

Evidence synthesis methodology for questions relating to barriers and enablers in health care: a scoping review

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ABSTRACT

Objective: The objective of this scoping review was to map the range of methodologies and methods used to undertake evidence synthesis aimed at determining barriers and/or enablers in health care, and to inform further research relevant to synthesis methodology in this area.

Introduction: Questions related to identifying and exploring barriers and/or enablers within health care are becoming increasingly popular. Currently, there are multiple approaches to synthesizing this evidence, and it is unclear whether a more consistent approach is warranted.

Eligibility criteria: Evidence synthesis on barriers and/or enablers (facilitators) that included interest-holders at different levels of the health system were considered. Evidence synthesis projects had to include primary research studies and were published from 2010 to 2021. Literature reviews, narrative reviews, and umbrella reviews were excluded, as were reviews published in languages other than English.

Methods: This scoping review followed JBI methodology and was based on a published a priori protocol and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). A 3-step search strategy using a combination of key terms and index headings was undertaken in October 2021 via the following databases/resources: PubMed, Embase, CINAHL (EBSCOhost), PsycINFO (Ovid), Cochrane Database of Systematic Reviews, *JBI Evidence Synthesis*, and EPPI-Centre Systematic Reviews. An extensive piloting process for screening and selection, and data extraction was undertaken due to the large number of reviewers involved. All records were screened independently by 2 reviewers, and any disagreements were resolved through either a third reviewer or discussion with a panel of reviewers. Extraction was undertaken using a customized

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form, and data were analyzed using descriptive statistics. Data are presented via tables, figures, a word cloud, and an infographic, supplemented with a narrative synthesis.

Results: Following completion of the search, 24,823 records were screened and 774 reviews were included in the scoping review. Systematic reviews were the most commonly used methodology (68%) to synthesize barrier and/or enabler questions. Reviews often included diverse types of evidence and involved an assessment of methodological quality (70%). Findings related to barriers and/or enablers were usually grouped and organized into categories, often by thematic methods (33%) or a narrative approach (20%). Incongruencies related to nomenclature, missing information, and methods used were evident across the large dataset.

Conclusions: A variety of methodological approaches are being followed to undertake reviews focused on barriers and/or enablers in health care. The current state of the literature indicates that most authors answer these questions via the conduct of a systematic review and include diverse types of evidence. Further work is needed to determine whether authors are unclear when deciding on methodology and whether guidance is required.

Keywords: barriers; enablers; evidence synthesis; facilitators; health care; methodology

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Introduction

The best available evidence should guide health care practice and policy decisions, in addition to the expertise of the providers and the preferences and values of individuals and society. Evidence-based health care emphasizes integrating high-quality research findings into clinical decision-making to improve outcomes, safety, and efficiency of care. Despite widespread recognition of its importance, gaps remain between evidence and practice, with approximately 60% of care based on the best available evidence.¹ Understanding these gaps is critical for improving health care delivery and ensuring that patients consistently receive interventions that are proven to be effective.^{2–6}

Research examining the reasons for variations in practice is highly valuable. For example, in the field of implementation science, progress can be hindered by specific barriers or, conversely, facilitated by enablers within a given context or setting. A barrier can relate to something that impedes implementation of best practice (such as lack of equipment or expertise), while an enabler relates to something that supports implementation of best practice (such as supportive leadership or clinical facilitation).⁷ More broadly, barriers and enablers relate to the everyday functioning of health care, where obstacles (barriers) limit access to, or the quality of, health care, and enablers support the delivery of good quality care. Such work helps identify factors that influence whether evidence is consistently applied in care settings and contributes

to a clearer understanding of the evidence–practice gap. Within this body of literature, terms such as *factors*, *challenges*, and *solutions* are also often used to describe influences on whether care aligns with evidence-based recommendations.

Consequently, there has been a need to synthesize the results of these studies with the process for synthesizing results across existing reviews. For example, authors who follow methodology from JBI—an organization that produces methodological guidance for 8 different types of evidence synthesis approaches^{8,9}—have published reviews focusing on barrier and/or enabler questions using qualitative systematic review methodology,¹⁰ mixed methods systematic review methodology,¹¹ and scoping review methodology.¹² This variability may reflect uncertainty among authors about which methodology to use when addressing this type of evidence synthesis question. Given the rapid increase in reviews examining barriers and enablers, further investigation in this area is warranted.

A preliminary search of PubMed and *JBI Evidence Synthesis* identified a methodological review from Bach-Mortensen and Verboom that has explored this issue.¹³ While Bach-Mortensen and Verboom looked at the methodological practices used in reviews, they focused exclusively on systematic reviews within health services research. Their review found much variation in methodology and methods used, as well as a lack of definition and rationale regarding the constructs of barriers and/or facilitators.¹³

Thus, we undertook a scoping review to map the range of methods and methodologies used in the synthesis of research around barriers and enablers in health care. Our review expands on the work of Bach-Mortensen and Verboom,¹³ as it is i) more inclusive and captures a broader range of topics and synthesis approaches (it does not limit to systematic reviews and health service research), and ii) includes a more comprehensive dataset with recent evidence, and may provide direction for future investigations into evidence synthesis methodology.

Review questions

- i) What is the range of methods and methodologies used in the synthesis of research on barriers and/or enablers in health care?
- ii) What recommendations for further research relevant to the methodology for evidence synthesis in this area can be proposed?

Eligibility criteria

Participants

This review considered interest-holders at different levels of the health system, including consumers of care (ie, patients, carers, or significant others), health practitioners, health organizations, and the community.

Concept

The concepts of interest were the methodologies for conducting evidence reviews of barriers and/or enablers (eg, systematic review, scoping reviews, realist reviews, integrative reviews), as well as the methods and processes used in their conduct (eg, methods for conducting critical appraisal and data synthesis, such as narrative synthesis, content analysis, and qualitative synthesis). Review characteristics, such as the types of research included and the number of studies, were also of interest.

Context

The context of this review was health care. There were no limits regarding health care settings (eg, community, hospital, health care centers). Since this was a methodological investigation, the context was deliberately broad; however, during the screening process, it became challenging to determine whether some reviews were related to health care. To address this, we

refined our definition of health care to specifically refer to the organized provision of health care to individuals or a community (see the “Deviations to protocol” section). This review did not exclude studies based on geographical location.

Types of sources

The focus of this review was on evidence reviews of barriers and enablers related to health care. A barrier was defined as something that impedes implementation of best practice, while an enabler relates to something that supports/facilitates implementation of best practice. Various other terms such as *facilitators*, *successes*, *challenges*, and *limitations* were also accepted. At least one of these terms had to be used to be eligible for inclusion. Reviews or syntheses that focused on “factors” and made no mention of any of the these terms were excluded.

To be considered an evidence review, sources had to include primary research studies and explicitly provide a research question(s) or objective(s), a description of the search methods, eligibility criteria, and information about data analysis or synthesis. Literature reviews and narrative reviews were excluded, as they are often not explicit in their methods.¹⁴ Umbrella reviews were excluded, as we only explored synthesis approaches that included primary research.

Only reviews published in English were included due to the anticipated large number of eligible reviews. Reviews published from 2010 to 2021 were eligible, to reflect contemporary trends in knowledge synthesis.

Methods

This scoping review was conducted in accordance with the JBI methodology for scoping reviews¹⁵ and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).¹⁶ Further, this review was conducted in accordance with an a priori protocol.⁷ A scoping review approach was chosen, as the goal was to investigate how research is conducted on a certain topic or field, in this case, the range of methods and methodologies used in the synthesis of research around barriers and/or enablers in health care, which is one of the core indications for conducting a scoping review.¹⁷

Deviations from protocol

The following deviations to the protocol⁷ occurred:

- i) Clarification regarding the participants
 - a. Consumers of care included patients and family/carers/significant others.
 - b. Health practitioners included health professionals, health care workers/administrators, and health care students
- ii) Health care was not defined in the protocol, and a definition was required during the screening phase. It was decided that the focus would be on the organized provision of health care to individuals or a community.
- iii) Policymakers were listed under participants in the protocol. They were removed due to the focus on organized health care provision.
- iv) The reference lists of identified reviews were not examined as outlined in the a priori protocol due to the large number of reviews included.
- v) Covidence (Veritas Health Innovation, Melbourne, Australia) was used for screening instead of EndNote, (Clarivate, PA, USA) since Covidence was also used for the extraction phase.
- vi) Data extraction was to be performed by 1 reviewer and a sample (10% of included reviews, randomly selected) was to be validated by another reviewer; however, due to inconsistencies across extractors in the piloting phase of data extraction, the primary author validated extraction for half of the reviews (50%).
- vii) Authors of reviews were not contacted to request missing or additional data due to feasibility constraints in handling a large dataset. If data were missing, it was simply described as not specified/reported during the extraction process.

Search strategy

An initial limited search of PubMed (NLM) and CINAHL (EBSCOhost) was undertaken to identify an initial set of search terms to develop the search strategy. This was followed by analysis of the text words contained in the titles and abstracts, and of the index terms used to describe each article. The search strategy, including all identified keywords and index terms, was adapted for each included information source and was then reviewed by 2 librarians at The University of Adelaide, and refinements were made. The search was undertaken by SM in October 2021. The full search strategies are provided in Appendix I.

The databases searched included PubMed (NLM), Embase, CINAHL (EBSCOhost), PsycINFO (Ovid), Cochrane Database of Systematic Reviews, *JBI Evidence Synthesis*, and EPPI-Centre Systematic Reviews.

Source of evidence selection

Following the search, all identified records were collated and uploaded into Covidence and duplicates removed. Due to the large number of reviewers involved in the screening phase, an extensive piloting process was implemented.

The first step involved a core group of team members (CS, SM, LL, DPo) conducting a pilot on a sample of 10 randomly selected titles and abstracts in Microsoft Word (Microsoft, Washington, USA). Each member conducted screening independently, and met to discuss any conflicts and reach consensus.

Each additional screener (KBdS, ZZ, DC, ZM, DPi, PK, JC, DAG, RL, ED, HL, AW) was then contacted via email and given the same 10 titles and abstracts to screen in Microsoft Word. A member of the core group (SM) reviewed each screener's selections. If agreement was not met, feedback was provided to the reviewer via email and, if required, another 10 titles and abstracts were given to the reviewer to screen. Once consensus was reached, the reviewer was given access to Covidence to begin screening. Core team members met regularly during title and abstract screening to discuss and resolve conflicts. All titles and abstracts were screened by 2 reviewers independently.

Potentially relevant reports were retrieved in full and imported into Covidence. A screening checklist was developed (Appendix II) for full-text screening to assist in decision-making. The checklist was piloted with 3 papers by CS, DPo, LL, AW, DPi, ED, RL, PK, DAG, and JC. Minor revisions were made to the checklist following the pilot, and then all members of the team were invited to commence screening in Covidence. Fifteen people were involved in full-text screening (AW, DPo, CS, ED, LL, KC, DAG, JC, RL, SM, PK, KS, RJ, NH, CV). All full texts were screened by 2 reviewers independently, and core team members met regularly to discuss and resolve conflicts.

Due to the potential for a review to be excluded for multiple reasons, we developed a hierarchy of reasons for exclusion to ensure consistency across screeners. Reviews that did not meet the inclusion criteria were excluded, and the reviewers tallied the

number of reviews excluded at full-text screening, according to the hierarchy.

Data extraction

Data were extracted from papers included in the scoping review using a data extraction tool developed by the reviewers (see Appendix III; details about changes to the tool are provided in Supplementary File 1 <http://links.lww.com/SRX/A167>). A core group (CS, LL, SM, DPo) met and proposed fields for data extraction. The proposed fields were emailed to all reviewers who were invited to provide feedback, and revisions were made. Due to the size of the scoping review and the number of people involved, the extraction form consisted of pre-selected options, where possible (to ensure consistency across extractors), with few free text fields. The form was piloted with 5 reviews by LL, SM, CS, and AW. An extraction explanation form was also developed to help reviewers extract appropriate data (see Supplementary File 2 <http://links.lww.com/SRX/A168>). An explanation for each field was provided, including examples, where needed.

The form was then added to Covidence and tested using the piloted data. Like the screening phase, an extensive piloting activity was undertaken to ensure consistency across the review team. Each extractor (DPi, JC, KC, RJ, DAG, PK, NH, PM, SS, ED CV, DC) was allocated 5 reviews by CS to extract in Covidence. Once completed, CS conducted independent extraction and compared results. Where consensus was not reached, feedback was provided to the extractor via email. Any disagreements that arose between the reviewers were resolved through email discussion. A further 3 reviews were allocated to each extractor (LL, AW, DPo, CS) following the same process until consensus was achieved. As per the a priori protocol,⁷ each review was extracted by 1 reviewer, and a sample (10% of included reviews, randomly selected) was validated by another reviewer.⁷ However, due to inconsistencies across extractors during the sample checking, the first reviewer validated half of all included reviews. The data extracted included specific details about the methodology and methods used to conduct and report the review, as well as characteristics of the review such as health care focus and types of included study designs. Bibliographic details of the review were also extracted, such as publication year and country of corresponding author. Data extracted were both numerical and

textual and were either extracted verbatim, or grouped into categories that required relevant tick boxes to be selected.

Data analysis and presentation

Basic descriptive statistics, such as percentages and frequencies, were used to summarize results. All percentages in the narrative are rounded to the nearest whole number, while those in tables and figures are presented to 2 decimal places. A narrative summary accompanies all data presented. A combination of presentation formats was used to display data and included tables, figures, word clouds, and an infographic.

Results

Study inclusion

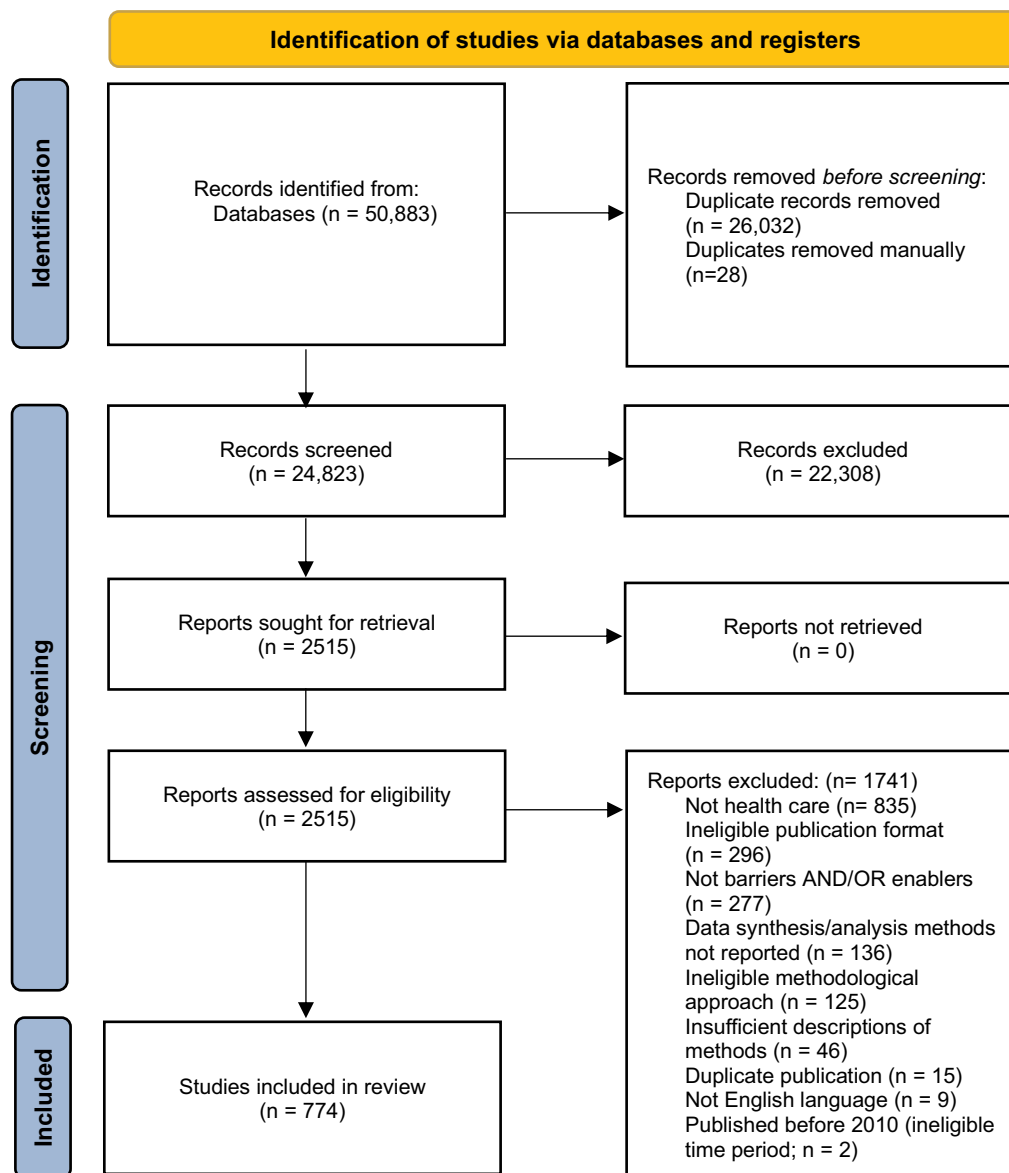
The search identified 50,883 records, which were imported into Covidence. Of these, 26,032 were identified as duplicates by the system and another 28 duplicates were identified manually by the reviewers. The titles and abstracts of 24,823 records were screened, of which 22,308 were excluded. The full texts of 2515 reviews were assessed, and 1741 were excluded. The list of excluded studies is provided in Supplementary File 3: <http://links.lww.com/SRX/A169>. The main reasons for exclusion were that reviews were not related to health care, were an ineligible publication format, or did not focus on barriers and enablers. This left a total of 774 reviews included in this scoping review.¹⁸⁻⁷⁹¹ See Figure 1 for a PRISMA flow diagram presenting the search results and study inclusion process, as well as the hierarchy of reasons for exclusion.⁷⁹²

Characteristics of included reviews

Since the characteristics of the included reviews are the central focus of this review, the majority of characteristics are presented as findings; however, basic bibliographic characteristics are provided in Supplementary File 4 <http://links.lww.com/SRX/A170>.

The reviews were published between 2010 and 2022. As shown in Figure 2, the number of reviews generally increased over time, with 2021 the most common year of publication. There was a small proportion of reviews with a publication year of 2022, although the search was run in 2021; this is likely due to articles publishing online first, before they appear in an issue.

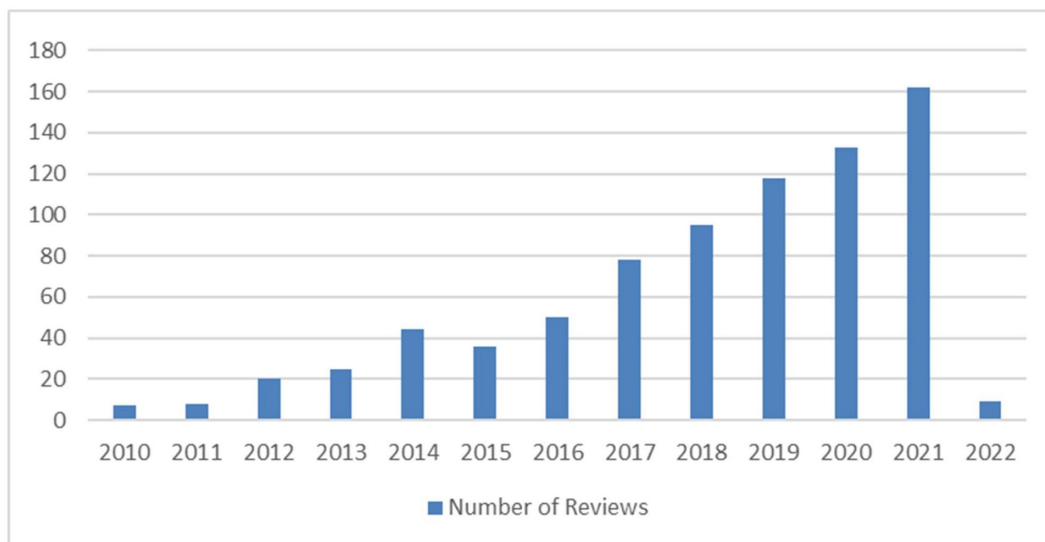
Figure 1: Search results and study selection and inclusion process



There was a general increase over time for each methodology used in the included reviews, with integrative reviews and those labeled as “other” peaking in 2018, scoping reviews in 2020, and systematic reviews in 2021 (Figure 3). All rapid reviews included were published in 2021, likely triggered by the COVID-19 pandemic.

Corresponding authors were from Westernized countries across the majority of reviews, with the most common being the United Kingdom (24%), United States (17%), Australia (16%), and Canada (14%). The most prevalent low- and middle-income country (according to the World Bank) represented was Iran (2%).⁷⁹³ It should be noted that some

Figure 2: Number of included reviews by year of publication



corresponding authors had affiliations from multiple countries, and all locations were extracted. Four percent of corresponding authors listed more than 1 affiliation across varying countries (Figure 4).

The number of studies included in the reviews ranged from 2 (reported in a systematic review⁶⁷⁵ and a scoping review¹⁸⁵) to 470 (reported in a

systematic review⁶³⁴), with a median of 24 and mean of 32.48 (Table 1). The mean number of studies varied by methodology, with the lowest mean reported in integrative reviews (23.75) and the highest in scoping reviews (40.11). Scoping reviews, systematic reviews, and those classified as “other” (ie, reviews not identified as scoping, integrative, systematic, or rapid)

Figure 3: Number of included reviews by methodology per year

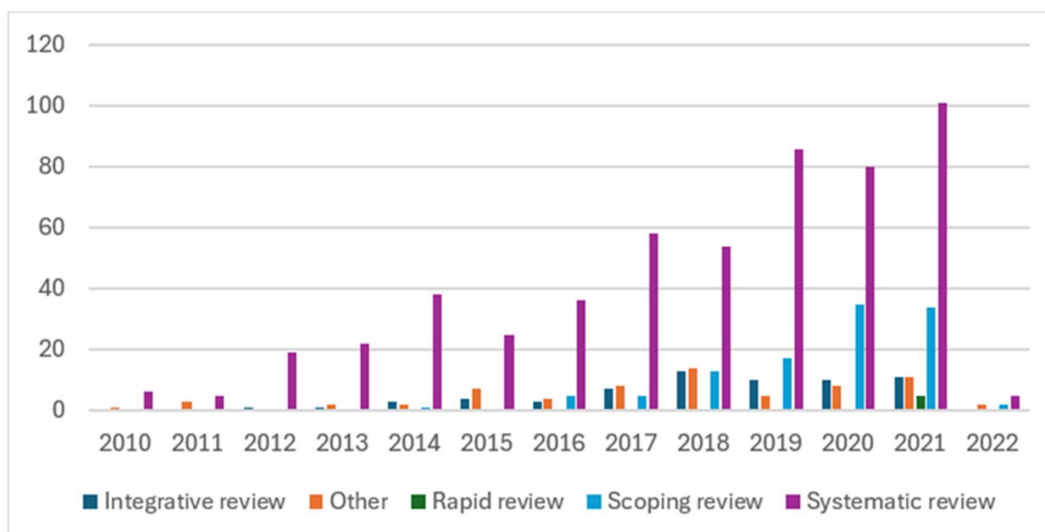
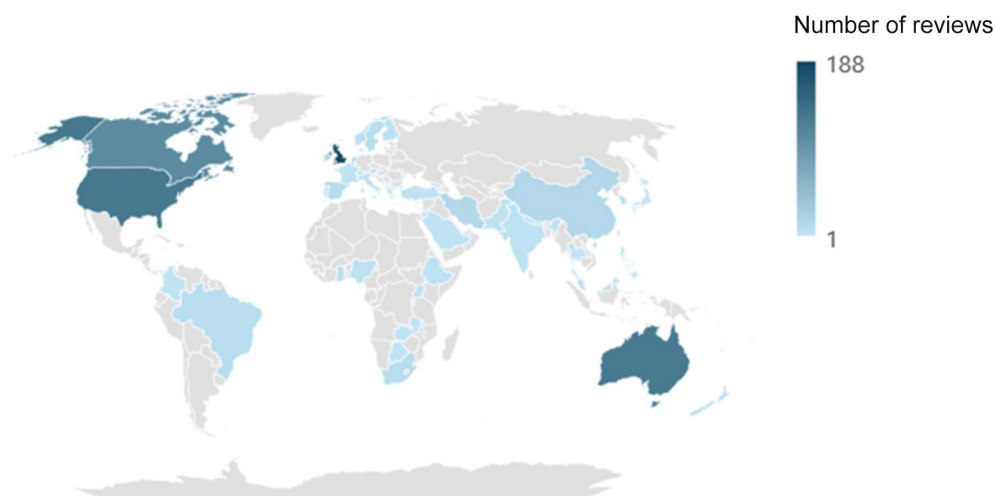


Figure 4: Country of corresponding author of included reviews



each reported a maximum number of included studies exceeding 100. Three percent of all reviews included over 100 studies.

Review findings

Findings are presented according to characteristics of the included reviews, grouped into the following 3 categories based on the data extracted: review focus and topic, methodology, and methods.

Review focus and topic

The specific review aims/questions are provided in supplementary file 4 (<http://links.lww.com/SRX/A170>). While some reviews had only 1 review question

that focused solely on barriers or enablers, others had multiple review questions, of which, at least 1 focused on barriers or enablers. Across all reviews, a large proportion (65%) focused on both barriers and enablers. For those reviews that focused exclusively on either barriers or enablers, it was primarily barriers (34%) reported, with less than 1% of reviews focusing solely on enablers (Table 2). This trend was also observed across the different review methodologies, with more reviews focused on both barriers and enablers, followed by barriers only, then enablers only.

The topics (ie, areas of health care) that reviews focused on varied; however, the most popular were related to chronic diseases such as cancer, mental

Table 1: Number of included studies in included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Review type	Total number of included reviews	Total number of included studies	Minimum	Maximum	Median	Mean	SD	Q1	Q3
Systematic review	527	16,859	2	470	23	31.57	32.82	14	37
Scoping review	111	4492	2	339	28	40.11	44.93	16	46.25
Integrative review	63	1496	5	63	19	23.75	13.95	13	32.5
Rapid review	5	177	16	57	27	35.4	19.65	21	56
Other	68	2249	5	159	23.5	33.07	13.95	12.75	40
All review methodologies	774	25,273	2	470	24	32.48	13.95	14	38

Q1, first quartile; Q3, third quartile

Table 2: Focus of included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Review focus	Integrative	Other	Rapid	Scoping	Systematic	Total
Barriers and enablers	42 (66.67%)	45 (66.18%)	5 (100%)	66 (59.46%)	345 (65.46%)	503 (64.99%)
Barriers only	21 (33.33%)	22 (32.35%)	0	44 (39.64%)	179 (33.97%)	266 (34.37%)
Enablers only	0	1 (1.47%)	0	1 (0.90%)	3 (0.57%)	5 (0.64%)
Total	63	68	5	111	527	774

health, diabetes, and HIV. Screening and services were also key areas of focus (Figure 5).

Most reviews focused on multiple interest-holders (56%) instead of a single group (44%). The topics of interest largely centered around patients (42%), followed by health professionals (33%), family/carers/significant others (10%), the community (9%), health care workers/administrators (5%), and health care organizations (1%).

Methodology

Systematic review methodology was used most commonly to answer questions related to barriers and/or enablers, which represented 68% of included reviews. The next most common methodologies were

scoping reviews (14%) and integrative reviews (8%; Table 1), while 9% of reviews did not identify themselves as either a systematic review, scoping review, or integrative review but used other terms to classify themselves, with 4% using one of these terms in addition to another term (eg, systematic review and meta-synthesis). Of the other terms/methodologies most commonly mentioned, *qualitative meta-synthesis* was the most popular term, followed by *qualitative evidence synthesis*, *meta-ethnography*, and *narrative synthesis* (Supplementary File 5: <http://links.lww.com/SRX/A171>). Only 1% of reviews identified themselves as rapid reviews.

Of the 527 systematic reviews, the most common study designs of interest were qualitative studies (67%), followed by quantitative studies (50%), and

Figure 5: Word cloud of health care foci of included reviews addressing questions on barriers and/or enablers



Table 3: Types of studies/evidence intended for included systematic reviews addressing questions on barriers and/or enablers in health care

Study/evidence types	Total number	Percentage (out of 527 systematic reviews)
Qualitative studies	352	66.79%
Quantitative studies	266	50.47%
Mixed studies	146	27.65%
Gray literature	91	17.23%
Systematic review/evidence syntheses	20	3.79%
Text and opinion	14	2.65%
Not specified	111	21.02%

Note: Reviews could include multiple types of studies

mixed studies (28%). Most reviews intended to include multiple types of studies/evidence types, with 42% including qualitative and quantitative studies. About 20% of reviews did not specify the types of studies they intended to include (Table 3).

More than one-third (39%) of reviews provided a justification for the methodology chosen to synthesize the evidence. Justification was provided in more than half of all review types, with the exception of systematic reviews, where it was included in less than one-third (27%) of cases (Table 4). This information was usually provided in the methodology section of the review or at the end of the background/introduction. Justifications varied, with some authors providing a definition/explanation of the chosen methodology and outlining what the methodology can be used for (eg, integrative review approach to allow for

Table 4: Justification of methodological choice reported in included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Review methodology	Number of included reviews	Methodology choice justified
Systematic review	527	144 (27.32%)
Scoping review	111	64 (57.66%)
Integrative review	63	40 (63.49%)
Rapid review	5	3 (60.00%)
Other	68	49 (72.06%)
Total	774	300 (38.766%)

inclusion of different types of evidence or a qualitative approach to facilitate a more in-depth understanding of a topic).

Methods

One-fourth of reviews (25%) explicitly outlined that the review protocol had been registered in a repository such as PROSPERO or OSF (PROSPERO was launched in 2011 and OSF in 2013, so some reviews included in this dataset had already been published or were underway prior to then); 6% of reviews referred to a protocol that had been published in a peer-reviewed journal.

Appraisal/risk of bias was undertaken in 70% of included reviews, mostly in systematic reviews. Across review methodologies, more reviews undertook appraisal/risk of bias than those that did not, with the exception of scoping reviews (Table 5). An array of tools/checklists/criteria were used, with 5% of reviewers creating their own system based on existing tools or modifying existing tools (7%), whereas others did not describe the tool(s) used (2%). The most common tools/checklists used were those from the Critical Appraisal Skills Programme (CASP; 26%). This was followed by tools/checklists from JBI (10%) and the Mixed Methods Appraisal Tool (MMAT;10%). For a full list of tools/checklists/criteria used, see Supplementary File 6 (<http://links.lww.com/SRX/A172>).

There was considerable variation with regard to the approaches undertaken to pool/synthesize results. More than one-fourth of reviews (26%) used multiple approaches to synthesize their data. The most common approaches used were narrative synthesis (20%), thematic analysis (19%), and thematic synthesis

Table 5: Appraisal/risk of bias conducted as part of methods in included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Review methodology	Yes	No
Systematic reviews (n=527)	425 (80.65%)	102 (19.35%)
Scoping reviews (n=111)	18 (16.22%)	93 (83.78%)
Integrative reviews (n=63)	46 (73.02%)	17 (26.98%)
Rapid reviews (n=5)	3 (60.00%)	2 (40.00%)
Other (n=68)	52 (76.47%)	16 (23.53%)
Total (N=774)	544 (70.28%)	230 (29.72%)

(13%). When combined, thematic approaches were used in one-third of all reviews. (The decision to distinguish between thematic analysis and thematic synthesis was deliberate, intended to highlight the inconsistencies in reviews and this is explored in the discussion section.) Six percent of reviews utilized content analysis approaches, although the terms that were used varied (eg, content analysis, thematic content analysis, qualitative content analysis); 6% undertook some form of qualitative synthesis; 6% utilized descriptive analyses; 6% did not specifically state what approaches were undertaken; 4% used framework synthesis; and 3% employed meta-analysis techniques (Table 6).

Nearly half of included reviews (48%) either described variations to those listed previously for their data synthesis approaches or described other approaches. As shown in the examples in Supplementary File 7 (<http://links.lww.com/SRX/A173>), there was substantial variation in details provided: some reviews simply stated that they undertook categorization (13%) or tabulated results (2%), with others specifying an approach to qualitative synthesis, such as meta-aggregation (2%) or meta-ethnography (2%), as well as highlighting the specific model or framework to guide or interpret their results, such as the socio-ecological model or the capability, opportunity, and motivation-behavior (COM-B) model. Different terms were used to describe the same or similar approaches, such as narrative summary, narrative analysis, narrative synthesis, and narrative meta-synthesis.

Interest-holder engagement was acknowledged in 8% of included reviews (Table 7). Of that 8%, almost half were present in systematic reviews

(44%) followed by scoping reviews (38%). This included patients/consumers of health care as well as people who the reviewers sought for advice/expertise (eg, librarians, content experts).

Just over half of included reviews (56%) mentioned the conduct guidance that was followed. Some reviews cited a single paper/document, while others cited multiple sources. The conduct guidance was related to either the conduct guidance of the review as a whole (eg, JBI⁸ [12%], Cochrane⁷⁹⁴ [9%], Arksey and O'Malley's⁷⁹⁵ scoping review guidance [18%], Whitemore and Knaf's⁷⁹⁶ guidance for integrative reviews [10%]); conduct guidance for the analysis/synthesis of data (eg, Thomas and Harden's⁷⁹⁷ guidance on thematic synthesis [12%]); and/or guidance on assessing certainty of the evidence (eg, GRADE CERQual⁷⁹⁸ [2%]). A complete list of conduct guidance from the included reviews is available in supplementary file 8 (<http://links.lww.com/SRX/A174>). Nearly all (93%) of the included reviews included a study searching and selection flowchart.

Just over half of reviews outlined which reporting guidance they followed (55%). Of those, PRISMA⁷⁹² was the most frequently utilized (40%), followed by ENTREQ⁷⁹⁹ (8%) and PRISMA-ScR¹⁶ (4%). All other reporting guidance is presented in Table 8.

A summary of the main findings is presented in the infographic in Figure 6: Infographic summarizing the main findings.

Discussion

While the results of the review show a wide range of methodologies and methods used in the synthesis of

Table 6: Approach undertaken to analysis/synthesis reported in included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Data analysis/synthesis approach	Integrative	Rapid	Scoping	Systematic	Other	Total (% out of 774 reviews)
Thematic analysis/synthesis	15	4	36	167	29	251 (32.43%)
Narrative synthesis	5	2	19	122	7	155 (20.03%)
Content analysis	12	0	5	30	2	49 (6.32%)
Descriptive analysis	4	0	12	29	2	47 (6.01%)
Qualitative synthesis	3	0	1	26	16	46 (5.94%)
Framework synthesis	3	0	4	21	3	31 (4.00%)
Meta-analysis	1	0	0	19	0	20 (2.58%)
Not specified	2	0	8	34	2	46 (5.94%)
Other	35	0	58	247	34	374 (48.32%)

Note: Reviews could use multiple approaches to synthesize data, so percentages do not add up to 100%

Table 7: Interest-holder engagement reported in included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Review methodology	Yes	No
Systematic	27	500
Scoping	23	88
Integrative	4	59
Rapid	0	5
Other	7	61
Total	61 (7.88%)	713 (92.12%)

research on barriers and/or enablers in health care, several key characteristics were observed that warrant further discussion.

The majority of reviews originated from Western countries, highlighting global disparities in research infrastructure, funding, training, and access. Interestingly, the origin of our identified reviews is different from the origin of systematic reviews overall. China has become the main producer of systematic reviews,⁸⁰⁰ whereas they had a proportion of 2% in our sample. Despite contributing significantly to the global evidence synthesis landscape, reviews from low- and middle-income countries—including China—are underrepresented.⁸⁰¹ This may be due to language and publication biases, funding and infrastructure constraints, inconsistent indexing or limited access to publication platforms, or divergent methodological reporting practices. These elements hinder their participation in evidence synthesis, and this underrepresentation can impact the relevance and

applicability of global health guidelines, undermining progress toward the United Nation's Sustainable Development Goal⁸⁰² of universal health coverage. Addressing this requires targeted efforts from Western institutions and journals, including equitable partnerships, capacity building, reduced publication barriers, and inclusive research practices to ensure evidence is accessible, diverse, and globally relevant.

Most authors utilized systematic review methodology to answer their question/s, with over one-third (39%) of authors providing some type of rationale for their methodological choice. Notably, just over half (56%) of included reviews cited the conduct guidance they followed; however, it was not always specific to review methodology as a whole but encompassed specific guidance on the approach taken for synthesis or for assessing certainty of the evidence. This raises concerns about the consistency and transparency of methodological reporting.

Many authors stated their intention to answer their questions by including both quantitative and qualitative primary studies (42%), since questions on barriers and/or enablers can be answered by diverse types of evidence. There was a large number of studies included in the reviews (mean = 32, range 2 to 470), with 3% including at least 100 studies. Scoping reviews had a higher mean number of studies than systematic reviews, which is expected given that scoping reviews are considered part of the big picture review family.⁸⁰³

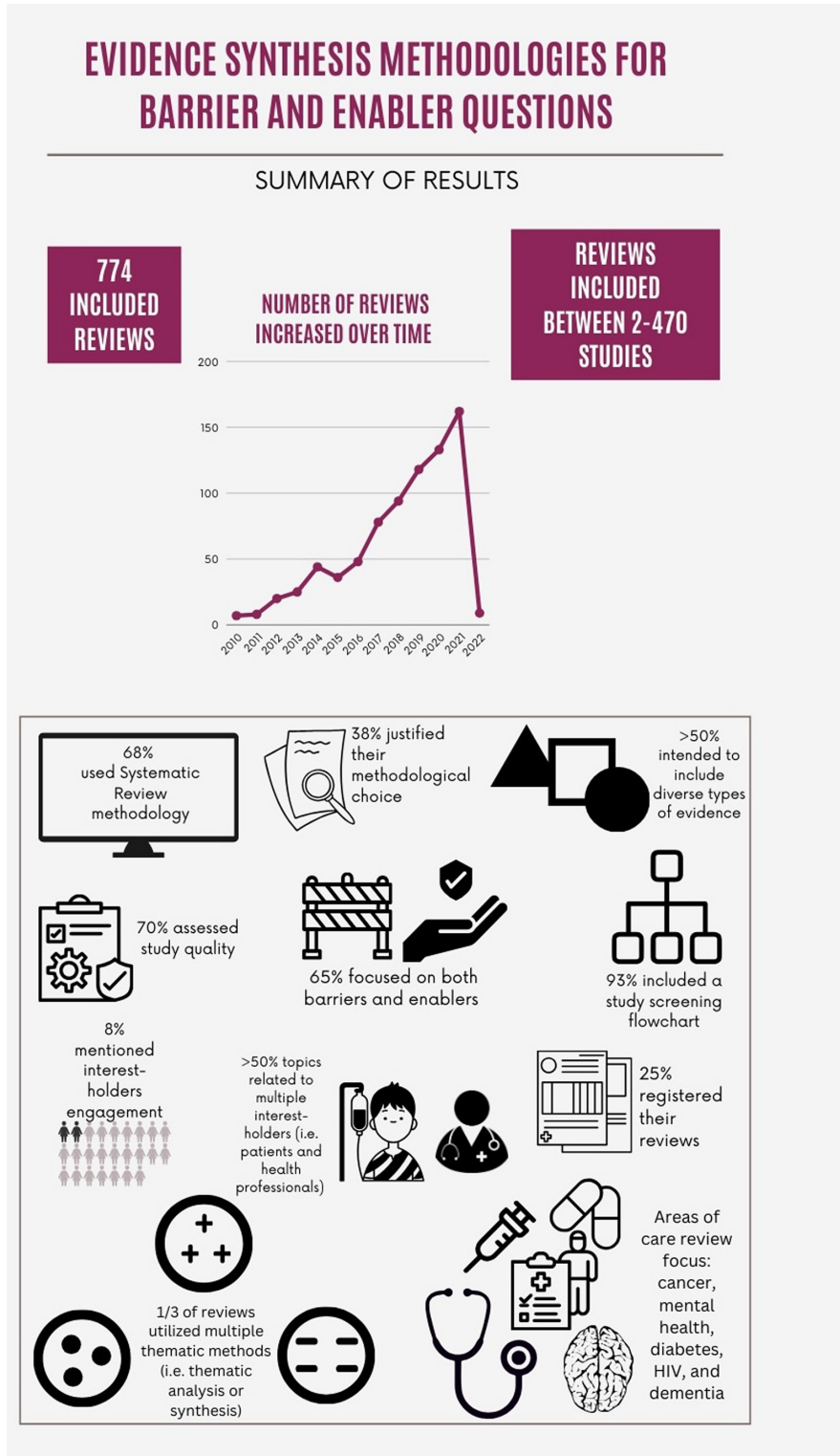
The process of critical appraisal (also known as risk of bias or assessment of methodological quality) was undertaken using an array of tools, checklists, or

Table 8: Reporting guidance followed in included reviews addressing questions on barriers and/or enablers in health care, by review methodology

Review methodology	PRISMA	ENTREQ	PRISMA-ScR	PRISMA-P	eMERGe	MOOSE	STROBE	COREQ	SWiM	RAMESES
Systematic review	213 (68%)	41 (64%)	20 (61%)	2 (50%)	3 (75%)	3 (100%)	2 (67%)	1 (50%)	1 (100%)	1 (100%)
Scoping review	40 (13%)	12 (19%)	6 (18%)	0 (0%)	1 (25%)	0 (0%)	1 (33%)	0 (0%)	0 (0%)	0 (0%)
Integrative	28 (9%)	4 (6%)	3 (9%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rapid review	3 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	28 (9%)	7 (11%)	4 (12%)	2 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)
Reporting guidance total	312	64	33	4	4	3	3	2	1	1

COREQ, COnsolidated criteria for REporting Qualitative research; eMERGe, reporting guidance for meta-ethnography; ENTREQ, ENhancing Transparency in Reporting the synthesis of Qualitative research; MOOSE, Meta-analyses Of Observational Studies in Epidemiology; PRISMA, Preferred Reporting Items for Systematic reviews and Meta-Analyses; PRISMA-P, Preferred Reporting Items for Systematic review and Meta-Analysis Protocols; PRISMA ScR, Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews; RAMESES, Realist And Meta-narrative Evidence Syntheses: Evolving Standards; STROBE, STrengthening the Reporting of Observational studies in Epidemiology; SWiM, *Synthesis Without Meta-analysis*

Figure 6: Infographic summarizing the main findings



criteria. This was not surprising given that most of the included reviews were systematic reviews and critical appraisal is considered an essential step in the process^{8,794,804}; however, 16% of scoping reviews also undertook this process. Given that critical appraisal is not a required step for scoping reviews,⁸⁰⁵ this suggests that scoping review authors are increasingly applying quality assessment practices, which may imply that more training or guidance dissemination is needed.

In terms of approaches to synthesis, more than one-fourth (26%) of reviews utilized multiple methods to synthesize their data. This largely consisted of categorizing or grouping data, with one-third of the reviews using thematic methods, which authors explicitly referred to as either *thematic analysis* or *thematic synthesis*. The next most common approach to synthesis was narrative synthesis to describe results. These findings align with the diverse types of data included in the reviews, with some methods specific to the type of evidence (eg, meta-analysis for quantitative data), while other methods (eg, narrative synthesis) are flexible enough to be applied to diverse types of evidence.

A notable concern is that three-fourths of authors did not mention whether they had registered their review (or protocol for their review), indicating a lack of transparency in the event of protocol deviations and also raising the potential for duplication and research waste.^{806,807} While registration may have taken place, the lack of reporting undermines adherence to international standards.⁷⁹² This was in stark contrast to the requirement for a study searching and selection flowchart, which is an international standard,⁷⁹² with nearly all reviews including a flowchart.

Most reviews focused on both barriers and enablers. Where reviews focused on only one element, it was almost always barriers, with few reviews focusing exclusively on enablers. This imbalance reflects a broader pattern within the research literature, whereby barriers to health care delivery are more extensively investigated than enablers. While the reasons for this imbalance are not entirely clear, several factors may contribute, including a research and funding landscape that prioritizes problem identification, the underreporting of enablers due to their often implicit or taken-for-granted nature, and a perception that barriers offer more actionable insights for intervention development and policy change. The health topics of the included reviews varied, with the most

prominent topics relating to chronic diseases (eg, cancer, diabetes) and primary prevention (screening). More than half of the reviews focused on topics relevant to multiple populations, predominantly patients and health professionals.

A concerning trend was the limited inclusion (or underreporting) of interest-holders in the review process, with only a small proportion of reviews mentioning their involvement. The types of interest-holders varied, from patients to those with expertise in methods and content. The importance of including relevant interest-holders in evidence syntheses has previously been discussed (including noted problems around reporting)⁸⁰⁸⁻⁸¹⁰ and is gaining prominence to ensure that topics are of direct relevance to health care users. This is a particularly disappointing finding given that half of the reviews were on topics related to patients and health professionals; however, this may reflect the publication date of included reviews, with interest-holder engagement gaining prominence in more recent years, as well as possible underreporting. Organizations and groups involved in developing conduct and reporting guidance for evidence syntheses should consider including a specific item addressing interest-holder engagement.

Alignment with the wider literature

The findings of this review align to and expand on the work undertaken by Bach-Mortensen and Verboom,¹³ who also found variety in synthesis approaches used, as well as how reviews were reported. For fields that were measured across their review and this review, similarities were evident with regard to the number of reviews referring to a protocol, the number of reviews that undertook critical appraisal, and approaches used to synthesize data. Further, diverse types of studies were often included in the reviews, and findings were often organized using a theory or framework. Bach-Mortensen and Verboom¹³ note that most approaches were aggregative instead of interpretive, which also parallels our findings.

Incongruencies in and across included reviews

During full-text assessment and data extraction, it became evident that there were incongruencies in some of the included reviews with regard to their design, reporting, and conduct. While these were not enough to exclude the reviews, a decision was made to report on these issues by including a field in the data

extraction form (Table 9 outlines the main problems identified, with examples). Although these observations were subjective and dependent on the knowledge and expertise of the extractor, it is concerning to note that over one-third of reviews (36%) had suspected problems. This was additionally hampered by missing or unclear information, as well as authors' lack of understanding about the distinction between conduct and reporting.⁸¹¹ It is possible that some of these issues may have been clarified if more details were provided in the review.

Examining such a large dataset also exposed the heterogeneity and potential overlap in terminology used. For example, terms used to describe synthesis approaches varied, with authors using *narrative synthesis*, *narrative summary*, *narrative analysis*, and *narrative meta-synthesis* to describe the write-up of their results using text. This was also evident in the use of *thematic analysis* and *thematic synthesis* to describe the synthesis approach used. The choice to extract these data separately was deliberate to capture the discrepancies in terms used by authors; due to the nature of secondary data synthesis, the correct terminology is *thematic synthesis*.⁷⁹⁷ This heterogeneity can pose challenges for consistency in reporting and

interpretation, which can make it difficult for readers to fully understand the methods applied, or for findings to be reliably compared across reviews.

The variability in nomenclature was also prevalent in the methodologies described (eg, systematic scoping review, scoping systematic review), further complicating the synthesis and potential generalization of results. This signifies that a wide range of evidence synthesis methodologies and methods exist, and are being used to answer questions related to barriers and/or enablers. Having multiple terms and variations can create confusion and uncertainty for authors with regard to methodological decisions, as well as for knowledge users. This has also been debated and discussed in the literature.⁸¹² There are initiatives underway to standardize methodologies and methods, such as the Evidence Synthesis Taxonomy Initiative,⁸¹³ as well as tools to provide support, such as Right Review.^{814,815}

Strengths of the review

There were several strengths of this review. It followed a comprehensive search strategy that resulted in a large dataset (n=774 included reviews), representing the biggest collection of reviews in this area

Table 9: Sample of incongruencies identified by extractors in included reviews addressing questions on barriers and/or enablers in health care

Identified issues in reviews	Example
Reviews following a methodological approach that requires an a priori protocol	Review states that it follows JBI methodology but makes no reference to a protocol
Incongruencies with methodology followed and conduct of methods	Review refers to being a systematic review but outlines synthesis not applicable to their review Review refers to being a systematic review but does not undergo critical appraisal/risk of bias Review refers to being a qualitative review but includes both quantitative and qualitative studies
Missing or unclear inclusion/eligibility criteria	Review does not specify types of studies to be included Review does not specify mixed methods studies in the inclusion eligibility criteria but mixed methods studies are included
Missing or unclear methods	Approach to synthesis not provided in review Review appraises only a selection of included study designs with no explanation
Confusion between conduct guidance and reporting guidance	Review rates study quality using PRISMA
Incongruencies between nomenclature used to describe review	Title of review refers to a systematic review but methodology refers to an integrative review
Incongruencies between stated methodology/methods and supporting citations	Review refers to thematic analysis but cites content analysis literature Review refers to being a scoping review but cites systematic review conduct guidance
Incongruencies between review questions and data/results presented	Review question refers to barriers only but results include barriers and facilitators

PRISMA, Preferred Reporting Items for Systematic Review and Meta-Analysis

to date that the authors are aware of. It followed an a priori protocol. This was further strengthened by the broad health care focus that was inclusive of multiple types of participants.

An extensive piloting process was undertaken for both the screening and extraction phases of the review, and instead of 10% of extractions completed in duplicate, 50% were done in duplicate. Lastly, the review team was diverse in terms of professional backgrounds/contexts and geographical location, thus bringing multiple perspectives, which enhanced interpretation of findings and recommendations.

Limitations of the review

As noted in the methods section, there were a few deviations from the protocol; however, these did not impact the integrity of the search strategy. The search for terms related to the barriers and enablers concept was used only in the title field, which meant that reviews that did not contain those words in the titles would have been missed.

In our screening process we excluded reports that referred exclusively to *factors* and that made no mention of a barrier/enabler/challenge/facilitator, which meant that we could have missed relevant reviews. We also focused on the provision of care in order to contextualize our definition of health care, which meant that some topics, although related to health, may have been excluded, such as those at a policy level. We excluded reviews that referred to themselves as a *narrative review* or *literature review* in the title, but we acknowledge that due to the variation in nomenclature used (as highlighted previously), there are differences in how authors interpret and use those terms. Finally, we excluded reviews if the synthesis methods were inadequately described, again meaning that potentially eligible reviews could have been missed. Many of these decisions were deliberate to provide targeted eligibility criteria due to the size of the review and to pragmatic considerations, such as available resources and time frames.

Some of the fields extracted were subjective, for example, *population focus* was not always explicitly stated and, as such, extractors may have interpreted this differently based on their varied experiences and perceptions. This was also relevant to the field related to incongruencies in the review, as previously detailed. Although the author team possessed a range

of language skills, the review was limited to English-language reviews. The review was also limited to published reviews to keep the review manageable.

Lastly, not all extractions were undertaken in duplicate, which means data could have been missed or extracted incorrectly. Although the search was conducted in 2021 and may no longer be considered up-to-date, the extensive dataset included in this review adds substantial depth to the field, and an update is not currently feasible.

Conclusions

The review has demonstrated that a wide range of methodologies and methods are being used to synthesize research on barriers and/or enablers in health care and, as expected, no universal approach is being followed. The current state of the literature indicates that most authors answer these questions via the conduct of a systematic review and include diverse types of evidence. They commonly include a large number of studies, appraise the quality of included studies, and synthesize their data by grouping or categorizing the data (primarily using thematic approaches), as well as describing findings narratively.

Reviews usually focus on both barriers and enablers, and questions often relate to patient health; however, often topics are also of direct relevance to health care professionals. Authors rarely involve interest-holders in the review process.

This is the first piece in a series of projects exploring methodologies and methods to synthesize questions related to barriers and/or enablers. Although some view this type of review as simplistic, of limited practical use, and lacking validity,¹³ based on our findings, it is logical to assume these types of reviews will continue to increase. Further work is needed to determine whether authors are unclear when deciding on methodology and whether guidance is required.

Implications for research

- Further investigation in this area is needed that extends on our work and delves deeper into the intricacies and appropriateness of methodologies and methods (including justifications) used in answering questions related to barriers and/or enablers in order to provide robust guidance around methodological choice.
- Further methodological work into the different nomenclature used when describing synthesis

methodologies and methods is needed in an attempt to consolidate the varying and often confusing terms and approaches used in evidence synthesis.

For those undertaking reviews focusing on barriers and/or enablers in health care, the following recommendations can be made:

- Relevant standards regarding conduct and reporting for each review type should be followed. Those worth highlighting include review registration, outlining eligibility criteria such as study designs of interest, and describing methods in sufficient detail such as what appraisal tools (if any) were used to assess methodological quality/risk of bias, and what approaches were used to synthesize data.
- The methodological approach utilized should be described, including sufficient rationale for the chosen methodology.
- Any conduct and reporting guidance followed should be cited accordingly.
- Terms should be used consistently across the review to describe methodology and methods.
- From an equity, diversity, and inclusion perspective, stronger representation of authors from low- and middle-income countries is needed to gain diverse understandings on topic and context.

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Author contributions

CS led the project, developed the screening checklist, coordinated the extraction pilot exercise, conducted screening (including handling disagreements) and extraction, and designed the analysis and presentation of results. She drafted the review and revised it based on feedback from the other authors.

LL, DPo, and AW were involved in piloting the screening phase, conducted screening (including

handling disagreements) and extraction, and reviewed drafts of the review and provided feedback. All 3 were core team members.

KC, RJ, ED, JC, DPi, DC, RL, KBdS, and DG were involved in the screening and extraction phases, and reviewed drafts of the review and provided feedback.

CV was involved in extraction, cleaned data, performed the analysis, and created presentation format, reviewed drafts of the review and provided feedback.

SS and PM were involved in the extraction phase and reviewed drafts of the review and provided feedback.

NH, PK, ZZ, ZM, and HL were involved in the screening phase and reviewed drafts of the review and provided feedback.

SM was responsible for developing and undertaking the search and undertook screening. She reviewed drafts of the review and provided feedback.

Declarations

CS, LL, DPi, JC, KC, SS, PK, RJ, ZM, KBdS, HL, and DPo are/were members of JBI methodology groups who are/were responsible for developing methodological guidance of different types of evidence synthesis that can answer questions related to barriers and enablers in health care.

Availability of data, code, and other materials

The template data collection form and screening checklist are available in the appendices. All extracted data used for analyses is located in Covidence and is available on reasonable request.

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Appendix I: Search strategy

PubMed (NLM)		
Search conducted: October 15, 2021		
Search	Query	Records retrieved
#1	"systematic reviews as topic"[MeSH Terms] OR systematic review[Publication Type] OR systematic review[Title/Abstract] OR systematic search[Title/Abstract] OR evidence synthesis[Title/Abstract] OR evidence review[Title/Abstract] OR evidence map[Title/Abstract] OR research synthesis[Title/Abstract] OR knowledge synthesis[Title/Abstract] OR scoping review[Title/Abstract] OR integrative review[Title/Abstract] OR narrative synthesis[Title/Abstract] OR narrative summary[Title/Abstract] OR narrative review[Title/Abstract] OR thematic synthesis[Title/Abstract] OR thematic analysis[Title/Abstract] OR content analysis[Title/Abstract] OR metasynthesis[Title/Abstract] OR meta-synthesis[Title/Abstract] OR meta synthesis[Title/Abstract] OR meta-aggregati*[Title/Abstract] OR metaaggregati*[Title/Abstract] OR meta aggregati*[Title/Abstract] OR meta-ethnograph*[Title/Abstract] OR metaethnograph*[Title/Abstract] OR meta ethnograph*[Title/Abstract] OR qualitative synthesis[Title/Abstract] OR critical interpretive synthesis[Title/Abstract] OR meta-study[Title/Abstract] OR metastudy[Title/Abstract] OR meta study[Title/Abstract] OR meta-summary[Title/Abstract] OR metasummary[Title/Abstract] OR meta summary[Title/Abstract] OR meta-interpretation[Title/Abstract] OR metainterpretation[Title/Abstract] OR meta interpretation[Title/Abstract] OR realist synthesis[Title/Abstract]	331,719
#2	barrier*[Title] OR enabl*[Title] OR facilitat*[Title] OR challenge*[Title] OR success*[Title] OR factor*[Title]	1,110,858
#3	(#1 AND #2) AND (("2010/01/01"[Date - Entry]: "2021/09/30"[Date - Entry])) AND (English[Language])	17,358

Embase		
Search conducted: October 15, 2021		
Search	Query	Records retrieved
#1	'systematic review (topic)'/exp/mj OR 'systematic review (topic)'/exp/mj OR 'systematic review':ti,ab OR 'systematic search':ti,ab OR 'evidence synthesis'/exp/mj OR 'evidence synthesis':ti,ab OR 'evidence review':ti,ab OR 'evidence map':ti,ab OR 'research synthesis':ti,ab OR 'knowledge synthesis'/exp/mj OR 'knowledge synthesis':ti,ab OR 'scoping review'/exp/mj OR 'scoping review':ti,ab OR 'narrative synthesis':ti,ab OR 'integrative review'/exp/mj OR 'integrative review':ti,ab OR 'narrative summary':ti,ab OR 'narrative review'/exp/mj OR 'narrative review':ti,ab OR 'thematic synthesis':ti,ab OR 'thematic analysis'/exp/mj OR 'thematic analysis':ti,ab OR 'content analysis'/exp/mj OR 'content analysis':ti,ab OR metasynthesis:ti,ab OR 'meta synthesis':ti,ab OR 'meta aggregati*':ti,ab OR metaaggregati*':ti,ab OR 'meta ethnography'/exp/mj OR 'meta ethnograph*':ti,ab OR metaethnograph*':ti,ab OR 'qualitative synthesis':ti,ab OR 'critical interpretive review':ti,ab OR 'meta study':ti,ab OR metastudy:ti,ab OR 'meta summary':ti,ab OR metasummary:ti,ab OR 'meta interpretation':ti,ab OR metainterpretation:ti,ab OR 'realist analysis':ti,ab	361,675
#2	barrier'/exp/mj OR barrier*:ti OR enabl*:ti OR 'facilitator'/exp/mj OR facilitat*:ti OR 'challenge'/exp/mj OR challenge*:ti OR 'success'/exp/mj OR success*:ti OR factor*:ti	1,369,596
#3	1 AND 2	20,214
#4	#3 AND [English]/lim AND [2010-2021]/py	18,625

CINAHL (EBSCOhost)		
Searched conducted: October 15, 2021		
Search	Query	Records retrieved
#1	(MM "Systematic Review") OR TI "systematic review" OR AB "systematic review" OR (MM "Scoping Review") OR TI "scoping review" OR AB "scoping review" OR TI "systematic search" OR AB "systematic search" OR TI "evidence synthesis" OR AB "evidence synthesis" OR TI "evidence review" OR AB "evidence review" OR TI "evidence map" OR AB "evidence map" OR TI "research synthesis" OR AB "research synthesis" OR TI "knowledge synthesis" OR AB "knowledge synthesis" OR TI "integrative review" OR AB "integrative review" OR TI "narrative synthesis" OR AB "narrative synthesis" OR TI "narrative summary" OR AB "narrative summary" OR TI "narrative review" OR AB "narrative review" OR TI "thematic synthesis" OR AB "thematic synthesis" OR (MM "Thematic Analysis") OR TI "thematic analysis" OR AB "thematic analysis" OR (MM "Content Analysis") OR TI "content analysis" OR AB "content analysis" OR (MM "Meta Synthesis") OR TI "meta synthesis" OR AB "meta synthesis" OR TI meta-synthesis OR AB meta-synthesis OR TI metasynthesis OR AB metasynthesis OR TI meta-aggregati* OR AB meta-aggregati* OR TI metaaggregati* OR AB metaaggregati* OR TI "meta aggregati*" OR AB "meta aggregati*" OR TI meta-ethnograph* OR AB meta-ethnograph* OR TI metaethnograph* OR AB metaethnograph* OR TI "meta ethnograph*" OR AB "meta ethnograph*" OR TI "qualitative synthesis" OR AB "qualitative synthesis" OR TI "critical interpretive synthesis" OR AB "critical interpretive synthesis" OR TI meta-study OR AB meta-study OR TI metastudy OR AB metastudy OR TI "meta study" OR AB "meta study" OR TI metasummary OR AB metasummary OR TI meta-summary OR AB meta-summary OR TI "meta summary" OR AB "meta summary" OR TI meta-interpretation OR AB meta-interpretation OR TI metainterpretation OR AB metainterpretation OR TI "meta interpretation" OR AB "meta interpretation" OR TI "realist synthesis" OR AB "realist synthesis" AND TI barrier* OR TI enabl* OR TI facilitat* OR TI challenge* OR TI success* OR (MM "success") OR TI factor*	9629
	2010-2021 AND English	8710

PsycINFO (Ovid)		
Search conducted: October 15, 2021		
Search	Query	Records retrieved
#1	exp "Systematic Review"/ OR systematic review.ab,ti. OR systematic search.ab,ti. OR evidence synthesis.ab,ti. OR evidence review.ab,ti. OR evidence map.ab,ti. OR research synthesis.ab,ti. OR knowledge synthesis.ab,ti. OR scoping review.ab,ti. OR integrative review.ab,ti. OR narrative synthesis.ab,ti. OR narrative summary.ab,ti. OR narrative review.ab,ti. OR thematic synthesis.ab,ti. OR thematic analysis.ab,ti. OR exp Thematic Analysis/ OR exp Content Analysis/ OR content analysis.ab,ti. OR metasynthesis.ab,ti. OR meta-synthesis.ab,ti. OR "meta-aggregati*".ab,ti. OR "metaaggregati*".ab,ti. OR "meta-ethnograph*".ab,ti. OR "metaethnograph*".ab,ti. OR qualitative synthesis.ab,ti. OR critical interpretive synthesis.ab,ti. OR meta-study.ab,ti. OR metastudy.ab,ti. OR meta-summary.ab,ti. OR metasummary.ab,ti. OR meta-interpretation.ab,ti. OR metainterpretation.ab,ti. OR realist synthesis.ab,ti. AND "barrier*".ti. OR "enabl*".ti. OR "facilitat*".ti. OR "challenge*".ti. OR "success*".ti. OR "factor*".ti.	5328
#2	limit 1 to (English language and yr="2010 - 2021")	4191

Cochrane Database of Systematic Reviews		
Search conducted: October 15, 2021		
Search	Query	Records retrieved
#1	MeSH descriptor: [Systematic Reviews as Topic] explode all trees OR ("systematic review"):ti,ab OR (systematic search):ti,ab OR (evidence synthesis):ti,ab OR (evidence review):ti,ab OR (evidence map):ti,ab OR (research synthesis):ti,ab OR (knowledge synthesis):ti,ab OR (scoping review):ti,ab OR (integrative review):ti,ab OR (narrative synthesis):ti,ab OR (narrative summary):ti,ab OR (narrative review):ti,ab OR (thematic synthesis):ti,ab OR (thematic analysis):ti,ab OR (content analysis):ti,ab OR (metasynthesis):ti,ab OR (meta-synthesis):ti,ab OR (meta synthesis):ti,ab OR (meta-aggregati*):ti,ab OR (metaaggregati*):ti,ab OR (meta aggregati*):ti,ab OR (meta-ethnograph*):ti,ab OR (metaethnograph*):ti,ab OR (meta ethnograph*):ti,ab OR (qualitative synthesis):ti,ab OR (critical interpretive synthesis):ti,ab OR (meta-study):ti,ab OR (metastudy):ti,ab OR (meta study):ti,ab OR (meta-summary):ti,ab OR (metasummary):ti,ab OR (meta summary):ti,ab OR (meta-interpretation):ti,ab OR (metainterpretation):ti,ab OR (meta interpretation):ti,ab OR (realist synthesis):ti,ab AND (barrier*):ti OR (enabl*):ti OR (facilitat*):ti OR (challenge*):ti OR (success*):ti OR (factor*):ti	846
#2	Cochrane Library publication date from Jan 2010 to Oct 2021	846

JBI Evidence Synthesis		
Searched conducted: October 15, 2021		
Search	Query	Records retrieved
IN TITLE #1	("Systematic Review*" OR "systematic search" OR "evidence synthesis" OR "evidence review" OR "evidence map" OR "research synthesis" OR "knowledge synthesis" OR "scoping review" OR "integrative review" OR "narrative synthesis" OR "narrative summary" OR "narrative review" OR "thematic synthesis" OR "thematic analysis" OR "content analysis" OR metasynthesis OR "meta synthesis" OR "meta synthesis" OR "meta aggregati*" OR metaaggregati* OR "meta aggregati*" OR "meta ethnograph*" OR metaethnograph* OR "meta ethnograph*" OR "qualitative synthesis" OR "critical interpretive synthesis" OR "meta study" OR metastudy OR "meta study" OR "meta summary" OR metasummary OR "meta summary" OR "meta interpretation" OR metainterpretation OR "meta interpretation" OR "realist synthesis") AND (Barrier* OR enabl* OR facilitat* OR challenge* OR success* OR factor*)	
IN ABSTRACT #2	("Systematic Review*" OR "systematic search" OR "evidence synthesis" OR "evidence review" OR "evidence map" OR "research synthesis" OR "knowledge synthesis" OR "scoping review" OR "integrative review" OR "narrative synthesis" OR "narrative summary" OR "narrative review" OR "thematic synthesis" OR "thematic analysis" OR "content analysis" OR metasynthesis OR "meta synthesis" OR "meta synthesis" OR "meta aggregati*" OR metaaggregati* OR "meta aggregati*" OR "meta ethnograph*" OR metaethnograph* OR "meta ethnograph*" OR "qualitative synthesis" OR "critical interpretive synthesis" OR "meta study" OR metastudy OR "meta study" OR "meta summary" OR metasummary OR "meta summary" OR "meta interpretation" OR metainterpretation OR "meta interpretation" OR "realist synthesis") AND (Barrier* OR enabl* OR facilitat* OR challenge* OR success* OR factor*)	
#1 AND #2 No filter (All dates)		1156

EPPI-Centre Systematic Reviews		
Search conducted: October 15, 2021		
Search	Query	Records retrieved
#1	"Systematic Review*" OR "systematic search" OR "evidence synthesis" OR "evidence review" OR "evidence map" OR "research synthesis" OR "knowledge synthesis" OR "scoping review" OR "integrative review" OR "narrative synthesis" OR "narrative summary" OR "narrative review" OR "thematic synthesis" OR "thematic analysis" OR "content analysis" OR metasynthesis OR "meta-synthesis" OR "meta synthesis" OR "meta-aggregati*" OR metaaggregati* OR "meta aggregati*" OR "meta-ethnograph*" OR metaethnograph* OR "meta ethnograph*" OR "qualitative synthesis" OR "critical interpretive synthesis" OR "meta-study" OR metastudy OR "meta study" OR "meta-summary" OR metasummary OR "meta summary" OR "meta-interpretation" OR metainterpretation OR "meta interpretation" OR "realist synthesis"	1013
#2	barrier* OR enabl* OR facilitat* OR challenge* OR success* OR factor*	343
#3	#1 AND #2 ("Systematic Review*" OR "systematic search" OR "evidence synthesis" OR "evidence review" OR "evidence map" OR "research synthesis" OR "knowledge synthesis" OR "scoping review" OR "integrative review" OR "narrative synthesis" OR "narrative summary" OR "narrative review" OR "thematic synthesis" OR "thematic analysis" OR "content analysis" OR metasynthesis OR "meta-synthesis" OR "meta synthesis" OR "meta-aggregati*" OR metaaggregati* OR "meta aggregati*" OR "meta-ethnograph*" OR metaethnograph* OR "meta ethnograph*" OR "qualitative synthesis" OR "critical interpretive synthesis" OR "meta-study" OR metastudy OR "meta study" OR "meta-summary" OR metasummary OR "meta summary" OR "meta-interpretation" OR metainterpretation OR "meta interpretation" OR "realist synthesis") AND (barrier* OR enabl* OR facilitat* OR challenge* OR success* OR factor*)	312

Appendix II: Evidence synthesis methodology for questions relating to barriers and/or enablers in health care screening checklist

Is the review/synthesis aimed at determining barriers AND/OR enablers in health care in any setting?
<i>A barrier relates to something that impedes implementation of best practice while an enabler relates to something that supports/facilitates implementation of best practice.</i>
Please note: various terms may be used, such as enablers, facilitators, successes, barriers, challenges. At least one of these terms should be used.
Reviews/syntheses that focus on 'FACTORS' and make no mention of any of the above terms should be excluded.
We INCLUDE studies that report barriers/enablers in the results section:
<ul style="list-style-type: none"> • even if identification of barriers/enablers is not the aim • even if the methods (specifically search strategy) do not reflect barriers/enablers.
Is the review/synthesis related to health care?
<i>Health care relates to the "organized provision of medical care to individuals or a community."</i>
Example: reviews/syntheses that focus on challenges in research participation within the health setting would be excluded; however, a review/synthesis focusing on challenges in accessing mental health services by adolescents would be eligible for inclusion.
Does the paper describe its methodological approach as one of the following:
Systematic review (can include both qualitative and quantitative methods)
Scoping review
Integrative review
Realist review
Please note: narrative reviews, umbrella reviews (overview of reviews), or reviews that are not explicit about their methodological approach (eg, literature review) should be excluded.
Does the paper include a research question/s AND/OR objective/s?
Does the paper include a description of search methods?
The paper must mention:
<ul style="list-style-type: none"> • at least ONE database/resource that was searched • the use of key terms/search terms (the search strategy does not need to be provided; it can be referred to in another publication or supplementary file)
Does the paper describe inclusion AND/OR exclusion criteria?
Does the paper describe its methods for data synthesis/analysis?
The paper must provide a description of how data were synthesized/pooled/analyzed. Ideally it would name the approach (eg, thematic analysis); however, this is not essential.
Was the paper published between 2010 and 2022?
Is the paper in English?
Is the full-text available?
Example: conference abstracts will be excluded
If YES to all of the above, paper is INCLUDED

Hierarchy of reasons for exclusion
835 Not health care
296 Ineligible publication format
277 Not barriers AND/OR enablers
136 Data synthesis/analysis methods not reported
125 Ineligible methodological approach
46 Insufficient description of methods
15 Duplicate publication
9 Not English language
2 Ineligible time period (published before 2010)

Appendix III: Data extraction instrument

Year:	
Country of corresponding author:	
Review aim(s)/question(s):	
Was a protocol published in a peer-reviewed journal? Yes/No	
Was the review registered? Yes/No	
Evidence review methodology: scoping review/integrative review/systematic review/rapid review/other	
Justification for methodology chosen: Yes/No	
If yes, extract verbatim reason:	
Number of studies/papers included in review:	
Does the review focus on: barriers only/enablers only/barriers and enablers	
Types of primary studies INTENDED for the review: quantitative studies/qualitative studies/mixed studies/systematic reviews/evidence syntheses/text and opinion/gray literature/not specified	
Was appraisal/risk of bias conducted? Yes/No	
If yes, what tools were used?	
Approach(es) UNDERTAKEN to analysis/synthesis: narrative synthesis/descriptive analysis/meta-analysis/qualitative synthesis/thematic synthesis/thematic analysis/content analysis/framework synthesis/not specified/other	
Health care focus:	
Population focus: patient/family/carer/significant other/health care professionals/health care workers/administrators/health care students/health care organizations/Community	
Did the review include interest-holder engagement? Yes/No	
Did the review include a study searching/selection flowchart? Yes/No	
Did the review mention it followed reporting guidance? Yes/No	
If yes, list reporting guidance used:	
Did the review mention what conduct guidance it followed? Yes/No	
If yes, extract name:	
Were there any incongruencies between the stated methodology, conduct guidance followed, intended included studies, appraisal tools used, approach to analysis/synthesis, and/or reporting guidance used? Yes/No/Unsure	
If yes, please explain:	