Leadership strategies for encouraging the use of evidence in organisations: protocol for a rapid realist review

Justin Jagosh, Ph.D
Centre for Advancement in Realist Evaluation and Synthesis (CARES)
Visiting Professor, University of the West of England

Ben Verboom, Ph.D
Lecturer in Global Public Health
Queen Mary, University of London

Beth Jones, Ph.D
Research Fellow
Health and Social Science
University of the West of England

Simon Briscoe, Ph.D
Senior Research Fellow
Health and Community Science
University of Exeter

Harry Achillini
Foreign, Commonwealth and Development Office
United Kingdom

DOI: 10.53832/evidence-fund.0082

Background

This rapid review will synthesise evidence on the range of strategies leaders take when encouraging staff to engage with evidence for effective decision-making. Individual leaders can positively influence how staff work but may not always be aware of specialised strategies to motivate the judicious use of evidence in decision making and create a normalised culture of evidence uptake. This review will gather and scrutinise the range of strategies leaders take within their personal sphere of influence and the mechanisms of action underlying changes in evidence use among staff working in organisations.

The review will use realist methodology, which is about asking ‘what works, for whom, under which circumstances and how’ [1, 2]. Realist methodology uses an analytical

heuristic called the context-mechanism-outcome configuration [3], in which mechanisms are explanatory statements about how strategies work whereas contexts are background conditions and circumstances. We will investigate the causal mechanisms that explain 'how' and 'why' leadership strategies work in different contexts (or not). We will gather a range of personal leadership strategies, encompassing both structured and improvised efforts within the individual leader's purview. The outcomes of interest include staff behaviour change regarding their use of evidence in organisational settings. The outputs from this research will inform the development of guidance for leaders across a range of policy-making organisations on the variety of efforts they may consider when encouraging their staff to appropriately use research evidence, and what strategies may work better for which circumstances. Table 1 lists key terms in realist methodology and their definitions.

Table 1: Key terms and definitions for realist methodology:

Realist Synthesis: A form of literature review [4] that uses realist principles of retroductive inference [5] and generative causality to address how, for whom and under which circumstances intervention strategies produce their effects
Retroductive Inference: The activity of uncovering explanatory mechanisms. Retroductive inference can be used in developing initial realist programme theories, or in deriving explanatory understanding from collected evidence.
Initial Programme Theory: A hypothetical statement, crafted at the start of a realist study, often structured using 'if…then' or 'if…then…because' that articulates an explanatory understanding of how a particular strategy or effort works [6].
Context-Mechanism-Outcome Configuration: A heuristic (i.e., conceptual tool) which expands initial programme theory statements to ensure the theory statement incorporates elements of the context (environment), the mechanism (stakeholder responses to intervention resources) and the results at the behavioural or system level (outcome). IPTs and CMOs are similar in that both are explanatory conceptual devices. However, CMOs are typically more detailed and representative of complexity-sensitive analysis [2, 7]

This work will be based on a rigorous and transparent study design and in accordance with the RAMESES reporting standards for realist synthesis [8]. Realist thinking in this study will explore which leadership strategies work best for different organisational mandates. For example, different approaches may be required based on the remit of organisations, and the context in which they work. Realist methodology will offer the opportunity to explore variation based on the nature of the behaviour change required, as the most suitable leadership strategies may vary depending on the desired type of

behaviour change. Finally, realist methodology offers the possibility of extrapolating findings from diverse organisational contexts (i.e., healthcare, education, environmental agencies) to explore how the range of strategies can be applied in these diverse settings.

Given this is a rapid realist synthesis scheduled for 8 months (November 2025 – June 2026), several acceleration strategies suitable to realist review will be employed. These are listed in Table 2 and described in greater detail in the sections below.

Table 2: Acceleration Strategies to be used for the Rapid Realist Synthesis

Realist Synthesis Stage	**Acceleration Strategy for Rapid Realist Synthesis**
(1) Establishing the Scope and Developing Initial Programme Theories	· Limit the scope of the review to structured and improvised strategies leaders can take in their personal sphere of influence. This will exclude a large body of work on evidence uptake generally · Use a known, limited body of literature to inform our initial programme theories in advance of theory testing which can be accessed quickly at the start of the review and with which our team is already familiar.
(2) Searching the Databases and Screening the Results	· Limit the number of databases included in the search; Use reverse chronology quota record screening (RCQRS) to efficiently retain a set of contemporaneous yet relevant papers for analysis across key areas; Limit the retained set of papers to approximately 50. · Limit the use of supplementary search methods to checking reference lists as part of the reverse chronology quota screening approach.
(3) Appraising the Quality of Evidence according to Relevance, Richness and Rigour	· Replace whole-paper quantitative and qualitative appraisals of methodology in favour of case-by-case conceptual appraisal of data extractions, as espoused in realist synthesis [9] · Use an analytic appraisal journal (AAJ) to efficiently extract key insights from the literature with exploratory reflections rather than qualitative and quantitative methodological appraisal checklists, allowing team members to quickly retrieve important causal insights and build CMO configurations

(4) Data Extractions and Context-Mechanism-Outcome Configuring	· Loosen the strict 'theory-testing' approach in realist synthesis to allow for important CMO configurations to emerge inductively, with a separate but brief discussion on how they relate to the IPTs · Limit context to organisational types and settings

Review questions:

1. What evidence exists on the strategies that leaders use, within their personal sphere of influence, to increase the judicious use of evidence by their staff?
2. What mechanisms explain how these strategies work to change staff behaviour in favour of appropriate evidence use?
3. What contextual factors at the organisational level support or impede the activation of these behaviour-change mechanisms and inform their need for customisation?
4. What insights can be extrapolated from a broad sample of literature on evidence uptake to the specific question of leadership strategies for policy decision making?

The review will follow rapid realist review principles [10] and five stages of realist synthesis informed by Pawson et al (2005) [11]. These stages are:

1. Establishing the Scope, Developing the Protocol and Initial Programme Theories.
2. Searching the Databases and Screening the Results.
3. Retrieving Papers and Quality Appraisal According to Relevance, Richness and Rigour.
4. Extracting the Data and Building Context-Mechanism-Outcome Configurations.
5. Synthesising Results, Report Writing, and Dissemination.

1. Establishing the Scope, Developing the Protocol and Initial Programme Theories.

A recent scoping review of reviews by Achillini [12] and select literature retained in Verboom's study on the use of research evidence in health policymaking [13, 14] was used to gather background information for preparing this review. Nine papers were recommended by co-investigator (BV) to support developing IPTs and these are presented in Table 3.

Table 3: 9 references to inform the review scope and initial programme theories

1. Clark, E. C., Burnett, T., Blair, R., Traynor, R. L., Hagerman, L., & Dobbins, M. (2024). Strategies to implement evidence-informed decision making at the

organizational level: a rapid systematic review. BMC Health Services Research (Online), 24(1). https://doi.org/10.1186/s12913-024-10841-3

2. Haynes, A., Rowbotham, S. J., Redman, S., Brennan, S., Williamson, A., & Moore, G. (2018). What can we learn from interventions that aim to increase policy-makers' capacity to use research? A realist scoping review. Health Research Policy and Systems, 16(1). https://doi.org/10.1186/s12961-018-0277-1

3. Jakobsen, M. W., Eklund Karlsson, L., Skovgaard, T., & Aro, A. R. (2019). Organisational factors that facilitate research use in public health policy-making: a scoping review. Health Research Policy and Systems, 17(1), 90.

4. Masood, S., Kothari, A., & Regan, S. (2020). The use of research in public health policy: a systematic review. Evidence & Policy, 16(1), 7-43.

5. Nduku, P, Stevenson, J, Ategeka, J, Mdlalose, T, Mutanha, T, Shisler, S, Pande, S, and Mahlanza-Langer, L. 2025. What works to increase the use of evidence for policy decision-making: A systematic review.

6. Oliver, K., Innvar, S., Lorenc, T., Woodman, J., & Thomas, J. (2014). A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC health services research, 14(1), 2.

7. Partridge, A. C. R., Mansilla, C., Randhawa, H., Lavis, J. N., El-Jardali, F., & Sewankambo, N. K. (2020). Lessons learned from descriptions and evaluations of knowledge translation platforms supporting evidence-informed policy-making in low-and middle-income countries: a systematic review. Health Research Policy and Systems, 18(1). https://doi.org/10.1186/s12961-020-00626-5

8. Sempé, L., Pande, S., Kelly, C., Anwar, H.B., Echt, L., and Jessani, N. 2025. Evidence-informed Policymaking: A Conceptual Framework.

9. Reichenpfader U, Carlfjord S, Nilsen P. (2015). Leadership in evidence-based practice: a systematic review. Leadersh Health Serv (Bradf Engl). 28(4):298-316. doi: 10.1108/LHS-08-2014-0061.

Using these papers lead investigator (JJ) formulated notes and a list of IPTs to serve as a starting point for exploring the wider literature once database searching and screening is completed. A total of 8 IPTs were drafted in two main areas (direct and indirect leadership involvement). The IPTs were shared with the team for further discussion and revision. Table 4 presents the final version of these theories.

Table 4: 8 IPTs to explore a range of explanatory mechanisms for investigation

Direct involvement of the leader
1. Instructing Mechanism:
If the leader instructs staff to work in a particular way based on a specific piece (or

body) of evidence, staff will gain an appreciation for the value of evidence by their first-hand experience of using it and will begin to use evidence autonomously in subsequent work activities.

2. Monitoring Mechanism:
(2a) If the leader monitors evidence uptake by formalising feedback on evidence use in performance reviews/audits, staff will make efforts to use evidence in their decision-making as they will perceive it as an expectation with possible consequences if not enacted. As a result, they will gain an appreciation for the value of using evidence through application.
(2b - rival theory) If the leader monitors evidence uptake by formalising feedback on evidence use in performance reviews/audits, staff will make efforts to use evidence in their decision-making even if it becomes a 'tick-box' exercise in order to satisfy the requirements of performance reviews/audits. As a result, they may use evidence in uncritical ways, lacking relevance to their local circumstances, and fail to appreciate the value of evidence use, as intended by the leader.

3. Acknowledgement Mechanism:
If the leader provides acknowledgement to the staff when they use evidence (e.g., personal thank you note, staff award), then staff will feel validated and hence feel increased motivation to continue using evidence in their practices. This may lead them to become "embedded champions" influencing others to engage in evidence uptake.

Indirect involvement of the leader
1. Role Modelling Mechanism:
If the leader acts as a role model for evidence use by visibly using evidence in their own decision making, then the exposure to such role modelling will help staff envision how they can incorporate evidence in their own activities, leading to increased or improved use of evidence in practice. They will also perceive the leader's role modelling as setting an implicit expectation for evidence uptake practices.

2. Appointing a Staff Champion:
If the leader appoints one staff member the organization or department's evidence "champion," then other staff will seek out, and follow the advice of the local champion, thus growing capacity for evidence use within the organization. The endorsement of the champion's role by the leader will increase engagement by staff with the champion as they will see it as an expectation from management to do so.

3. Encouraging Staff to Self-Organise their Evidence Uptake
(3a) If the leader signals to staff that the use of evidence in decision-making is valued and encouraged, and does so without specific directives on what evidence to use or how to use it, staff will feel respected for their ability to judge evidence appropriate to their needs and will feel empowered to make authentic, judicious use of evidence without pressure or judgement
(3b – rival theory) If the leader signals to staff that the use of evidence in

decision-making is valued and encouraged, and does so without specific directives on what evidence to use or how to use it, staff will feel uncertain about what body of evidence to use and how to use it. They will feel burdened to engage in critical appraisal of evidence for fear of complicating their decision-making in the absence of direct support from superiors.

2. Searching the Databases and Screening the Results.

Numerous pilot searches were conducted to understand the relevance and suitability of the search results to the review questions. The final search was decided after confirming the scope of inquiry and discussing pilot results with team members (see Appendix 1). Bibliographic databases were selected according to those databases from which the pre-identified studies listed in Table 3 were indexed, in addition to focusing on databases which indexed journal articles from a wide range of disciplinary journals, particularly journals with a focus on leadership and management disciplines. The search terms included a combination of free-text terms (i.e. title and abstract terms) and indexing terms in databases which supported this option. Search terms included terms for leadership combined with evidence use.

The following databases were searched for English language results:

1. Science Citation Index and Social Science Citation Index (via Web of Science, Clarivate Analytics).
2. Business Source Ultimate (via EBSCO).
3. Social policy and practice (SPP) (via Ovid).

Appendix 1 includes the full search strategy for each database.

Grey literature will be sought via SPP but we will not undertake web-based searches for grey literature due to the limited resources for a rapid review (see Table 2).

2.1 Screening Database Records

Once the searches were completed the database files were imported to Endnote 25.5 (Clarivate, Philadelphia, PA), ordered chronologically and exported to Word documents for screening. An excel file was used for recording team member decisions. Screening was conducted blind, with records screened by two members of the team, with a third screener employed to resolve disagreements.

We will use an approach called Reverse Chronology Quota Record Screening [15] to gather a rich, representative and contemporaneous set of high-quality research papers in a short timeframe. We will establish quota categories and set maximum numbers of papers to include to fill the quota(s). Quota categories will be used if there are discrete

contextual differences that we want to ensure have representation in the retained cohort of studies. A single quota may be used if, after initial screening, we determine that key differences in contexts cannot be pre-determined at the screening stage and that insights to test these will only be discovered through full-text reading. We will have a quota limit of 50 papers from all screening activity and may separate this into sections based on paper type (e.g., clinical versus non-clinical contexts; systematic reviews) to ensure we gather an adequate sample of primary studies.

Quotas may require minor re-filling once we read the full-text papers at the appraisal stage and eliminate any papers which lack relevance or richness. We will use an inclusion/exclusion tool to make decisions on screening. Table 5 details the inclusion and exclusion criteria for screening

Table 5: Inclusion/exclusion criteria for screening

Inclusion criteria:

- leadership efforts to promote evidence use within the sphere of personal influence of the leader
- collective leadership efforts for promoting evidence use, such as activities in leadership networks, and consortia
- leadership efforts that emphasize relational dimensions of leadership, including but not limited to: role modelling, acknowledgement incentivization (e.g., personal thank you messages), and visible championing
- monitoring evidence uptake, feedback and reinforcement mechanisms staff values, beliefs, and biases affecting evidence uptake, providing transferable lessons for leadership strategies for encouraging evidence uptake
- researcher-practitioner partnerships and knowledge translation strategies (i.e., external knowledge broker involvement) which provide transferable lessons for leadership strategies for encouraging evidence uptake.
- leadership strategies generally, which can provide insights for encouraging evidence uptake specifically. Primary research (qualitative, quantitative, or mixed methods); reviews and evidence syntheses; commentaries/letters

Exclusion criteria:

- evidence-use strategies that do not involve leadership efforts or do not show promise of transferable lessons for leaders (e.g., peer- or community-based training for evidence uptake)
- evidence-use strategies that involve leaders in systemic or structural changes such as expanding library services or new evidence translation units

- non-English language papers
- low- and middle-income country contexts (LMIC) (resource: World Bank country classifications by income level for 2024-2025)
- protocols

3. Retrieving Papers and Quality Appraisal According to Relevance, Richness and Rigour.

We will use the Dada et al. (2023) framework for realist appraisal [16] which includes an assessment of relevance, richness and rigour of included studies. Relevance assessment will ensure that the papers retained match in content with review questions and the initial programme theories. Richness determines the availability of explanatory insights in relevant papers, and rigour ensures there are no problems in conceptualisation or methodology that would preclude the use of content. As this is a rapid review, we will forego the time-consuming whole-paper methodology appraisals of quantitative and qualitative studies but will still apply critical sense checking to the nuggets of insight [9] extracted from the sources using an appraisal journal (see below).

Appraisal will be accomplished in two steps:

1. Ranking exercise;
2. Analytical Appraisal Journal.

3.1 Ranking Exercise

This will involve a points-based system to make judgements on the relevance of papers. The final ranking system will be confirmed early in the review, once the IPTs have been established. A general schema for ranking papers will comprise scoring on study type (prioritising primary empirical studies and evidence syntheses over commentaries and letters), whether leadership strategies in the leader's personal sphere of influence are reported on exclusively or among other points, and level of explanatory detail (richness).

- Empirical papers (i.e., quantitative, qualitative, mixed methods primary studies and evidence syntheses) reporting exclusively on leadership strategies in the leader's personal sphere of influence (5 points)
- Empirical papers reporting strategies in the leader's personal sphere of influence as one of a number of strategies (4 points)
- Non-empirical papers (commentaries, informal reviews) which provide exclusive comment on leadership strategies in the leader's personal sphere of influence (4 points)

- Non-empirical papers (commentaries, informal reviews) which provide comment on leadership strategies in the leader's personal sphere of influence as one of a number of strategies (3 points)
- Empirical papers describing evidence uptake efforts generally, which can be used to extrapolate insights for developing leadership strategies in the leader's personal sphere of influence (3 points)

3.2 Analytical Appraisal Journal

The analytical appraisal journal (AAJ) [15] will be co-produced amongst multiple members of the team and FCDO partners to explore the richness of the evidence in realist terms, and explore extrapolations in the process of theory testing using context-mechanism-outcome configurations.

Co-producing the journal with FCDO members will:
1. Ensure that the relevance of the study is maintained through the analysis;
2. Increase the likelihood of co-learning, with the intellectual engagement of all team members, and
3. Allow for integrated knowledge translation at FCDO as the analysis unfolds.

Papers will be prioritised according to the ranking exercise and those with the highest points will be read and journaled first. Through the journal, we will extract the key causal insights from the papers related to the review questions and use these insights to create CMO configurations. This will involve holistic coding across the dataset in which the 'c' from one paper may be configured with the 'm' in another and so on.

Three team members (JJ, BV and BJ) will be involved in journaling on papers. Each paper will be read and journaled by at minimum two team members, with one member as lead journaler and the other serving as a peer reviewer to check the journal entry, challenge assumptions and include any missed insights.

4. **Extracting the Data and Building Context-Mechanism-Outcome Configurations.**

Once journaling is complete, the important causal insights linked to nuggets of evidence will be re-organised into a new document which houses the data extractions and CMO configurations. In this document we will reassemble the evidence with CMOs in relation to the initial programme theories and continue to analyse the evidence and refine the CMO thinking. Although a pre-set number of CMO configurations is not known, based on our experience it is likely the evidence will lead to a prolific set of CMO configurations (e.g., N=30-50). At this stage, a consolidation exercise will be undertaken to ensure the set of CMOs are not repetitive, vague or inaccurate against the evidence.

5. **Synthesis of Results, Report Writing and Dissemination of Findings**
After the theory adjudication workshop and toward the end of the analysis we will formalize the document into the synthesis report, including a detailed description of all parts of the study and analysis. A discussion section will be written with an eye to providing recommendations on how to move from the insights gained from the analysis to a guidance document for organisational leaders who would take up the findings. Time will be allocated to ensure findings are accessible and digestible to a wider audience and include all parts of the research process, including transparent and accessible description of the methodology used.

Stakeholder engagement
The rapid realist synthesis includes opportunities for co-producing the design of the review and co-analysing the results with FCDO stakeholders. Two online workshops with FCDO stakeholders and partners will be held during the project cycle, one in early February 2026 for the goal of 'theory sensitization', a second toward the end of the analysis phase (June 2026) with the goal of 'theory adjudication and refinement.' The final report will include a section on recommendations for producing a guidance document for organisational leaders and time will be allocated to discussing this with FCDO stakeholders.

Outputs
After the theory adjudication workshop, we will formalize the document into the synthesis report, including a detailed description of all parts of the study and analysis. A discussion section will be written to provide recommendations on how to move from the insights gained from the analysis to a guidance document for organisational leaders who would take up the findings.

Funding source

This work is commissioned by the Foreign, Commonwealth and Development Office (FCDO) in response to a call for proposals for a rapid review of leadership strategies for encouraging the use of evidence in organisations.

Views expressed in this publication do not necessarily reflect the UK government's official policies. Responsibility for the views expressed remains solely with the authors.

References

1. Pawson, R., *The Science of Evaluation: a realist manifesto*. 2013, Sage: London.
2. Pawson, R. and N. Tilley, *Realistic Evaluation*. 1997, London: Sage.
3. Jagosh, J., et al., *Benefits of realist evaluation for rapidly changing health service delivery.* BMJ Open, 2022. **12**(7): p. e060347.
4. Jagosh, J., *Realist Synthesis for Public Health: Building an Ontologically Deep Understanding of How Programs Work, For Whom, and In Which Contexts.* Annual Review of Public Health, 2019. **40**(1): p. 361-372.
5. Jagosh, J., *Retroductive theorizing in Pawson and Tilley's applied scientific realism.* Journal of Critical Realism, 2020. **19**(2): p. 121-130.
6. Wong, G., et al., *RAMESES II reporting standards for realist evaluations.* BMC Medicine, 2016. **14**(96).
7. Dalkin, S.M., et al., *What's in a mechanism? Development of a key concept in realist evaluation.* Implementation Science, 2015. **10**(1): p. 49.
8. Wong, G., et al., *RAMESES publication standards: realist syntheses.* BMC Medicine, 2013. **11**(1): p. 1-14.
9. Pawson, R., *Digging for Nuggets: How 'Bad' Research Can Yield 'Good' Evidence.* International Journal of Social Research Methodology, 2006. **9**(2): p. 127-142.
10. Saul, J.E., et al., *A time-responsive tool for informing policy making: rapid realist review.* Implement Sci, 2013. **8**: p. 103.
11. Pawson, R., et al., *Realist review: a new method of systematic review designed for complex policy interventions.* 2005. **10**: p. 21.
12. Achillini, H., *Promoting the use of research in policy, practice and among the public: a scoping review of recent reviews.* 2025.
13. Verboom, B. and A. Baumann, *Mapping the Qualitative Evidence Base on the Use of Research Evidence in Health Policy-Making: A Systematic Review.* Int J Health Policy Manag, 2022. **11**(7): p. 883-898.
14. Verboom, B., *A realist perspective on the use of research evidence in health policymaking* 2021, University of Oxford Oxford. p. 422.
15. Jagosh, J., et al., *Shared decision-making and deprescribing to support anti-thrombotic therapy (dis)continuance for persons living with cancer in their last phase of life: A realist synthesis.* PLoS Med, 2025. **22**(8): p. e1004663.
16. Dada, S., et al., *Applying and reporting relevance, richness and rigour in realist evidence appraisals: Advancing key concepts in realist reviews.* Res Synth Methods, 2023. **14**(3): p. 504-514.

Appendix 1: Search Strategy

Database: Business Source Ultimate
Host: EBSCO
Date Searched: 25/11/2025
Searcher: SB
Hits: 1815
Strategy:

1. TI (lead* or manage* or managing) OR AB (lead* or manage* or managing)

2. TI (("change agent*" or "decision maker*" or "knowledge broker*" or "role model*")) OR AB (("change agent*" or "decision maker*" or "knowledge broker*" or "role model*"))

3. TI (interpersonal n1 influenc*) OR AB (interpersonal n1 influenc*)

4. DE "LEADERSHIP" OR DE "AUTHENTIC leadership" OR DE "DEVELOPMENT leadership" OR DE "INCLUSIVE leadership" OR DE "LEADER-member exchange theory" OR DE "PATH-goal theory" OR DE "SHARED leadership" OR DE "SITUATIONAL leadership theory" OR DE "TRANSACTIONAL leadership"

5. S1 OR S2 OR S3 OR S4

6. TI ((evidence or knowledge or research or science) n1 (champion* or facilitator* or influencer*)) OR AB ((evidence or knowledge or research or science) n1 (champion* or facilitator* or influencer*))

7. TI ((evidence or knowledge or research or science) n4 (incentiv* or motivat* or encourag*) n4 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization)) OR AB ((evidence or knowledge or research or science) n4 (incentiv* or motivat* or encourag*) n4 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization))

8. S6 OR S7

9. TI ((evidence or research or knowledge or evaluation or science or scientific) n1 (adoption or culture or informed or mobilisation or mobilization or "take up" or translation or uptake or "up take" or "use" or using or utilisation or utilization)) OR AB ((evidence or research or knowledge or evaluation or science or scientific) n1 (adoption or culture or informed or mobilisation or mobilization or "take up" or translation or uptake or "up take" or "use" or using or utilisation or utilization))

10. TI (("systematic review*" or "technology assessment" or "realist review*" or "realist synthes*) n1 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization)) OR AB (("systematic review*" or "technology assessment" or "realist review*" or "realist synthes*") n1 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization))

11. TI ((evidence n1 (based or informed) n1 (decision* or practice))) OR AB ((evidence n1 (based or informed) n1 (decision* or practice)))

12. DE "EVIDENCE-based policy"

13. S9 OR S10 OR S11 OR S12

14. TI (policy n1 (maker* or making or organisation* or organization*)) OR AB (policy n1 (maker* or making or organisation* or organization*))

15. TI ((government* or politic* or state) n1 (body or bodies or department* or office or organisation* or organization*)) OR AB ((government* or politic* or state) n1 (body or bodies or department* or office or organisation* or organization*))

16. TI ((civil or public) n1 (sector* or service* or servant*)) OR AB ((civil or public) n1 (sector* or service* or servant*))

17. DE "GOVERNMENT policy"

18. DE "CIVIL service"

19. DE "PUBLIC sector"

20. TI "local government*" OR AB "local government*"

21. S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20

22. S5 AND S13 AND S21

23. S8 AND S21

24. S22 OR S23

Database: Science Citation Index and Social Science Citation Index
Host: Web of Science, Clarivate Analytics
Date Searched: 26/11/2025
Searcher: SB

Hits: 3665
Strategy:

1. TS=(lead* or leading or manage* or managing)

2. TS= ("change agent*" or "decision maker*" or "knowledge broker*" or "role model*")

3. TS=(interpersonal near/1 influenc*)

4. #1 OR #2 OR #3

5. TS=((evidence or research or knowledge or evaluation or science or scientific) near/1 (adoption or culture or informed or mobilisation or mobilization or "take up" or translation or uptake or "up take" or "use" or using or utilisation or utilization)

6. TS=("systematic review*" or "technology assessment" or "realist review*" or "realist synthes*") near/1 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization)

7. TS=(evidence near/1 (based or informed) near/1 (decision* or practice))

8. #5 OR #6 OR #7

9. TS=("local government*")

10. TS=(policy near/1 (maker* or making or organisation* or organization*))

11. TS=((government* or politic* or state) near/1 (body or bodies or department* or office or organisation* or organization*))

12. TS=((civil or public) near/1 (sector* or service* or servant*))

13. #9 OR #10 OR #11 OR #12

14. #4 AND #8 AND #13

15. TS=((evidence or knowledge or research or science) near/1 (champion* or facilitator* or influencer*))

16. TS=((evidence or knowledge or research or science) near/4 (incentiv* or motivat* or encourag*) near/4 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization))

17. #15 OR #16

18. #13 AND #17

19. #14 OR #18 and Social Sciences Citation Index (SSCI) or Science Citation Index Expanded (SCI-EXPANDED) (Web of Science Index) [Limited to English language studies only]

Database: Social Policy and Practice
Host: Ovid
Date Searched: 25/11/2025
Searcher: SB
Hits: 165
Strategy:

1. (lead* or manage* or managing).tw.

2. ("change agent*" or "decision maker*" or "knowledge broker*" or "role model*").tw.

3. (interpersonal adj2 influenc*).tw.

4. 1 or 2 or 3

5. ((evidence or knowledge or research or science) adj2 (champion* or facilitator* or influencer*)).tw.

6. ((evidence or knowledge or research or science) adj5 (incentiv* or motivat* or encourag*) adj5 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization)).tw.

7. 5 or 6

8. ((evidence or research or knowledge or evaluation or science or scientific) adj2 (adoption or culture or informed or mobilisation or mobilization or "take up" or translation or uptake or "up take" or "use" or using or utilisation or utilization)).tw.

9. (("systematic review*" or "technology assessment" or "realist review*" or "realist synthes*") adj2 ("take up" or "up take" or uptake or "use" or using or utilisation or utilization)).tw.

10. (evidence adj2 (based or informed) adj2 (decision* or practice)).tw.

11. 8 or 9 or 10

12. (policy adj2 (maker* or making or organisation* or organization*)).tw.

13. ((government* or politic*) adj2 (body or bodies or department* or office or organisation* or organization*)).tw.

14. "local government*".tw.

15. ((civil or public) adj2 (sector* or service* or servant*)).tw.

16. or/12-15

17. 4 and 11 and 16

18. 7 and 16

19. 17 or 18

Search results:

Database	**Hits**
Business Source Ultimate	1815
Science Citation Index; Social Science Citation Index	3665
Social Policy and Practice	165
Total	**5645**
Duplicate	**424**
Unique	**5221**