

Review Article

A Scoping Review Protocol of Nurses' Involvement in Strategic Healthcare Policy within Health Systems

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Abstract

Introduction: The governance of healthcare systems plays a pivotal role in shaping global healthcare outcomes by influencing factors such as power dynamics, accountability, transparency, participation, and policy consistency. To drive transformative changes in healthcare, it can be necessary to modify the rules and processes that determine authority and accountability in health policies, organizations, products, and professionals. Crucially, stakeholder engagement throughout change processes is paramount to effectively mitigate resistance when introducing innovative changes within the healthcare system.

At each stage of healthcare policy development, stakeholder participation is vital to ensure the attainment of desired goals. Ineffective involvement of stakeholders can result in suboptimal policy formulation and unfavourable outcomes. While Nurses form the largest part of the healthcare workforce globally, current evidence suggests poor involvement in healthcare policymaking.

Objectives: This review protocol aims to provide a procedure for investigating the extent of nurses' involvement in healthcare policy, explore the research evidence concerning barriers and facilitators of nurses' involvement in policymaking, and identify interventions and strategies that promote nurses' engagement in healthcare policy. **Methods:** Primary studies that utilize qualitative, quantitative, or mixed research methods will be sourced from the following databases: MEDLINE, CINAHL Plus with Full Text and CINAHL (Cumulative Index to Nursing and Allied Health Literature), SocINDEX, PubMed, PsychINFO, and Google Scholar. The PRISMA-ScR guidelines will be followed to ensure systematic review and data management. The results will be presented in a tabular or diagrammatic format, depending on the results, summarizing the available evidence on nurses' involvement in the policy-making process.

Expected Outcome: Overall, the final scoping review intends to contribute to the understanding of nurses' participation in healthcare policymaking, shedding light on effective strategies and interventions to enhance their involvement. By exploring this vital aspect, we aim to map evidence around the concept of nurses' involvement in strategic healthcare policy within healthcare systems.

Registration: This protocol has been registered with the Centre for Open Science at <https://osf.io/cnh4a> including protocol metadata.

Keywords: Governance, Healthcare policy, policymaking, nurses' involvement

Background

Amidst rapidly improving medical technologies, changing population dynamics, and constantly shifting public health focal points, the importance of well-informed healthcare policy cannot be overstated (Macaulay et al., 2022). Health policy includes the choices made by a group or organization regarding their health goals and how resources are allocated to achieve those goals (Mason, Leavitt, & Chaffee, 2007). Thus, health policy mirrors the viewpoints, convictions, and perspectives of the individuals responsible for its formulation (Bulger, Bobby, & Fineberg, 1995; Halpern, Troug, & Miller 2020).

Also, how healthcare systems are governed can impact healthcare outcomes worldwide by affecting factors such as power dynamics, professional accountability, organisational transparency, participation, and consistency of policies (Elnaiem, et al. 2023). Hence, governance in healthcare involves policy and stakeholder engagement in decision-making. Novel changes or improvements within the healthcare system require input from stakeholders, throughout the cycle of change, if resistance is to be effectively mitigated (Atkinson & Singer, 2021). While evidence suggests that policy and process changes are pivotal to healthcare systems' growth, their successes are dependent on healthcare professionals' involvement, perceived value, and professional benefits from such change (Nilsen, et al. 2020). In this regard, Nilsen and colleagues further affirmed that there is a strong interplay between the healthcare industry, its political system, the political environment in which it operates and effective care deliveries (Nilsen, et al. 2020). This implies that healthcare professionals need to be aware of the broader political landscape and how it impacts their work because policy changes in healthcare systems are associated with political reforms and policy initiatives. This, furthermore, suggests the need for healthcare professionals to be adaptable, involved, and responsive to changes in policy and regulation to remain effective in providing quality healthcare services (Kreutzberg, et al. 2019; Nilsen, et al. 2020).

The earlier meaning of policy suggests that it is a set of guidelines or rules established by an

institution or authority that governs the decision-making process and shapes behaviours. These guidelines can be in the form of, but not limited to laws, regulations, procedures, incentives, or voluntary practices (Anderson., 2003). Policies are also used to ensure consistency and accountability in the implementation of activities and may be implemented by various institutions, including governments, businesses, or organizations (Centers for Disease Control and Prevention, 2015). According to Howlett and Giest (2015), the process of policy development is commonly understood to consist of several sequential stages. They include problem identification, setting agendas, exploration of different policy options, decision-making, implementation, and evaluation. At each stage in policy development, stakeholder participation is crucial to ensuring the achievement of set goals and ineffective involvement can lead to poor policy formulation and outcomes.

Nursing Profession and Policy Development

The nursing profession is the largest healthcare workforce globally, with over 615,829 registered nurses worldwide, according to the World Health Organization Global Health Observatory data (WHO, 2020). Despite their numerical advantage, nurses are often underrepresented in the policy development process (Hajizadeh, et al., 2021). However, given the evolving healthcare landscape, it is crucial for nurses to adapt and stay abreast of the changes in global healthcare and policy processes (Hajizadeh, et al., 2021; Kunaviktikul, et al., 2010; Stewart, et al., 2021).

Research further suggests that the involvement of nursing leaders in policy development is vital for achieving Universal Health Coverage (UHC) (Rumsey, et al., 2022). Additionally, a well-staffed and motivated nursing workforce is central to the successful implementation of healthcare policies (Rumsey, et al., 2022). By involving nurses in policymaking, governments can ensure that the policies and programs developed are grounded in the realities of healthcare provision and that the perspectives and concerns of nursing as a professional are considered. In this regard, Nilsen, et al. (2020)

concluded that involving healthcare professionals in the process of policy development can increase the likelihood of success. This is because when professionals are allowed to provide input and feel prepared for the change, they are more likely to recognize its value and see how it benefits patients (Nilsen, et al. 2020). Further evidence to support the assertion that nurses have expertise in quality and equity of care issues and can contribute to policymaking was provided by Mill, et al. (2014) a decade ago, and more recently supported by WHO (2020). When the professional expertise of nurses is undervalued, there is potential for policies to be developed, to lack attention to issues that are important to healthcare services (Drury, et al. 2023).

Despite the importance of the nursing profession to the healthcare systems' successful delivery of care goals, some current evidence shows low involvement of nurses in policy development within the healthcare systems (Al Faouri, 2021; Rasheed, et al.2020). Some previous evidence in primary studies and systematic reviews (qualitative and quantitative reviews), exists on this phenomenon, but no scoping review of literature was found to inform and direct research focus or methodological approaches for investigating the depth of the involvement of nurses in various stages of policy development.

The policy development process also called the policy cycle has been defined by the phases identified within "The stages model", known as the "linear model", "sequential model", "heuristic stages model", or "public policy cycle". The model has been referenced by various researchers (Anderson, 2011; Smith & Larimer,2018; DeLeon, 1999; Jones, 2009; Brewer & DeLeon,1983; Zeb-un-Nisa, et al. 2021) to be useful and acknowledged as applicable in healthcare (Benoit, 2013). For this scoping review, Howlett & Ramesh's (2003) representation of a 6-stage model that combines and synthesizes these different approaches will be referred to collectively as *policy development* which includes problem emergence, agenda setting, consideration of policy options, decision making, implementation, and evaluation. Therefore, primary studies that reference any of these

stages with nurses' involvement will be included in this review.

It is hoped that this scoping review will summarise contemporary evidence, identify knowledge gaps, and shape methodological approaches to primary studies in future.

Objective:

1. How are nurses involved in healthcare policy?
2. What are the blockers and enablers of nurses' involvement in healthcare policy?
3. What interventions/strategies promote nurses' involvement in healthcare policy?

Design

Eligibility criteria: According to the JBI manual for evidence synthesis (Peters, et al. 2017), three elements guide the development of the inclusion criteria, and search strategy and help influence the direction for the final review. It is also called the PCC framework. The elements include Population (participants), Concept, and Context.

Population/Participants: Important characteristics of the participants to be included are as follows: nurses at the management level of career, nurse executives and managers, chief executive nursing officers and chief operating nursing officers, and nurses at all levels involved in high-level policymaking at above-practise levels. This is because the current focus of this review is based on policy categories typified by Lowi (1964) and Anderson (2003). They categorised policies into substantive and procedural. Substantive policies are about what the government will do, such as providing welfare and healthcare, and directly impact people by allocating benefits and costs. Procedural policies, on the other hand, focus on how things will be done, such as creating administrative agencies, defining their jurisdiction, and outlining the processes and controls governing their operations. Procedural in this regard is not however referring to clinical guidelines or professional practice guidelines. Therefore, nurses involved in creating PPGs will not be included in this review.

However, since the overarching aim of this review is to examine evidence regarding nurses' involvement in policymaking within health systems, it could be difficult to exhaust the nomenclatures available for the participants (Peters, Godfrey, McInerney et al. 2017). An update will be provided in the final review regarding additional emerging search terms for the participants.

Concept: The main concept within this review is “nurses’ involvement in policy making”. Other secondary concepts will include: “research evidence around blockers and enablers” of nurses’ involvement in healthcare policy and “interventions/strategies to promote” nurses’ involvement in healthcare policy. This review aims to examine these concepts within primary studies. Secondly, an element of the overarching review question that is relevant could include trends in methodological approaches in examining nurses’ involvement in the healthcare policy process. This could be important to direct effective future primary research within the field of policy-making enablers.

Context: This review will involve papers that have applications to healthcare and other nomenclatures that represent the same meaning as the context defined within the current scope of this review. For example, healthcare settings, and healthcare systems. No geographical limitations will be applied within the scope of this review.

Sources of evidence: The sources of data will include primary evidence that adopts qualitative, quantitative, or mixed methods of research. Within the scope of this review, it is important to source information from other media, therefore, grey literature will be examined to retrieve relevant evidence for review. Alexander (2020) supports this position that while the need to search other sources of information is important to broaden the scope of review, researchers should record and report the search strategies adopted and characterize documents found as part of transparent search procedures for any type of review. It is important to note however, that while scoping reviews will typically have less restrictive inclusion criteria to allow for a wider range of evidence inclusion (Peters, et al. 2020) this approach

may inadvertently incorporate low-quality studies, potentially compromising the review’s reliability, therefore the final review will not include the following types of evidence; letters, quality initiatives, commentaries, opinions papers and theoretical works.

Methods

The scoping review will follow the systematized approach outlined by the Joanna Briggs Institute (JBI) (Peters, et al. 2020). This framework is chosen for two reasons. Firstly, many other previous researchers in healthcare (Colquhoun, et al. 2020; O'Brien, et al. 2021; Osama, et al. 2018; Kanaoka, et al. 2022) and other fields of science (Daud, et al. 2022) have adopted it. Secondly, the source of the framework emanates from a reputable institution that offers established resources and instruments for professionals and researchers in healthcare (Peters, et al. 2020). This framework can also help to identify gaps in the existing literature and inform future research directions. Furthermore, the scoping review will then utilize the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) guidelines for reporting, as recommended by Tricco, Lillie, Zarin, and colleagues (2018). The JBI framework includes the following steps according to Peters, et al. (2020); define review questions, develop inclusion and exclusion criteria, describe the method of evidence search including -sources, data extraction, and presentation of the evidence, conduct search for evidence, select the evidence, extract the evidence, analyse the evidence, present the results and summarise the evidence concerning the purpose of the review, making conclusions and noting any implications of the findings.

Search strategy: This review aims to search, locate, and retrieve available evidence published using the methodology set out by JBI framework (Tricco, et al. 2018). Also, explanations and rationale for any restrictions in the scope and thoroughness of the research methodology will be provided.

As recommended by JBI methodology, a three-step search strategy will be adopted. Firstly, conduct a search on at least two or more significant online databases for the

topic. Since the current area of interest is within healthcare, MEDLINE, CINAHL Plus with Full Text, SocINDEX, PubMed, PsychINFO, and Google Scholar are suitable databases. After completing the initial search, analysis of the text words found in the titles and abstracts of the retrieved papers, as well as the index terms used to describe the articles will be performed. This helps to narrow down the search results and ensure that they are relevant to the topic being studied. After analysis of the text words and index terms from the initial search, the next step is to conduct a second search using all the identified keywords and index terms. This search would be done across all the databases that were included in the initial search. Finally, the third step involves searching for more sources by checking the reference lists of identified reports and articles. It can be done by examining all sources or just the selected ones for final review. This review intends to search a reference list of only included studies with full text for review to manage the amount of data and prevent irrelevant addition of information. This backward citation search has been documented empirically to be more consistent than forward citation searching for reviews (Briscoe, Bethel & Rogers, 2020). The year limitation shall be from 2000 to 2023 because a rapid search of primary studies has demonstrated insignificant evidence that pre-dates the year 2000. This phenomenon of interest became more popular after the year 2000 (Arabi, et al., 2014) and the relevance of evidence is considered when conducting any form of review (Khalil, et al., 2016).

Evidence selection: Following a completed search of studies, a reference management tool (Zotero v6.0.26, 2023) will be used to manage and remove duplicates. Citation details of the identified studies will be transferred into the COVIDENCE software for scoping review management (Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia). Covidence is an online platform that simplifies the creation of methodical reviews and other types of literature reviews through collaborative efforts. Two independent reviewers will screen all titles and abstracts identified, against inclusion criteria set out for the review. Two reviewers will further assess the full text of the selected articles. Any

sources that do not meet the inclusion criteria will be excluded and the reasons for exclusion will be documented. If there are divergences in conclusions between the reviewers, it will be resolved through analytical discussion or with the help of an additional independent reviewer. The final scoping review will contain a comprehensive account of the search results and the process of selecting studies, using Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Tricco, et al. 2018).

Data extraction: Two independent reviewers will extract data from primary studies included in the final scoping review using a template of a data extraction tool developed by JBI (Tricco, et al. 2018). The data to be extracted will involve details within the Population Concept and Context framework according to JBI recommendations (Pollock, et al. 2023). They include author, year, country, aim, study type/source, population, sample size, setting, concept, and results. As a general guide, appraising the critical value of each source of evidence is not required for scoping reviews, thus this will not be performed during the final review (Aromataris & Munn, 2021; Pollock, Davies, Peters, et al. 2021). If missing data of importance to the current review is noted in any of the included studies, authors of primary studies may be contacted to give further details of such data for completeness.

Data analysis and presentation: Evidence that directly responds to the scoping review goal will be presented first and possibly secondary findings that may form sub-themes within the evidence we seek. Data will be presented in a tabular form or mapped out diagrammatically in charts. This is the proposed data presentation for the review as what is expected might be best presented with both approaches (Pollock, et al. 2021). How to best present the data within the evidence retrieved will be concluded after the data presentation pilot, discussed among authors, and agreement reached before the final review draft is produced. Detailed description of such presentation of data will also be provided to readers in the final review draft. This will be done by a narrative summary to explain how these results are relevant to the objective of the current scoping review. This summary

will provide a comprehensive description of the correlation between the results and our review's purpose.

What is already known?

- While nurses play a crucial role in policy implementation, their involvement in policy creation is often limited compared to other healthcare professionals, highlighting a potential area for improvement.
- However, recognizing the importance of nurses in policymaking, including the creation stage, holds the promise of more effective implementation and subsequent evaluation of policies.
- By actively engaging nurses in the entire policymaking process, from creation to implementation and evaluation, healthcare systems can harness their expertise and perspectives, leading to wider reach and more successful policy outcomes.

What this paper adds

- This scoping review can help identify factors influencing nurses' participation in the health policymaking process, adding valuable insights to the existing research on the topic.
- Additionally, the review can also provide strategies to adapt and implement health system guidelines and provisions based on the identified factors, contributing to effective policymaking participation of nurses within healthcare systems.

Registration- This protocol has been registered with the Centre for Open Science at <https://osf.io/cnh4a> including protocol metadata.

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Supplement Data**Table I: Inclusion and exclusion table**

Criteria	Inclusion	Exclusion
Population	Nurses as participants	Where Nurses are not participants
Concept	Policymaking, Policy involvement and Policy participation	Policymaking not reported, local level PPGs development, local organizational level practice policies
Context	Healthcare settings	Other than healthcare settings
Methodology	Primary studies that used Quantitative, Qualitative, or mixed methods including peer-reviewed, all types of systematic literature reviews and published dissertations	Letters, quality initiatives, commentaries, opinions papers, theoretical works e.g- Books
Geography and Language	No limitation	N/A
Year	2000 to 2023	Years before 2000

Table II: Search Terms and key words clarifications

MeSH terms and keywords	Clarifications
Nurse OR Nurse Administrators OR Nurse Clinicians	Nursing Personnel; Personnel, Nursing; Registered Nurses; Nurse; Nurse, Registered; Nurses, Registered; Registered Nurse Nurse Executives; Nurse Managers; Administrator, Nurse; Administrators, Nurse; Executive, Nurse; Executives, Nurse; Manager, Nurse; Managers, Nurse; Nurse Administrator; Nurse Executive; Nurse Manager Clinical Nurse Specialists; Clinical Nurse Specialist; Nurse Specialist, Clinical; Nurse Specialists, Clinical; Specialist, Clinical Nurse; Specialists, Clinical Nurse; Clinician, Nurse; Clinicians, Nurse; Nurse Clinician
Enabling Factors/causality	Causation; Enabling Factors; Multifactorial Causality; Multiple Causation; Predisposing Factors; Reinforcing Factors; Causalities; Causalities, Multifactorial; Causality, Multifactorial; Causation, Multiple; Causations; Causations, Multiple; Enabling Factor; Factor, Enabling; Factor, Predisposing; Factor, Reinforcing; Factors, Enabling; Factors, Predisposing; Factors, Reinforcing; Multifactorial Causalities; Multiple Causations; Predisposing Factor; Reinforcing Factor
Blockers	Barriers that impede individuals, groups, or teams from participating in activities with the potential to achieve their objectives and provide value.
Interventions/strategies	A deliberate, well-planned, and focused action within a system or process that seeks to eliminate or prevent an undesirable occurrence.
Policy	Set of principles, guidelines, rules, or regulations that provide a framework for decision-making, actions, and behaviour within a particular organization, institution, or system
Policy Making	The process of formulating policies in a systematic and structured approach to develop guidelines, rules, or regulations that guide decision-making and actions within the healthcare sector. It is also the decision process by which individuals, groups or institutions establish policies pertaining to plans, programs, or procedures. For this study: this involves agenda setting, policy formulation, adoption, implementation, evaluation, and revisions. Also involves terms such as policy analysis and the entire phases involved in policy development.
Involvement	Taking part, contribution, partaking in, joining in, partnership

Table III: Search queries according to databases as at 8/12/2023

Database	Query	Items returned after year range (2000- 2023) and peer review criteria
CINAHL	AB Involve* OR TI Involve* AND AB (Nurses OR "Nurse Administrators")OR "NurseClinicians" OR Nurs* ORNurses+ OR "NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) OR TI(Nurses OR "Nurse Administrators")OR "NurseClinicians" OR Nurs* ORNurses+ OR "NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) AND AB (Policy+ OR "Policy Making" OR Policy*) OR TI(Policy+ OR "Policy Making" OR Policy*) AND TI ((Healthcare* OR "Health Systems"OR"Health-systems" OR "Healthcare settings") OR TI(Healthcare* OR "Health Systems" OR "Health-systems" OR "Healthcare settings")) OR AB ((Healthcare* OR "Health Systems" OR"Health-systems" OR "Healthcare settings")) OR TI(Healthcare* OR "Health Systems" OR "Health-systems" OR "Healthcare settings"))	425
MEDLINE	AB Involve* OR TI Involve* AND AB (Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) OR TI(Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) AND AB ((Policy+ OR Policy* OR "policy process" OR"policy cycle" OR "policy phases" OR "policydevelopment" OR "policy initiation" OR "policyevaluation" OR "policy implementation" OR "Policymaking" OR "Policy-making" OR policymaking OR“policy analysis” OR “policy adoption” OR “policyconsultation” OR “policy adoption” OR “policyresearch” OR “policy monitoring”)) OR TI ((Policy+OR Policy* OR "policy process" OR "policy cycle" OR"policy phases" or “policy initiation”)) AND AB (Healthcare* OR "Health Systems" OR"Health-systems" OR "Healthcare settings") OR TI (Healthcare* OR "Health Systems" OR "Health-systems" OR "Healthcare settings")	768
PubMed	((Involve*[Title/Abstract]) AND (administrator,nurse[MeSH Terms])) AND (Policy+[Title/Abstract] OR Policy*[Title/Abstract] OR "policy process" OR"policy cycle"[Title/Abstract] OR "policy phases"[Title/Abstract] OR "policydevelopment"[Title/Abstract] OR "policy initiation"[Title/Abstract] OR "policy evaluation"[Title/Abstract] OR "policyimplementation"[Title/Abstract] OR	55

	"Policymaking"[Title/Abstract] OR "Policy-making"[Title/Abstract] ORpolicymaking OR"policy analysis"[Title/Abstract] OR "policyadoption"[Title/Abstract] OR "policy consultation"[Title/Abstract] OR "policy adoption"[Title/Abstract] OR "policyresearch"[Title/Abstract] OR "policy monitoring"[Title/Abstract])	
PscyINFO	AB Involve* OR TI Involve* AND AB (Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) OR TI(Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) AND AB ((Policy+ OR Policy* OR "policy process" OR"policy cycle" OR "policy phases" OR "policydevelopment" OR "policy initiation" OR "policyevaluation" OR "policy implementation" OR "Policymaking" OR "Policy-making" OR policymaking OR“policy analysis” OR “policy adoption” OR “policyconsultation” OR “policy adoption” OR “policyresearch” OR “policy monitoring”)) OR TI ((Policy+OR Policy* OR "policy process" OR "policy cycle" OR"policy phases" or “policy initiation”)) AND AB (Healthcare* OR "Health Systems" OR"Health-systems" OR "Healthcare settings") OR TI (Healthcare* OR "Health Systems" OR "Health-systems" OR "Healthcare settings")	198
GoogleScholar	allintitle: Nurses involvement in policy	28
SocINDEX	TI (AB Involve* OR TI Involve*) OR AB (AB Involve* OR TI Involve*) AND TI (AB (Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) OR TI(Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*)) OR AB (AB (Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*) OR TI(Nurses OR "Nurse Administrators")OR"NurseClinicians" OR Nurs* ORNurses+ OR"NurseAdministrators"OR "Nurse Clinicians" OR Nurs*)) AND TI (TI (AB ((Policy+ OR Policy* OR "policy process"OR"policy cycle" OR "policy phases" OR"policydevelopment" OR "policy initiation" OR"policyevaluation" OR "policy implementation" OR"Policymaking" OR "Policy-making" OR policymakingOR“policy analysis” OR “policy adoption” OR“policyconsultation” OR “policy adoption” OR“policyresearch” OR “policy monitoring”))) OR AB (TI (AB ((Policy+ OR Policy* OR "policy process"OR"policy cycle" OR "policy phases" OR"policydevelopment" OR "policy initiation" OR"policyevaluation" OR "policy implementation" OR"Policymaking" OR "Policy-making" OR policymakingOR“policy analysis” OR “policy adoption” OR“policyconsultation” OR “policy adoption” OR“policyresearch” OR “policy monitoring”)))) AND TI ((Healthcare* OR	288

	"Health Systems"OR"Health-systems" OR "Healthcare settings") OR TI(Healthcare* OR "Health Systems" OR "Health-systems" OR "Healthcare settings")) OR AB ((Healthcare* OR "Health Systems" OR"Health-systems" OR "Healthcare settings") OR TI(Healthcare* OR "Health Systems" OR "Health-systems" OR "Healthcare settings"))	
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**Search strings/queries may differ within different databases