

Approaches for prioritisation of research recommendations: a systematic survey of the literature Protocol

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ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - Preliminary searches.

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 17 June 2026 and was last updated on 17 June 2026.

INTRODUCTION

Review question / Objective Primary question:

• What approaches are used to prioritise research recommendations in healthcare, and how do they incorporate equity considerations?

Secondary questions:

• What methods and processes are used within these approaches, and how do they integrate equity-oriented principles?

• Who is involved in the prioritisation process, and how are underrepresented interest-holders meaningfully engaged?

• What criteria are used to prioritise research recommendations, and how do they account for equity, disparities, and inclusion?

Rationale Healthcare research is inherently dynamic, evolving, and complex, reflecting the realities of contemporary health systems.(1–7)

These systems often prioritize the pragmatic adoption of guidelines and recommendations; however, such pragmatism can inadvertently obscure the priorities and lived experiences of patients, their families, and caregivers.(8–15) Historically, pragmatic decision-making has privileged the perspectives of physicians and senior healthcare professionals, reinforcing hierarchical structures that frequently marginalize the expertise of nurses, midwives, allied health professionals, and patient support workers.(16–23) This challenge is further compounded by the presence of competing and, at times, conflicting interests across interest-holder groups, highlighting the need for a structured and transparent approach to prioritizing research recommendations.(24–26) Such an approach should be centered around the patient, while meaningfully reflecting the diverse priorities, values, and preferences of all relevant interest-holders, including healthcare professionals,

caregivers, policymakers, and health system administrators.

A range of prioritisation approaches has been developed within healthcare, particularly in the context of guideline development, research agenda setting, and implementation planning.(27–33) However, there remains a need to systematically map these approaches and examine the extent to which they incorporate equity-oriented principles and inclusive interest-holder engagement.

This systematic survey of the literature aims to identify and characterise approaches used to prioritise research recommendations in healthcare, with particular attention to prioritisation methods, interest-holder involvement, and prioritisation criteria.

Findings will inform the development of a transparent, inclusive, and contextually grounded prioritisation framework for the Canadian Obstetric Survey System (CanOSS) Synthesis of Findings and Identification of Actionable Strategies Panel (SOFIAS). CanOSS is a national obstetric surveillance initiative that examines severe maternal morbidity, maternal mortality, and other critical obstetric outcomes across Canada to identify opportunities for improving the quality and safety of maternity care. At the conclusion of each CanOSS surveillance cycle, recommendations emerging from case reviews and systems analyses will undergo a structured prioritisation exercise conducted by the SOFIAS Panel. This process will support the identification of high-priority recommendations for inclusion in CanOSS annual reports and dissemination to healthcare professionals, policymakers, health system leaders, and community partners.

Particular emphasis will be placed on ensuring that prioritisation processes meaningfully incorporate the perspectives of patients, families, caregivers, and healthcare professionals (including midwives, nurses, physicians, and allied health professionals) as well as individuals from Indigenous, Black, racialized, and other historically underrepresented communities, while promoting equity, transparency, and accountability in maternal health systems improvement.

Condition being studied Approaches used to prioritize research recommendations and clinical practice guideline recommendations across healthcare settings, including methods, interest-holder engagement processes, prioritization criteria, and equity considerations.

METHODS

Search strategy The following databases will be searched: Ovid MEDLINE; Ovid Embase; Ovid Cochrane Database of Systematic Reviews; Ovid Joanna Briggs Institute Best Practice; EBSCO CINAHL; ECRI Guidelines Trust; Web of Science; Scopus; Global Index Medicus; Google Scholar (first 100 results via Publish or Perish); Overton*; TRIP*; NICE Guidelines (UK); WHO; DynaMed*; Canada Commons*; and BMJ Best Practice*.

The following grey literature data bases will be searched: WHO, high income countries (as defined by the World Bank) government and health agency websites, and Research organizations (e.g., priority-setting initiatives). Furthermore, we will be conducting a separate Google search using pre-defined concepts (first ~100–200 results screened, with predefined limits).

Draft of terms used to search Ovid MEDLINE

- 1 delphi technique/
- 2 decision support techniques/ or GRADE approach/
- 3 ((priorit* or rank*) adj3 (approach* or method* or tool* or process* or system* or model* or checklist* or criteria or criterion or framework* or algorithm* or technique*)).tw,kf.
- 4 ((framework* or decision* or implementation) adj3 (tool* or process* or checklist*)).tw,kf.
- 5 grading of? recommendations assessment development and? evaluation.tw,kf.
- 6 (delphi or e-delphi or estimate-talk-estimate or nominal group).tw,kf.
- 7 (CHNRI or (child health adj2 nutrition research initiative)).tw,kf.
- 8 James Lind Alliance.tw,kf.
- 9 (Combined Approach Matrix or Essential National Health Research or ((WHO or World Health Organization*) adj2 (checklist* or approach*))).tw,kf.
- 10 or/1-9 Concept 1: Approaches to prioritization
- 11 Health Equity/
- 12 Health Inequity/
- 13 Patient Participation/

14 Stakeholder Participation/

15 ((health adj1 (equity or inequity or equitable)) or interest-holder* or ((patient* or stakeholder*) adj1 (involvement or participation or engage*))).tw,kf.

16 or/11-15 Concept 2: Health Equity & Stakeholders

17 Vulnerable Populations/

18 ((vulnerable or marginalized or underserved or indigenous or aboriginal or immigrant*) adj1 (population* or patient* or group*))).tw,kf.

19 or/17-18 Concept 3: Vulnerable Populations

20 Health Services Research/

21 Community-Based Participatory Research/

22 Health Priorities/

23 ((health or healthcare or community-based) adj2 (research* or knowledge translation or priority* or priorities)).tw,kf.

24 (inform* adj3 (direction or strength or decision)).tw,kf.

25 or/20-24 Concept 4: Health Research.

Participant or population • Studies involving more than one interest-holder group, including but not limited to:

- o Patients and caregivers
- o Healthcare professionals (e.g., physicians, nurses, midwives)
- o Policymakers and health system administrators
- o Researchers and methodologists.

Intervention • Approaches, frameworks, or methods used to prioritise research recommendations or clinical practice guidelines.

Comparator Not applicable.

Study designs to be included • Studies describing or applying prioritisation approaches in healthcare • Methodological papers, empirical studies, and reports.

Eligibility criteria Inclusion Criteria

- Studies describing or applying prioritisation approaches in healthcare
- Methodological papers, empirical studies, and reports

- Grey literature (e.g., WHO reports)
 - Studies published in English
 - Studies reporting on prioritization approaches in high-income countries
- Exclusion Criteria

- Studies reporting on clinical treatments only (without research recommendations or guidelines prioritisation component)
- Non-healthcare domains
- Editorials or commentaries without methodological detail
- Single interest-holder prioritisation exercises
- Articles reporting on prioritization approaches in middle and low-income countries.

Information sources The following databases will be searched: Ovid MEDLINE; Ovid Embase; Ovid Cochrane Database of Systematic Reviews; Ovid Joanna Briggs Institute Best Practice; EBSCO CINAHL; ECRI Guidelines Trust; Web of Science; Scopus; Global Index Medicus; Google Scholar (first 100 results via Publish or Perish); Overton; TRIP; NICE Guidelines (UK); WHO; DynaMed; Canada Commons; and BMJ Best Practice.

The following grey literature data bases will be searched: WHO, high income countries (as defined by the World Bank) government and health agency websites, and Research organizations (e.g., priority-setting initiatives). Furthermore, we will be conducting a separate Google search using pre-defined concepts (first ~100–200 results screened, with predefined limits).

Main outcome(s) Descriptive numerical summary (e.g., frequency of methods used) and thematic analysis of prioritisation approaches and criteria.

Quality assessment / Risk of bias analysis This review aims to identify, characterize, and map approaches used to prioritize research recommendations in healthcare rather than evaluate intervention effectiveness. Therefore, a formal risk of bias assessment of study outcomes will not be conducted. Instead, methodological characteristics relevant to the development and application of prioritization approaches will be extracted and descriptively summarized. These characteristics will include whether the prioritization approach was newly developed, adapted, or adopted from an existing framework; whether the approach reported validation or testing procedures; transparency of prioritization criteria; interest-holder composition and engagement processes; consensus methods employed; and reporting of equity and inclusivity considerations. The findings will be presented

narratively and incorporated into the Evidence and Gap Map.

Strategy of data synthesis A quantitative meta-analysis is not planned due to the anticipated methodological heterogeneity of prioritization approaches, healthcare contexts, interest-holder groups, and prioritization criteria.

Findings will be synthesized using a combination of descriptive numerical analysis and qualitative thematic synthesis.

Extracted data will first be summarized using descriptive statistics, including frequencies and proportions of prioritization approaches, healthcare settings, interest-holder groups, consensus methods, prioritization criteria, and equity-related features. Results will be presented in summary tables and figures.

A thematic analysis will also be conducted to identify and compare key characteristics of prioritization approaches, including approach development and validation, interest-holder engagement processes, prioritization criteria, consensus-building methods, and implementation strategies. Particular attention will be given to the extent and manner in which equity considerations are incorporated into prioritization processes.

An Evidence and Gap Map (EGM) will be developed to visually display the distribution of evidence across prioritization approaches, interest-holder groups, healthcare settings, and equity-oriented practices. The EGM will be used to identify areas where evidence is concentrated as well as gaps requiring further methodological development or research.

Where sufficient data are available, findings will be compared across geographic regions, healthcare contexts, prioritization approaches, and stakeholder groups to explore patterns in the use of equity-oriented prioritization methods and inclusive engagement strategies. Results will be reported narratively and supported by tables, matrices, and graphical visualizations.

Subgroup analysis Subgroup analyses will be conducted descriptively to explore variations in prioritization approaches across:

- Geographic setting (e.g., high-income countries versus low- and middle-income countries)
- Healthcare context (e.g., primary care, hospital care, public health, maternal health)

- Prioritization approach (e.g., Delphi, CHNRI, James Lind Alliance, nominal group technique, multi-criteria decision analysis)

- Interest-holder composition (e.g., inclusion of patients and caregivers, healthcare professionals, policymakers, researchers)

- Equity-oriented approaches, including the engagement of Indigenous Peoples, Black communities, racialized populations, underserved groups, and other historically underrepresented populations.

Where sufficient data are available, subgroup findings will be visualized within the Evidence and Gap Map to identify areas of concentration and evidence gaps in equity-focused prioritization practices.

Sensitivity analysis No quantitative meta-analysis is planned; therefore, statistical sensitivity analyses will not be conducted.

Language restriction Only studies published in English will be included.

Country(ies) involved Canada.

Keywords Research prioritization, Priority-setting, Healthcare research, Interest-holder engagement, Equity, Consensus methods, Evidence mapping, Systematic survey.

Dissemination plans Findings will be disseminated through peer-reviewed publication, conference presentations, interest-holder reports, and the CanOSS-Ontario annual meeting – March 2027.

Contributions of each author

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