers

What did the review find?

- 19 studies reported in 21 publications were eligible for inclusion: 19 were qualitative studies, 1 was a quantitative study, and 1 was a systematic review
- Barriers included the belief that SRs are not useful or that the results are not valid; not understanding how to access relevant SRs; inability to assess or interpret SRs; and organizational resistance to implementing new evidence.
- Facilitators included the belief in the validity and applicability of SR results; awareness of the importance of SRs; skills in finding, appraising, and interpreting SRs; and collaboration between policymakers and researchers that produce SRs.
- Formatting of SRs could be improved by including a plain language summary with clear 'take home' messages and sections on relevance, impact, and applicability for decision-makers; ample use of white space with bullet points and simple tables.
- The content of SRs could be improved by focusing on reporting and interpreting the results of an SR; framing the evidence in terms of policy application and implications; & consistent reporting of effect sizes of interventions.

Funded by CIHR