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Introduction

Health-related decisions should be made based on best available evidence. Synthesizing evidence from health governance and health systems research is necessary to support health policy-making and health systems strengthening: “Decision-makers request reviews of the effectiveness of health policies and health systems interventions, but they also require contextual evidence, for example, to support the implementation of an intervention in their own setting or to assess stakeholders’ perceptions and views of specific health system challenges and policy options. Rapid delivery of this information is also thought to increase the adoption of evidence-informed decision-making” (Langlois *et al.*, 2018).

Evidence synthesis from health governance and health systems research could be conducted using a variety of methods based on a type of research question and its aim. Recent WHO discussion paper argues that “by enabling faster synthesis and analysis of diverse, large-scale data, AI promises to expand the evidence base available to policymakers, enhance scenario modelling and simulation, and support adaptive and responsive decision-making. These capabilities can accelerate the development of policies, improve the effectiveness of implementation and facilitate both continuous monitoring and refinement in complex and dynamic health contexts” (WHO, 2026).

IJHG encourages publication of evidence synthesis papers (literature reviews with systematic approach) (Ibragimova and Phagava, 2023, 2024). In this section, we look at two recent evidence synthesis papers published in the *IJHG* – one systematic and one scoping review.

Organizational and individual resilience of healthcare professionals and informal caregivers in elderly care settings

This review is based on the article “Factors supporting organizational and individual resilience for healthcare professionals and informal caregivers in elderly care settings – a systematic review” (Knutsen Glette *et al.*, 2026).

The authors explain that the reasons for their evidence synthesis are the growing of elderly population and mismatch between health staff capacity and demand due to “workload imbalances, limited resources, role ambiguity, which result in stress, burnout, uncertainty and diminished mental health and well-being among healthcare professionals and leaders, as well as informal caregivers” and the need to support the providers of the elderly care “with tailored, integrated healthcare interventions that emphasize resilience as a protective factor” (Knutsen Glette *et al.*, 2026). The authors state that research on resilience in healthcare has predominantly treated individual and organizational resilience as separate constructs, and there remains a lack of research integrating these two dimensions of resilience. While gaining more knowledge of the link between individual and organizational resilience, and how to integrate this understanding into resilience thinking, is crucial to facilitate and advance resilient healthcare services (Wiig *et al.*, 2023).

This study was conducted as a systematic integrative review with narrative synthesis, and was funded through the Horizon Europe Programme. Databases were selected for their coverage of the subject areas and validated through test searches. Comprehensive searches were conducted across the following electronic databases: CINAHL, Medline, Scopus and the British nurse index. The authors used the Joanna Briggs Institute (JBI) assessment tools to



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evaluate the methodological quality of 134 included studies. All details of the procedure are provided in several Supplementary files.

To analyze the included studies, the authors applied the framework analysis (Dixon-Woods, 2011) They justified this choice, as this method “uses matrices to organize thematic categories for coding of the data” and “a key feature of framework analysis is its ability to incorporate predefined themes or concepts from the outset (*a priori*), while also allowing for the inclusion of newly emerged themes or concepts through inductive analysis of the data” (Knutsen Glette *et al.*, 2026). The method showed to be also useful for conducting rapid evidence reviews, even in situations when the ready frameworks were not available – “this approach may be useful to researchers, health and social care clinicians and policy makers undertaking systematic reviews in time-pressured situations to inform their decision making” (Shaw *et al.*, 2021).

The result of the data analysis applied were four primary themes (with related sub-themes). While three themes were based on pre-identified concepts – key factors for individual resilience in healthcare workers, key factors for individual resilience in informal caregivers and key factors for organizational resilience – the fourth theme emerged inductively from the data (“leaders as intermediate for organizational and individual resilience”) (Knutsen Glette *et al.*, 2026).

A primary strength of this evidence synthesis publication noted by the authors is that this is the first review of its kind to adopt a holistic approach to resilience: “This pioneering systematic review identified key factors that contribute to both organizational and individual resilience among healthcare workers and informal caregivers in elderly care, underscoring the pivotal role of leadership in mediating these factors.” (Knutsen Glette *et al.*, 2026). Organizational resilience was associated with factors related to technology, resources, funding, organizational climate, collaborative culture and leadership support. Leaders enhanced both individual resilience and organizational resilience through their leadership.

The review revealed, that for healthcare workers “key mechanisms of individual resilience encompassed intrinsic attributes, effective personal coping strategies, social and familial support, career fulfillment and growth, as well as workplace support and resources”, while in the case of informal caregivers “resilience was fostered by social support, interpersonal relationships, professional support, inherent resources, competence and skills and the overall impact of caregiving” (Knutsen Glette *et al.*, 2026).

The review also has shown that there is not enough research evidence on leaders’ possible influence on informal caregivers’ resilience, and the authors argued that this “may be attributed to the fact that informal caregivers often have minimal contact with healthcare leaders in many countries”, but in the future, such contact “may, however, increase in line with the emerging mismatch between capacity and demand in healthcare services, and the increased need to include informal caregivers in patient care” (Knutsen Glette *et al.*, 2026).

The authors concluded that their findings demonstrate “a need for further research to address this gap in the literature and to develop and explore interventions to support this” and “indicate a need to inform leaders of the importance of supporting resilience in informal caregivers, and the implication well-supported informal caregivers may have on organizational resilience” (Knutsen Glette *et al.*, 2026).

This systematic review demonstrates a high level of adherence to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) 2020 reporting guidelines and can serve as a perfect example for our future authors when preparing a systematic review for submission to this journal.

Governing commercial determinants of health

This review is based on the article “A Scoping Review on Governing the Commercial Determinants of Health: Mechanisms, Tools, and Collaborative Approaches” (Khan *et al.*, 2026).

The concept of the commercial determinants of health (CDoH) was only coined in 2012/2013 and is now increasingly used ([Sell et al., 2026](#)). The CDoH are defined as the “systems, practices and pathways through which commercial actors drive health and equity” ([Maani et al., 2023](#)).

The growing interest in researching the commercial determinants of health “stems from increased recognition that corporate actors significantly influence health outcomes and societal well-being” ([Galea et al., 2025](#)).

- (1) Recognition of corporate power as a structural determinant;
- (2) Interconnection with other political and social determinants affecting health systems governance;
- (3) Impact of globalization and market expansion of transnational corporations;
- (4) Increased corporate power relative to states when corporate entities are often surpassing the capacity of nation-states to regulate or counteract them and
- (5) Growing evidence of corporate strategies in shaping policy and regulation (corporations using lobbying, legal strategies and influence over trade and intellectual property agreements to prioritize profits over health).

It was also shown during the pandemic how commercial interests could undermine or support health systems, reinforcing the importance of understanding CDoH as part of strategic health governance.

Previous scoping review (of literature published between 2003 and 2019) identified 49 mechanisms (policies, regulations, guidelines, codes of conduct, frameworks, standards, initiatives or other tools to address and/or manage the influence of corporations on public health policy, research and practice), with 43 of these being adopted at the national, regional or global level ([Mialon et al., 2020](#)). All identified mechanisms were grouped into four main categories: transparency; management of interactions with industry and of conflicts of interest; identification, monitoring and education about the practices of corporations and associated risks to public health and prohibition of interactions with industry.

The authors of the article under review have chosen a scoping review methodology to systematically identify and map the various governance approaches discussed across the literature on CDoH, as this allows “to explore the breadth and diversity of governance tools, mechanisms, and collaborative strategies without restricting the review to specific outcomes or effectiveness assessments” ([Khan et al., 2026](#)). They argue that the methodology is particularly suitable for their research question, which relates to “a complex and relatively under-researched area where definitions are inconsistent and empirical evidence is limited”. The aim of this scoping review was also “to identify patterns, clarify concepts and highlight gaps in the existing literature” ([Khan et al., 2026](#)).

Though the authors do mention relevant frameworks of health systems governance mechanisms and tools, they do not use those frameworks consistently for their analysis. For example, only four of eight health governance sub-functions ([Barbazzia and Tello, 2014](#)) are included in their list of emerging themes: Accountability; Partnerships (the authors call this “Collaborative Approaches”); Participation and Consensus (the authors call it “Civil society advocacy”) and Regulation (public policies, self-regulation and global frameworks). Does that mean that other four governance sub-functions are not relevant to the governance of CDoH or there is no published research related to them?

The authors of the scoping review explained, that because “the field lacks standardized definitions for many governance terms”, they have developed their own framework of emerging themes based on the retrieved literature and utilized a thematic analysis using an inductive approach to analyze their results. “An inductive approach may be useful if there is a dearth of evidence on the topic, or the goal is to develop or inform a conceptual framework or theory” ([Pollock et al., 2023](#)).

The problem with such an approach is that it does not allow to fully identify the gaps in literature, while the use of established frameworks for framework synthesis offers “a highly structured approach to organizing and analyzing data”, and it “also holds a potential for new topics to be developed and incorporated as they emerge from the data” (Booth *et al.*, 2016).

The main findings of this scoping review are: numerous governance tools and mechanisms exist, but their implementation is often hampered by power imbalances and resource constraints faced by governments in regulating powerful commercial entities; available research distinguishes between support and criticism of approaches (e.g. industry self-regulation is generally viewed as ineffective); global frameworks and accountability mechanisms are recognized as critical, though there is no consensus on specific instruments; strategies like Health in All Policies (HiAP) and Whole-of-Government (WoG) are viewed positively, but their successful implementation requires dedicated resources and mechanisms to resist private sector influence; the involvement of private sector in governance remains contentious, especially when conflicts of interest exist; lack of standardized language around key concepts complicates implementation and analysis, creating ambiguities that can be exploited by commercial actors.

The review emphasizes the critical need for empirical studies to evaluate governance strategies and explore of mechanisms to effectively reduce industry influence. A recent scoping review on related theme (CDoH research in Germany) also shows the large number of “opinion pieces” among the retrieved publications (Sell *et al.*, 2026). It is known that “much CDoH research involves analyzing documents and/or websites” (Petticrew *et al.*, 2023).

The authors see the following methodological limitations of their scoping review: the majority of included publications are “narrative discussions rather than empirical studies”; they excluded books and non-English publications from their synthesis; not examining “industry tactics to circumvent governance mechanisms” (Khan *et al.*, 2026).

The authors also did not explain the absence of a review protocol, and did not justify the reason for searching only PubMed and Google Scholar, though it is recommended that “in CDoH reviews . . . searching may need to extend well beyond the common health databases; this is because CDoH research may also appear in business and related journals” (Petticrew *et al.*, 2023). From 155 sources included in this scoping review, only 7 are articles from non-health-related journals. It could be also helpful to see which organizational web-sites were searched for additional gray literature.

Describing their results the authors distinguish between “narrative literature discussions” and “literature reviews” – which definitely need clarification. Do “literature reviews” include narrative reviews as well, or the former are counted as “narrative literature discussions”? The results could be also better understood by the readers if the authors used more tabular and graphical presentation. As the JBI guidance for scoping reviews suggests, “there are many creative approaches that scoping reviews can include to convey results to the reader in an understandable way” (Pollock *et al.*, 2023). A good example of such presentation of results is an evidence map in a recent scoping review on CDoH research from Germany (Sell *et al.*, 2026).

Item 22 of the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) requires reporting on the funding sources of the included sources of evidence. As this particular review focuses on the CDoH, tracking industry funding for the included studies would have provided critical context for the “patterns of support or criticism” the authors identified. For example, a previous scoping review on CDoH governance mechanisms “excluded documents funded by corporations or whose authors were employed by corporations in the alcohol, food, gambling, oil, pharmaceutical and tobacco industries” from their synthesis (Mialon *et al.*, 2020). Guidance on “The Commercial Determinants of Health and Evidence Synthesis” (CODES) specifically states: “given that the influence of industry on science and on health-related decision-making is a key concern for CDoH research, it is essential to extract and include data on the authors’ affiliations, their COI

declarations, and their/the primary study's source of funding, and to include this in the review's tables" (Petticrew *et al.*, 2023).

Another guidance that could help authors when working on a scoping review is "Large scoping reviews: managing volume and potential chaos in a pool of evidence sources" (Alexander *et al.*, 2024). It defines "large scoping reviews" as those that include "approximately 100 sources of evidence, but must also consider the volume of data to be extracted, the complexity of the analyses and purpose" (Alexander *et al.*, 2024).

This guidance recommends six core questions for scoping review authors to consider when planning, developing, conducting and reporting large scoping reviews. This could streamline and manage the process from the planning to publishing stage. One of these questions is: "How and where will I publish this scoping review?", as "it can be challenging to find a journal that will publish a large scoping review, and full transparent reporting in congruence with the PRISMA-ScR within the standard word count for applied health journals is tricky" (Alexander *et al.*, 2024).

Among recommend strategies to navigate these challenges are: use of supplementary files and online registries; interactive tables and online resources to openly share results and approaching journal editors prior to submission to identify feasible solutions to increase the likelihood of publication. One of the widely used free repositories for hosting study data is Zenodo, which enables researchers to preserve and share their research output from any science, regardless of the size and format and "also ensures the discovery and citability of the research output by assigning a Digital Object Identifier (DOI) to every upload" (Nowak *et al.*, 2016).

Conclusion

The explosion in types of evidence synthesis, a variety of methods and terminologies has presented confusion for researchers, policymakers, funders and others when choosing the appropriate evidence synthesis approach (Trapé *et al.*, 2025; Pollock *et al.*, 2025) and "has led to scenarios where inappropriate evidence synthesis types have been used to inform a particular policy or knowledge needs, potentially resulting in misleading findings, which in turn may provide a weak or inadequate evidence base to inform decision-making" (HESRI, 2024).

As in other research domains, for health systems and governance questions, the method should track the question:

- (1) If the researcher is asking a narrow effectiveness question with reasonably comparable studies, a systematic review (with meta-analysis when the data are commensurable) is the right default (Nussbaumer-Streit *et al.*, 2025);
- (2) Scoping and mapping reviews fit when you need to map a broad or messy literature, clarify concepts, or identify gaps (Nussbaumer-Streit *et al.*, 2025);
- (3) Rapid reviews fit time-sensitive policy questions (Wilson *et al.*, 2021);
- (4) To explain what makes a complex policy, program, or intervention work, in which aspects, for whom, in what context, to what extent, and why the realist review is used (Yonekura *et al.*, 2019);
- (5) Qualitative or mixed-methods syntheses are especially appropriate for governance and policy processes, where qualitative work is often the dominant evidence base (Verboom and Baumann, 2022);
- (6) Overviews/umbrella reviews fit when the unit of interest is already-existing reviews rather than primary studies (Nussbaumer-Streit *et al.*, 2025).

To choose the most suitable method for addressing a specific health-related question researchers are recommended to use RightReview free online tool, which is designed to

provide guidance and supporting material to authors on methods for conducting and reporting of knowledge synthesis (<https://rightreview.knowledgetranslation.net/>).

Another useful resource to better understand evidence synthesis in public health is a recent scoping review on methods guidance that provides “a key repository for methodologists, researchers, and decision-makers in public health, as well as clinical medicine and health care in Europe and worldwide, supporting the evolution of more inclusive and adaptable approaches to public health evidence synthesis and decision-making” (Movsisyan *et al.*, 2026).

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AI disclosure

While working on this review the following AI tools have been used: Elicit.ai (Elicit Research, PBC, United States) for establishing broader context and research trends and Google NotebookLM for checking whether the publications complied with the appropriate reporting guidelines. The author takes full responsibility for the content of this publication.

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