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Corresponding author:
Eva Madrid

eva.madrid@uv.cl

Author Affiliation:
Cochrane Iberoamérica, Institut de Recerca Sant Pau (IR SANT PAU), Barcelona, Spain.

Knowledge Translation Theories, Frameworks, Models and Tools in the context of Traditional, Complementary, and Integrative Medicine (TCIM): a scoping review protocol

Pantoja, T; Gallego-Pérez, D; Kuchenmüller, T; Ortiz, L; Alvarez, G; Madrid, E; Garegnani, L; Wieland, S; Solà, I.

ADMINISTRATIVE INFORMATION

Support - World Health Organization.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 8 October 2025 and was last updated on 8 October 2025.

INTRODUCTION

Review question / Objective The primary objective of this scoping review is to identify and map the existing KT theories, models, frameworks, and tools used in the TCIM field.
As secondary objectives, the review will:
1. Analyze the components, characteristics and tools of these theories, models and frameworks.
2. Identify gaps in TCIM knowledge translation theoretical approaches and contrast these with existing, generic frameworks to highlight unique features and areas for development.

Background Evidence-informed decision-making (EIDM) involves identifying, evaluating, and mobilising the best available evidence to develop safe and effective health policies and programs. It is a cornerstone of the World Health Organization's (WHO) science-based mandate and central to achieving the 2030 Agenda for Sustainable Development (WHO, 2021). The "evidence ecosystem for impact" framework provides a roadmap for EIDM, encompassing two domains: evidence creation and evidence application. The evidence creation domain includes three phases: (i) primary research (evidence inquiry), leading to (ii) evidence synthesis (secondary research), and culminating in (iii) user-friendly evidence products (tertiary research). The evidence application domain—represented by the policy/action cycle—comprises (i) understanding the problem, (ii) designing the solution, and (iii) achieving impact.

Knowledge Translation (KT) serves as an overarching process across both domains, defined as "the exchange, synthesis and effective communication of reliable research results" (WHO, 2004). KT is crucial for integrating evidence-based practices into health systems and enhancing outcomes. Theories, models and frameworks (TMFs) have been developed to guide the design, implementation, and evaluation of KT interventions (Esmail et al., 2020; Strifler et al., 2018). According to Nilsen (2015), these theoretical approaches fall into five categories: (i) process models, which describe stages in research translation (e.g., CIHR

model, Knowledge-to-Action model); (ii) determinant frameworks, which identify barriers and facilitators of implementation (e.g., PARISH, Theoretical Domains Framework); (iii) classic theories, adapted from external disciplines (e.g., Diffusion of Innovations, Social Cognitive Theory); (iv) implementation theories, developed explicitly for KT (e.g., Normalization Process Theory, COM-B); and (v) evaluation frameworks, which assess implementation success (e.g., RE-AIM, PRECEDE-PROCEED).

At a practical level, several KT tools have been developed to facilitate evidence use. The WHO Guiding Manual for Evidence Briefs for Policy (2020) highlights tools such as: (i) Evidence Briefs for Policy (EBPs), concise summaries with actionable recommendations; (ii) rapid response syntheses, addressing urgent policy questions; (iii) evidence summaries, highlighting key findings for practice; and (iv) media bites, communicating research to policymakers and the public. When applied synergistically, KT TMFs and tools enhance the implementation of evidence-based practices within health systems.

WHO has also promoted the inclusion of evidence on Traditional, Complementary, and Integrative Medicine (TCIM) in public health systems to diversify and enrich healthcare (WHO, 2023). TCIM encompasses diverse approaches, including herbal medicine, acupuncture, yoga, meditation, and Ayurveda (von Schoen-Angerer et al., 2023). Over the past two decades, TCIM research has expanded markedly: the Virtual Health Library (VHL-TCIM) now contains over 36,000 systematic reviews, compared with fewer than 1,000 in 2004 (BIREME/PAHO/WHO, 2024).

The Brazilian Academic Consortium for Integrative Health (CABSIN) and BIREME/PAHO/WHO have organised this evidence into accessible evidence maps (Schveitzer et al., 2021) covering interventions such as meditation and mind-body therapies for diverse conditions, including COVID-19. These resources facilitate evidence visualisation and align with the WHO Traditional Medicine Strategy 2014–2023 (WHO, 2013).

Nevertheless, the availability of evidence alone does not ensure TCIM integration into health systems. Uptake of evidence-based practices among TCIM professionals remains low (Cerritelli et al., 2021), and systemic integration is limited. Barriers and enablers to KT in TCIM are multifaceted, underscoring the need for multidimensional strategies involving educational institutions, professional bodies, and policymakers to foster leadership, incentives, and pathways for implementation (Leach & Veziari, 2022). However, evidence on KT strategies and tools—explicitly informed by KT theories, models, and frameworks—has not yet been synthesised to guide TCIM integration into mainstream healthcare.

Rationale Traditional, Complementary, and Integrative Medicine (TCIM) encompasses diverse practices and systems such as herbal medicine, acupuncture, yoga, Traditional Chinese Medicine, and Ayurvedic Medicine, all of which are not typically part of conventional medicine. Effective Knowledge Translation (KT) is crucial for integrating TCIM into national healthcare systems and to ensure their safe and effective use. Despite the growing interest in TCIM, there is a lack of comprehensive understanding of the theoretical approaches that facilitate KT in this field. This scoping review aims to identify and analyze existing theoretical approaches that enable countries to strengthen KT in the context of TCIM.

METHODS

Strategy of data synthesis Data will be summarised based on the study characteristics, the KT theories, models and frameworks and the KT tools identified. The components and characteristics of each KT TMF will be described and they will be classified according to the five categories of theoretical approaches described by Nilsen (Nilsen 2015). The KT TMFs in each category will be described based on their primary target user, the context in which they have been used, and how they have been used in the TCIM field. Finally, the theoretical approaches identified in the TCIM field will be contrasted with generic KT TMFs (for instance, as described by Esmail 2020) using thematic analysis (Saunders et al. 2023; Thomas and Harden 2008).
Ethical approval is not required for this scoping review as it involves secondary analysis of existing literature. The findings of this review will be disseminated through peer-reviewed publications, conference presentations, and stakeholder meetings. Besides, the scoping review will inform the development of an interactive online, publicly accessible Evidence and Gap Map to display the information visually.

Eligibility criteria We will set the inclusion criteria for the review according to the JBI scoping review framework of participants, concept, context, and types of evidence sources (JBI, 2020).
Participants: stakeholders (e.g., policymakers, practitioners, researchers) involved in the use, dissemination or implementation of TCIM.

Concept: KT theories, models and frameworks. KT is defined as "the exchange, synthesis and effective communication of reliable research results"(WHO. 2004).
Context: we will include documents using theories, models, and frameworks of knowledge translation in the field of TCIM. For the purposes of this review, we will use a broad definition of TCIM, aligning with the efforts of providing an operational definition of this field (Ng et al. 2022a). According to this approach TCIM embrace any health care practices that are not part of conventional medicine and are not fully integrated into the dominant healthcare system, with roots in the knowledge, skill, and practices based on the theories, beliefs, and experiences of different cultures (WHO. 2025).
We will include studies from any geographical location, country, region, cultural context, and health care setting (e.g., primary care, secondary care, hospital settings).
Types of Evidence Sources: We will include peer-reviewed journal articles (reports of primary research and / or evidence syntheses) and technical or policy reports. Both qualitative and quantitative studies will be considered.
We do not expect to apply temporal or linguistic limitations, but we anticipate that documents in determinate languages will pose a change to evaluate them.

Source of evidence screening and selection We will design a search strategy that comprehensively defines the main components of the research question. For the concept of interest, we will adapt a search strategy designed to identify theories, models and frameworks of knowledge translation (Esmail 2020). To delimit the context, we will adapt the resources to find research on TCIM from Cochrane Complementary Medicine Field (Ng et al. 2022b).
We will adapt a predefined search strategy (see Annex 1) to the controlled vocabularies and text terms to search the following electronic databases from their inception:
- MEDLINE (via Ovid)
- Allied and Complementary Medicine Database (AMED) (via EBSCOHost)
- Alt HealthWatch (via EBSCOHost)
- BVS Homeopatia Brasil (via Biblioteca Virtual em Saúde)
- MOSAICO (via Biblioteca Virtual em Saúde)
- CINAHL (via EBSCOHost)
- PsycINFO (via ProQuest)
- Scopus
- Web of Science
- Embase (via embase.com)
- Health and Social Systems Evidence (via McMaster Health Forum)
- Additionally, we will screen the reference lists from relevant documents and track citations to those documents on the Web of Knowledge, Scopus, and Google Scholar.

Data management Data will be summarised based on the study characteristics, the KT theories, models and frameworks and the KT tools identified. The components and characteristics of each KT TMF will be described and they will be classified according to the five categories of theoretical approaches described by Nilsen (Nilsen 2015). The KT TMFs in each category will be described based on their primary target user, the context in which they have been used, and how they have been used in the TCIM field. Finally, the theoretical approaches identified in the TCIM field will be contrasted with generic KT TMFs (for instance, as described by Esmail 2020) using thematic analysis (Saunders et al. 2023; Thomas and Harden 2008).
Ethical approval is not required for this scoping review as it involves secondary analysis of existing literature. The findings of this review will be disseminated through peer-reviewed publications, conference presentations, and stakeholder meetings. Besides, the scoping review will inform the development of an interactive online, publicly accessible Evidence and Gap Map to display the information visually.

Reporting results / Analysis of the evidence This scoping review will provide a comprehensive overview of existing theoretical approaches and tools aimed to facilitate knowledge translation in the context of TCIM. The findings will inform future research and guide policymakers, practitioners, and researchers in integrating evidence-based TCIM into healthcare systems effectively.

Presentation of the results Our results will be presented to World Health Organization in a public report that comprises a thematic analysis of the results that will be agreed with them during the development of the project.

Language restriction We do not expect to apply temporal or linguistic limitations, but we anticipate that documents in determinate languages will pose a challenge to evaluate them.

Country(ies) involved Spain, Chile, Argentina, US.

Keywords TCIM, Knowledge Translation, Complementary Medicine, Alternative medicine.

Dissemination plans Results will be disseminated through a scientific publication, and since it is a commissioned synthesis for WHO, it will disseminated by the latter.

Contributions of each author

Author 1 - Tomás Pantoja - Conceptualisation, Methodology, Formal analysis, Investigation, Data Curation, Writing - Original Draft, writing - Review & Editing.
Email: tpantoja@gmail.com
Author 2 - Daniel Gallego-Pérez - Conceptualisation, Methodology, Resource management, Writing - Review & Editing.
Email: gallegodan@who.int
Author 3 - Tanja Kuchenmüller - Conceptualisation, Methodology, Resource management, Writing - Review & Editing.
Email: kuchenmullert@who.int
Author 4 - Luis Ortiz - Methodology, Investigation, Data Curation, Writing - Review & Editing.
Email: ortizkine@gmail.com
Author 5 - Gerard Alvarez - Methodology, Investigation, Data Curation, Writing - Review & Editing.
Email: galvarezb@santpau.cat
Author 6 - Eva Madrid - Conceptualisation, Methodology, Formal analysis, Investigation, Data Curation, Writing - Original Draft, writing - Review & Editing.
Email: eva.madrid@uv.cl
Author 7 - Luis Garegnani - Methodology, Investigation, Data Curation, Writing - Review & Editing.
Email: luisgaregnani@gmail.com
Author 8 - Susan Wieland - Conceptualisation, writing - Review & Editing.
Email: lswieland@gmail.com
Author 9 - Ivan Solà - Conceptualisation, Methodology, Formal analysis, Investigation, Data Curation, Writing - Original Draft, writing - Review & Editing.
Email: isola@santpau.cat