global evaluation initiative

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Conceptualizing Evidence-Informed Decision-Making: A Scoping Review

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Abstract

This scoping review explores how evidence-informed decision-making (EIDM) and related terms — such as evidence-based policy, knowledge brokering, and evidence-based management — are defined and conceptualized across disciplines and policy domains. Despite its growing prominence, EIDM remains a variably applied and contested term. The review synthesizes definitions, frameworks, and models, while examining the political, institutional, and disciplinary factors shaping evidence use. This synthesis follows a scoping-review protocol grounded in JBI guidance, with reporting per PRISMA-ScR.

The literature suggests that EIDM is best understood not as a rigid, technocratic process but as a dynamic, context-sensitive practice involving diverse actors, types of evidence, and institutional arrangements. Scholars broadly agree that multiple forms of knowledge — including research, stakeholder input, and contextual data — should inform decisions. However, conceptualizations differ significantly depending on sectoral norms and epistemological traditions.

The review traces a shift from linear models of evidence use toward more interactive and politically attuned frameworks. Influential models such as the Knowledge-to-Action framework, the COM-B behavioral model, and Parkhurst's "good governance of evidence" emphasize the need for engagement, institutional support, and attention to power dynamics.

Practical dimensions of EIDM include the competencies of decision-makers, the role of intermediaries like knowledge brokers, and the organizational infrastructure supporting evidence use. Persistent barriers — ranging from time constraints and capacity gaps to cognitive biases and political resistance — underscore the complexity of embedding evidence into policy and practice.

Contextual variation emerges as a recurring theme. Across sectors and geographies, the operationalization of EIDM varies widely. The review concludes by calling for more comparative and politically informed research to advance EIDM as both a technical and democratic practice.

Introduction

This scoping review addresses the central research question: How is evidence-informed decision-making (EIDM) and closely related terms defined and conceptualized in the literature? In both scholarly and practical contexts, the notion of EIDM has gained significant traction over the past two decades, emerging as a cross-cutting concept relevant to diverse sectors such as public health, public administration, education, and management. Yet, despite its growing prominence, EIDM remains a contested and variably applied term. This review seeks to unpack these differences by analyzing how authors across disciplines define, frame, and operationalize EIDM and its conceptual relatives — such as evidence-based policy (EBP), knowledge brokering (KB), evidence-based management (EBMgt), and knowledge translation (KT).

The scope of this review encompasses academic literature drawn from public health, management studies, political science, public administration, and international development. It includes empirical studies, conceptual analyses, and critical theoretical contributions, with geographic coverage spanning high-income and low- and middle-income country (LMIC) settings. In addition to synthesizing definitional and conceptual differences, the review pays particular attention to the political, institutional, and disciplinary factors that shape how evidence is used in decision-making.

The review is organized into three main body sections: (1) Definitions and Terminological Distinctions; (2) Conceptual Frameworks and Models; and (3) Core Dimensions and Characteristics. These are followed by a Conclusion that synthesizes key findings, addresses contextual and disciplinary variations, and identifies directions for future research.

Conceptual Framework

This scoping review is one of a set of twenty scoping reviews commissioned to inform the Global Evaluation Initiative (GEI) 2.0 Strategy (FY2026–30).

The review set is organized around a conceptual framework that mirrors the nested structure of GEI's theory of change and theory of action which addresses four analytical levels: country, decision-maker/unit, evaluation/decision, and individual. At the country level, the focus is on the linkage between stronger M&E ecosystems and development and governance outcomes. At the decision-maker/unit level, the emphasis is on strengthening the culture and practice of evidence-informed decision-making within specific ministries or units. At the evaluation/decision level, the focus is on how evaluations or other evidence-generating activities can inform specific policy or program decisions. Finally, at the individual level, the framework addresses how training, mentorship, peer exchange, and related supports strengthen the skills, performance, and professional development of evaluators and other evaluation actors. Within each level, the review set addresses five recurring sub-topics: how the focal construct is defined and conceptualized; the primary theories of change linking the level's activities to its intended outcomes; the metrics used to characterize status and change at that level; the empirical evidence linking activities to outcomes; and the drivers that help explain success or failure. The resulting 4×5 matrix — four analytical levels by five recurring sub-topics — structures the review set into twenty distinct but complementary scoping reviews.

The present review addresses the *definition and conceptualization* sub-topic at the evaluation/decision level.

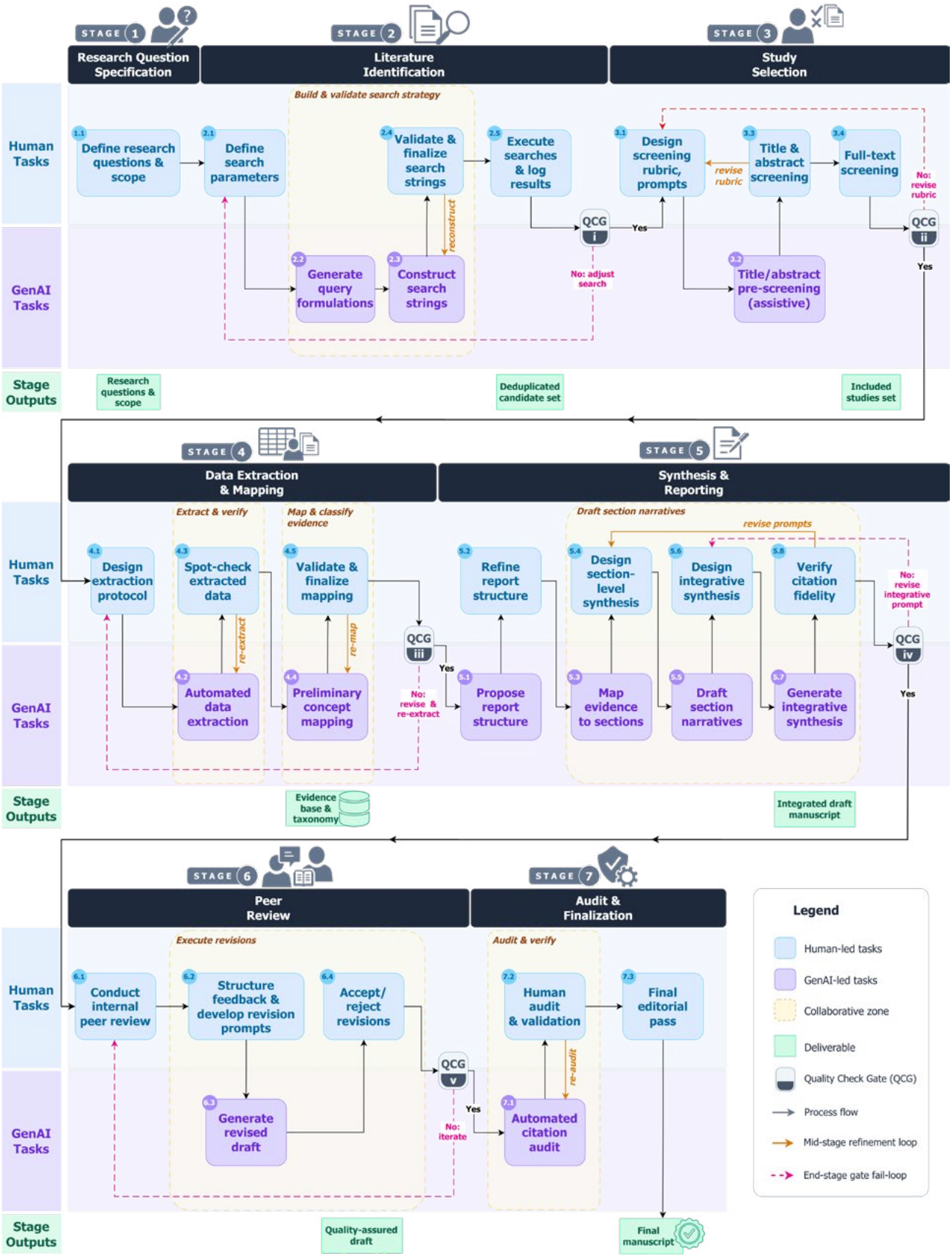
Methods

Review design

This review was conducted as a scoping review following JBI guidance (Peters et al., 2020), with reporting per PRISMA-ScR (Tricco et al., 2018). A scoping format was appropriate because the research question is definitional and required breadth across multiple disciplinary literatures — evidence-based medicine and public health, public administration and policy studies, political science, management and organizational studies, implementation science, and international development. Eligibility followed the JBI Population–Concept–Context (PCC) framing, with the review question and inclusion criteria anchored primarily to the concept of evidence-informed decision-making (EIDM) and its closely related terms. Per §11.1.1 of the JBI Manual, no formal critical appraisal or risk-of-bias assessment was applied.

The review followed the seven-stage human-in-the-loop workflow shown in **Figure 1**, beginning with human-led specification of the research question and scope (Stage 1, Task 1.1). Across all stages, LLM tools supported defined tasks under human-designed prompts; two human reviewers retained authority over every inclusion, charting, mapping, and synthesis decision. Figure 1's five "collaborative zones" mark groupings of paired human and GenAI tasks that operated on the same evolving artifact through iterative cycles, with each actor's work shaping the other's next task.

Figure 1. GEI 2.0 Rapid Evidence Review (RER) Workflow



Eligibility criteria

Sources were eligible if they defined, conceptualized, distinguished, or substantively framed evidence-informed decision-making or one of its closely related terms — including evidence-based decision-making, evidence-based policymaking, research use, research utilization, knowledge translation, knowledge mobilization, knowledge exchange, and evidence uptake. Substantive framing included offering or refining a definition, articulating a conceptual model, drawing distinctions between overlapping terms, repositioning prior definitions, or tracing terminological lineage; sources merely invoking a term without conceptual contribution were not eligible. Given the multidisciplinary character of the construct, eligibility was drawn broadly across evidence-based medicine and public health, public administration and policy studies, political science, management and organizational studies, implementation science, and international development. Eligible source types included peer-reviewed journal articles, book chapters, major institutional frameworks, and foundational theoretical papers. No a priori date restriction was applied; included sources range from foundational mid-1990s contributions through 2024 and were entirely English-language. At full-text review, sources were excluded for not addressing definitional or conceptual content of EIDM or a closely related term, falling outside the review's scope, or not meeting the minimum quality threshold applied to their source type.

Two source-type-specific quality thresholds were applied. Peer-reviewed sources had to have been issued through standard editorial peer-review processes. Grey-literature sources additionally had to meet three criteria: (i) offer an explicit definitional, conceptual, or framework contribution to EIDM or a closely related term, rather than invoking the terminology in passing; (ii) a documented evidence or reference base; and (iii) identifiable institutional quality control (verified pragmatically by checking whether the source was published through an official institutional channel and bore clear markers of institutional authorship, approval, or accountability).

Information sources and search strategy

Literature identification (Stage 2 of Figure 1) followed an iterative human–GenAI cycle, beginning with the human reviewer's definition of search parameters (Task 2.1). Because the definitional literature on EIDM originates partly in evidence-based medicine and partly in policy studies, public administration, and related disciplines, a broader set of bibliographic databases was searched than for the M&E-anchored reviews. Four databases were searched: Scopus and Web of Science Core Collection for cross-disciplinary coverage, PubMed/MEDLINE for the public-health and EBM-derived definitional stream, and ProQuest Political Science Database for the policy-studies and political-science stream. Google Scholar was searched as a complementary academic search engine. Institutional repositories systematically searched were the World Bank Open Knowledge Repository, the UNEG Publications Repository, the OECD iLibrary, and the institutional publication channels of cross-sector evidence-synthesis organizations including the Campbell Collaboration and the EPPI-Centre. Targeted searches of additional specialized cross-sector definitional and research-synthesis channels were conducted as a structured supplementary stream. Coverage was further extended through backward and forward citation chasing, expert recommendation, and key-author tracking focused on scholars whose prior work has shaped the EIDM definitional literature.

Within the "build and validate search strategy" collaborative zone, the LLM generated semantically equivalent query reformulations and drafted database- and repository-specific search strings (Tasks 2.2–2.3), which the human reviewer audited and finalized (Task 2.4); a search log archived run dates, applied limits, and result counts. Searches were executed under a pre-specified stopping rule (Task 2.5): searching continued through successive results pages until three consecutive pages yielded no further relevant records. **Quality Check Gate (QCG) i** required the deduplicated candidate set to meet coverage and retrievability criteria; where it did not, reviewers revised search parameters or strings and re-executed searches.

Source selection

Study selection (Stage 3) operated under a human-designed screening protocol (Task 3.1). A total of 320 records were identified through databases and registers (296 from databases; 24 from registers), with a further 82 identified through backward and forward citation searching, expert recommendation and known-source inclusion, and key-author tracking (**Figure 2**). After deduplication and metadata-based screening to remove records of document types outside the eligible scope, 242 records underwent title and abstract screening: the LLM produced assistive first-pass inclusion-likelihood labels (Task 3.2), and two independent human reviewers performed the title and abstract screening (Task 3.3), informed but not bound by the LLM labels. Thirty-two records advanced to full-text screening (Task 3.4); five could not be retrieved, leaving 27 assessed, of which 11 were excluded with coded reasons. In parallel, 79 of the 82 supplementary-stream records were retrieved and assessed (three were not retrievable), and 74 were excluded with coded reasons. A total of 21 sources were included in the review.

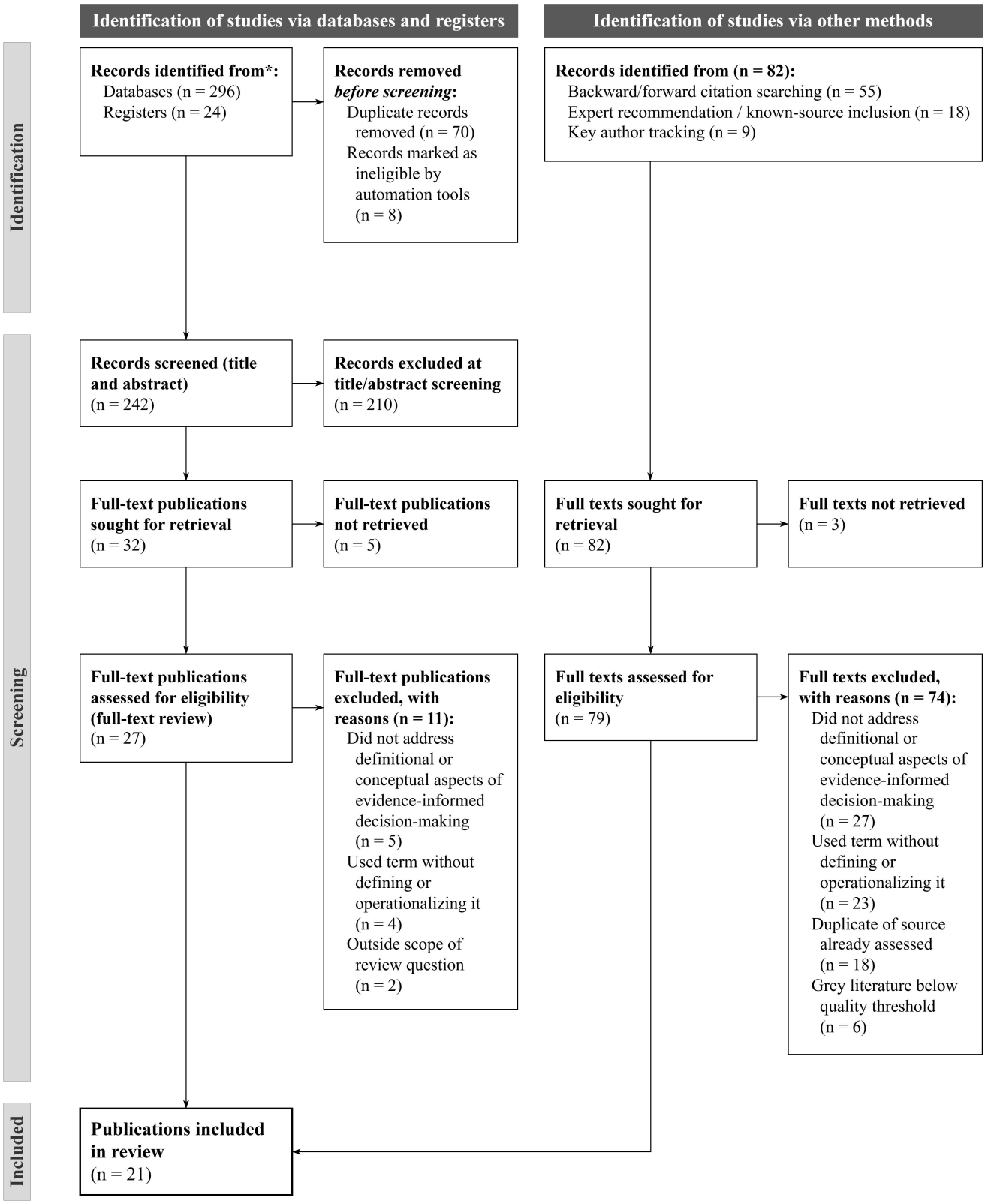
QCG ii required the included studies set to satisfy protocol-specified eligibility coverage; where it did not, the reviewers revised the screening protocol and re-screened the affected records.

Data extraction and mapping

Data extraction and mapping (Stage 4) proceeded under a human-designed extraction protocol (Task 4.1). A structured codebook captured bibliographic metadata; the definition or conceptualization of EIDM (or related term) offered; the disciplinary lineage invoked; the term variants distinguished; the conceptual model or framework advanced; and any stated terminological clarifications. Within the "extract and verify" collaborative zone, LLM-assisted extraction (Task 4.2) populated the codebook with page-anchored quotations and paraphrases, with iterative spot-checks and prompt refinement (Task 4.3) used to re-extract fields where verification flagged errors — including misattributions, unsupported statements, hallucinated content, and conflation of proximate constructs. Reviewers verified all definitional statements and conceptual-model attributions and a random 20% sample of remaining fields. Within the "map and classify evidence" zone, a preliminary concept mapping produced under structured prompts (Task 4.4) was then validated and finalized by the reviewers (Task 4.5), with mapping organized along three dimensions — definitional contribution and terminological distinctions, conceptual model advanced, and core dimensions of the construct — motivating the review's analytical structure.

QCG iii required the resulting evidence base and taxonomy to meet extraction-fidelity criteria — including page-anchored support for every charted statement — before synthesis. Where these criteria were not met, the process looped back to Task 4.1, where the reviewers revised the extraction protocol before the affected fields were re-extracted.

Figure 2. PRISMA Flow Diagram



Synthesis and reporting

Synthesis and reporting (Stage 5) proceeded through collaborative drafting cycles. A draft report structure was proposed under structured prompts (Task 5.1) and refined by the reviewers (Task 5.2). Within the "draft section narratives" collaborative zone, evidence was mapped to sections (Task 5.3), section-level synthesis logic was designed under human direction (Task 5.4), and section narratives were generated under human-designed prompts (Task 5.5) — producing, in this review, a three-section analytical structure organized around definitions and terminological distinctions, conceptual frameworks and models, and core dimensions and characteristics. An integrative prompt designed by the reviewers (Task 5.6) was then used to produce the integrated draft (Task 5.7).

A human verification of citation fidelity (Task 5.8) sampled a random 20% of cited claims and checked each against its source. Where errors, misattributions, or hallucinations appeared in the sample, the reviewer examined whether they were scattered across sections and sources or concentrated in one section or source; based on that assessment, the process looped back to Task 5.4, where the section-level synthesis prompts were revised and the affected section narratives regenerated. Where the sample was clean, the process advanced to QCG iv.

QCG iv assessed the structural and rhetorical quality of the integrated draft — whether the sections were well tied together, built on one another, and formed a coherent whole with clear flow and consistent framing. Where it did not, the reviewers revised the integrative synthesis prompt (Task 5.6) and the LLM regenerated the integrated draft.

Quality assurance

Before finalization, the integrated draft was processed through a GenAI-assisted internal peer review (Stage 6). The reviewer entered text-anchored marginal comments in the integrated draft (Task 6.1); a VBA macro converted those comments into inline, LLM-ingestible comments embedded in the body text (Task 6.2). The LLM then returned an iteratively revised draft with all changes shown in tracked changes (Task 6.3), and the reviewer accepted or rejected each proposed revision (Task 6.4). **QCG v** marked the point at which the model returned a revised draft requiring no further peer-review comments; where further comments remained, the process looped back to Task 6.1 for another cycle.

Final audit and finalization (Stage 7) used a purpose-built claim-and-citation audit pipeline (Task 7.1) within the "audit and verify" zone: the pipeline parsed every in-text citation, retrieved the corresponding extracted source passage, and used an LLM under a structured rubric to classify each cited claim as Supported, Partially Supported, or Not Supported. In the human audit and validation pass (Task 7.2), all Not Supported and Partially Supported claims were revised or removed, and a 10% random sample of the remaining Supported claims was manually re-verified against source PDFs. The audit was then re-run, with the cycle repeated until every cited claim returned a Supported verdict. A final editorial pass (Task 7.3) covered coherence and flow, formatting against the publication template, terminological consistency, and APA-compliance of the reference list.

Definitions and Terminological Distinctions

Although often used interchangeably in both academic and policy discourse, terms such as "evidence-based policy," "evidence-informed policy," and "evidence-informed decision-making" are neither synonymous nor universally defined. The definitional boundaries of EIDM shift depending on sectoral norms, epistemological assumptions, and political contexts. The literature reveals several distinguishable strands: process-oriented definitions that emphasize the consultation of multiple evidence sources, terminological critiques that motivate the shift from "based" to "informed," related concepts that foreground the mechanisms of evidence transfer, and disciplinary variants that embed EIDM within organizational and managerial contexts.

Several prominent definitions characterize EIDM as a structured process of consulting diverse evidence sources prior to decision-making. Stewart et al. (2017, p. 253) operationally define EIDM as "a process whereby multiple sources of information, including the best available research evidence, are consulted before making a decision to plan, implement and (where relevant) revise policies, programmes and other services." Similarly, Raymaekers et al. (2025, p. 3) utilize the OECD's framing of evidence-informed policy making (EIPM) as a process where multiple information sources—including statistics, data, research evidence, and evaluations—are consulted prior to planning or implementing public policies. Both definitions foreground the procedural character of EIDM and its reliance on multiple, rather than singular, evidence inputs.

Some of these process-oriented definitions trace their roots to the evidence-based medicine movement. Sackett et al. (1996) define EIDM as "the conscientious, explicit, and judicious use of current best evidence in making decisions" (as cited in Belita et al., 2020, p. 2). Belita et al. also note that the subsequent terminological shift from "based" to "informed" acknowledges the contextual and political limitations of a purely research-driven approach—a shift that has resonated well beyond healthcare into the broader policy literature.

Indeed, the distinction between "evidence-based" and "evidence-informed" constitutes one of the most persistent and significant terminological debates in the field. The term "evidence-based policy" has been subject to critique across multiple dimensions. Parkhurst (2017) argues that "the terminology of 'evidence-based policy' has a clear implication that there must be a single correct policy choice that the evidence legitimates or justifies" (p. 72), and observes that some authors have shifted to discussing "evidence-informed policymaking" to acknowledge the role of context and values (p. 139). Head (2016) similarly notes that "the early ambitions of 'evidence-based policy' have recently been heavily qualified, with many writers now adopting the more modest phrase 'evidence-informed policy'" (p. 473). Extending this critique, Bundi and Pattyn (2022) review scholarly literature linking evidence-informed policymaking to debates about technocracy, noting that the emphasis on evidence in policy making has been conceived as indicative of a reinvention of technocratic policies and that such approaches may erode the normative basis of policy making (p. 1230). Kelstrup and Jørgensen (2024) observe that the "continuous importance of political and practical concerns" has led scholars to adopt the term "evidence-informed policy" (p. 258), acknowledging that research often fails to serve as the exclusive driver of policy decisions. Taken together, these critiques converge on the view that the "informed" terminology implies a more flexible, context-sensitive, and deliberative approach to decision-making.

Beyond these core definitional debates, the literature also encompasses closely related concepts—such as knowledge brokering and knowledge translation—that foreground the mechanisms through which evidence is transferred and adapted for use in decision-making. MacKillop et al. (2020) discuss how knowledge brokering has been conceptualized, citing the definition that "knowledge brokering is defined as being an intermediation activity undertaken by intermediaries (individuals, organisations, networks, etc.) acting as 'connectors'" (p. 338). Poot et al. (2018) describe knowledge translation (KT) as a process that "aims to fill the evidential gap between knowledge and action" (p. i3), with the knowledge-to-action framework specifically "aimed at bridging the gap between research and evidence-informed decision making" (p. i3). These concepts extend the definitional landscape of EIDM by specifying the intermediary processes that connect research evidence to practice.

In management and organizational studies, the term evidence-based management (EBMgt) represents a further disciplinary variant. Tourish (2013) notes that "EBM has been defined by its key proponents as the systematic use of the best available evidence to improve management practice" (p. 174). He observes that the approach invokes evidence-based medicine, which "draws on 'science' and all its modernist trappings of truth and progress and is presented as rational and politically neutral" (p. 174, citing Hewison, 2004). Hulpke and Fronmueller (2022) argue that evidence-based management is based on an objective, rationalist view of the world, but contend that this approach risks ignoring the role of "intuition, hunches and feelings" in decision-making (p. 96). Martelli and Hayirli (2018) further

argue that evidence is "context specific and relational" and propose that evidence-based management should be understood "not merely as a tool or process, but a social technology inextricably embedded in personal and organizational values and culture" (p. 5). These perspectives echo the broader shift from "based" to "informed" by foregrounding the contextual embeddedness of evidence use.

In sum, while there is no universally accepted definition of EIDM, the literature broadly converges on the idea that multiple sources of evidence should inform decision-making, and that this process must be sensitive to context, values, and institutional dynamics. The terminological distinctions reviewed here—between "based" and "informed," between process and mechanism, and across disciplinary settings—reflect ongoing negotiation over how evidence and decision-making relate.

Conceptual Frameworks and Models

Conceptual models of EIDM span a wide spectrum, from linear and hierarchical paradigms rooted in positivist traditions to more interactive, iterative, and politically sensitive frameworks. These frameworks are essential not only for understanding how evidence is intended to be used in decision-making but also for illuminating the mechanisms, assumptions, and institutional arrangements that facilitate or hinder evidence integration. Tracing the evolution of these frameworks reveals a progressive deepening in how the field conceptualizes the relationship between evidence and decisions.

A dominant early model in the literature is the "science-push" or linear model, in which research findings are produced by scientists and subsequently transmitted to policymakers for implementation. Poot et al. (2018) describe this traditional model as a linear approach focused on supplying evidence to decision-makers, noting that in practice "researchers and policy-makers rarely speak the same language" and that evidence is often "too complex, too detailed, too technical or lacking in timeliness" for decision-makers' needs (p. i4). This top-down model assumes that high-quality research alone is sufficient to improve decisions, but it has been widely critiqued for neglecting the complexities of the policy process and the need for sustained engagement between knowledge producers and users.

To address these limitations, scholars have developed more dynamic and relational alternatives. The interaction model, explored by Poot et al. (2018), "reflects the need of reciprocity and partnership building," suggesting that the more sustained the interaction between researchers and policy-makers, the larger the impact of evidence-informed decision making becomes (p. i4). Separately, Langer et al. (2016, p. 5) present a conceptual framework organized around six "mechanisms of change"—awareness, agreement, communication and access, interaction, skills, and structure and process—through which interventions are intended to facilitate evidence-informed decision-making. This model explicitly recognizes that evidence use is a behavioral and institutional challenge requiring coordinated interventions at multiple levels.

The Knowledge-to-Action (KtA) framework provides another influential conceptual structure, particularly in public health. Poot et al. (2018) describe the framework as comprising two distinct but related components: the "Knowledge Creation funnel," which refers to the generation of tools and key messages, and the "Action Cycle," which represents activities needed to apply evidence-based knowledge to practice, including tailoring interventions to the local context and identifying barriers and facilitators to implementation (p. i3). As described by Poot et al., the KtA framework underscores the need for tailored communication, translation of complex findings, and ongoing monitoring to ensure the relevance and durability of evidence use.

In the realm of organizational decision-making, the COM-B model (Capability, Opportunity, Motivation–Behavior) offers a complementary behavioral lens on EIDM implementation. Clark et al. (2024) categorize EIDM facilitators and barriers using this framework. Facilitators for capability include staff knowledge and skill development, establishing specialized roles, and knowledge sharing across the

organization; for opportunity, facilitators include the development of processes or mechanisms to support new practices, forums for learning and skill development, and protected time; and for motivation, facilitators include supportive organizational culture, expectations for new practices, recognition and positive reinforcement, and strong leadership support (pp. 1, 29).

Whereas the preceding models largely operate within rationalist assumptions—seeking to improve the supply, translation, or uptake of evidence—alternative frameworks grounded in critical or political theory offer more radical departures. Tourish (2013) introduces the concept of Evidence-Oriented Organizing (EOO), which acknowledges that organizations are co-created by multiple actors rather than just managers (p. 173). Grounded in critical realism, EOO embraces the interpretive and power-laden nature of organizational life, emphasizing that evidence is assembled and employed within "power saturated organizational contexts" that are often ignored by traditional management paradigms (pp. 173, 182). Rejecting the premise that "best practices" can be universally applied, EOO highlights how evidence is constructed, contested, and mobilized differently across institutional contexts. Similarly, Parkhurst (2017) calls for a shift from "evidence-based policy" to the "good governance of evidence," a framework that addresses both scientific fidelity and democratic representation through three dimensions of legitimacy: input (ensuring democratic representation in evidence advisory systems), throughput (ensuring democratic deliberation in operational processes), and output (ensuring scientific quality and appropriate application of evidence) (pp. 28, 140–141). His framework addresses two forms of bias: technical bias, where evidence is selectively used or misrepresented, and issue bias, where the types of evidence privileged in debates exclude key social concerns. Together, these critical perspectives reframe EIDM not merely as a knowledge-transfer problem but as a fundamentally political and institutional one.

Finally, the policy sciences literature adds further nuance through models that disaggregate the stages of research utilization. Kelstrup and Jørgensen (2024) adopt Landry et al.'s (2003) two-stage framework, examining both the "reception stage"—whether research reaches decision-makers—and the "influence stage"—whether it affects decision outcomes (p. 261). Their framework also employs the concept of "evidence standards," which may be exclusive (favoring rigorous research such as randomized controlled trials) or inclusive (accepting a broader range of evidence types). This conceptual apparatus is helpful for understanding institutional variability in evidence uptake and for connecting questions of framework design to the definitional boundaries of EIDM itself.

The diversity of conceptual models in the reviewed literature reflects a maturing field grappling with the complexity of real-world policymaking. No single model captures all dimensions of EIDM, but together, they offer a pluralistic toolkit for analyzing how evidence is generated, interpreted, and used across different domains—and, by extension, for understanding the conceptual assumptions embedded in how EIDM is defined.

Core Dimensions and Characteristics

Evidence-informed decision-making is characterized by a set of interrelated dimensions that together define its substance, scope, and practical implications. These dimensions include the types of evidence considered legitimate, the roles and relationships of various actors in the decision-making process, the individual and organizational capacities required to integrate evidence effectively, and the structural and contextual barriers and enablers that condition evidence use. Taken together, they reveal how EIDM tends to be conceptualized not as a singular practice but as a multidimensional construct shaped by epistemic, institutional, and political considerations.

A foundational dimension of EIDM is the diversity of evidence types deemed acceptable or relevant. While early models privileged peer-reviewed research, especially randomized controlled trials (RCTs), more recent literature emphasizes the importance of integrating multiple sources of knowledge. Belita

et al. (2020) define evidence as "credible knowledge from different sources including research, professional/clinical experience, patient experiences/preferences, and local data and information" (p. 2). This inclusive orientation is echoed in Parkhurst's (2017) call for an "appropriateness" framework, which judges the value of evidence not by methodological hierarchy but by its relevance to political concerns, its usefulness for policy goals, and its applicability within particular policy contexts (pp. 108–109). Martelli and Hayirli (2018) further distinguish between three perspectives on evidence—"rank," "fit," and "variety"—arguing that the best evidence is produced through variety, which "more readily captures the contextual, political, and relational aspects embedded in management decision making" than either hierarchical ranking or contingency-based approaches (p. 2). Together, these accounts suggest that how EIDM is defined depends fundamentally on which forms of knowledge are recognized as legitimate inputs to decision-making.

Equally central to how EIDM is conceptualized are the human and institutional actors that mediate the relationship between evidence and decision-making. Langer et al. (2016, p. 11) distinguish between "instrumental research use"—the direct application of evidence to concrete policy decisions—and "conceptual research use," which serves an "enlightenment function" by shaping how decision-makers think about issues, problems, or potential solutions. This distinction highlights the often-subtle influence of evidence in real-world settings. Where evidence does not translate directly into decisions, intermediary actors often play a bridging role. MacKillop et al. (2020) further elaborate this role, noting that brokers are positioned to bridge the "separate worlds" of research and policy (p. 338) and to facilitate interactions that allow actors to better understand differing "professional cultures" and goals (p. 339). These brokers may be individuals, such as policy advisors or embedded researchers, or institutional actors like think tanks and boundary organizations. Clark et al. (2024) identify the establishment of Knowledge Broker-type roles as a common implementation strategy, noting that these roles serve to support EIDM through knowledge sharing, evidence synthesis, implementation, and other related activities, and are included in the capability component of the COM-B model as they support the capacity of organizations and their staff to engage in evidence-informed approaches (pp. 5, 29).

At the individual level, the competencies required for EIDM are receiving growing attention. Belita et al. (2020) identify four core attributes of EIDM competence: knowledge, skills, attitudes/beliefs, and behaviours (p. 13). EIDM knowledge involves "an understanding of the primary concepts and principles of EIDM and hierarchy of evidence"; skills are "components of comprehensive strategy including the application of knowledge required to complete EIDM tasks"; attitudes and beliefs encompass "perceptions, beliefs, and values ascribed to EIDM"; and behaviours are defined as "the performance of EIDM steps in real-life clinical practice" (p. 2). These attributes are not innate but can be fostered through structured training programs. Yarber et al. (2015) evaluated a train-the-trainer model for evidence-based public health and found it to be an effective method for enhancing practitioners' capacity, with 78% of participants reporting that the course improved their abilities to make scientifically informed decisions at work (p. 1). However, as discussed below, competency gaps remain—particularly in under-resourced or decentralized settings where formal training is limited.

At the organizational level, culture, infrastructure, and resource availability critically shape EIDM practices. Raymaekers et al. (2025) find that rational, results-oriented organizational cultures are positively associated with the use of evidence (p. 7), particularly when public officials are provided with sufficient time, adequate staffing, and ready accessibility to evidence (p. 8). Clark et al. (2024) apply the COM-B model to map facilitators and barriers to EIDM implementation, showing how the three components of capability, opportunity, and motivation interact to influence organizational behavior change (pp. 2–3, 29–30). In other words, the literature suggests that organizations that embed evidence-use in their formal processes—via standard operating procedures, decision templates, or performance evaluations—are more likely to sustain evidence-informed practices over time.

Despite these enabling conditions, numerous barriers to EIDM persist across both individual and organizational levels. Yarber et al. (2015) note that public health training opportunities "face myriad chal-

lenges including high staff turnover, lack of available trainers locally, and restrictions on travel" (p. 2), and report that the most commonly cited reasons for not using evidence-based approaches included not having enough time (42%), other staff lacking training (34%), and insufficient funding for continued training (34%) (p. 5). Clark et al. (2024) similarly identify "limited time and competing priorities, staff turnover, and lack of understanding" as key barriers, noting particular concern for "the potential for knowledge loss due to staff turnover" (pp. 1, 29, 31). Beyond these practical constraints, cognitive and political factors also interfere with evidence uptake. Cantarelli et al. (2023) identify cognitive biases—including motivated reasoning—as subjective mechanisms that can distort how decision-makers interpret and use information, noting that decision makers may "systematically cherry-pick inferior performance information in ways that conform to their prior beliefs" (p. 1669). Hodgkinson (2012) cautions that evidence-based management risks creating an "illusion of rationality" or a "multilayered façade" that masks underlying differences in power and purpose among stakeholders. In such contexts, the language of evidence can be used to legitimize predetermined political decisions, thereby obstructing transparent and inclusive deliberation.

These observations point to a broader theme in the literature: political and institutional contexts exert a profound influence on how evidence is used—and whether it is used at all. Head (2016) observes that "knowledge does not, and cannot, drive policy in a democratic political system" because "evidence is harnessed to competing arguments about ends and means, and the political decision-making process is inherently marked by conflicts, trade-offs, and compromises" (p. 473). Newman (2022) similarly contends that policy decision-making is shaped by "multiple simultaneous dynamics," where bureaucratic rules and administrative processes coexist with partisan forces and political ideologies that can render evidence inconsequential in the final determination of public policy (pp. 87, 89). Parkhurst (2017) underscores this point with the concept of issue bias, which refers to how the prioritization of certain types of evidence can obscure the political nature of decisions and effectively "bias" decisions toward particular outcomes by undermining explicit consideration of the multiple social values important to the public (pp. 42–43). Yet political complexity need not preclude meaningful evidence use. Kananura et al. (2017), in their study of participatory M&E in Uganda, illustrate how locally generated evidence—when disseminated through cross-cutting sharing platforms—can build the capacity of frontline decision-makers and foster mutual accountability between stakeholders to address community-specific needs (pp. 55, 65–66).

Finally, the symbolic use of evidence must be acknowledged as a distinct, if problematic, dimension of how EIDM is conceptualized. Cantarelli et al. (2023) note that "the symbolic use of evidence rather than the substantive use for improved outcomes is a real concern," raising this issue in the context of information being "manipulated at various stages of the decision process to achieve preconceived goals" (p. 1668). These practices reveal the complexity and ambivalence inherent in evidence use and the importance of developing governance mechanisms that can distinguish between genuine and performative engagements with research.

In sum, EIDM is defined not only by its normative aspiration to "use evidence" but by a complex constellation of actors, competencies, institutional conditions, and socio-political constraints.

Conclusion

The literature reviewed here paints a rich and multidimensional picture of how evidence-informed decision-making (EIDM) is defined and conceptualized across academic disciplines and policy domains. Although terminological distinctions persist — between "evidence-based" and "evidence-informed," or between related concepts such as knowledge brokering, evidence-based management, and knowledge translation — there is what appears to be broad agreement that EIDM involves the systematic yet context-sensitive integration of diverse evidence types into decision-making processes. Definitions vary in emphasis, but a common thread is the acknowledgement that evidence alone is not sufficient

to determine policy; decision-making must also contend with practical constraints, normative goals, institutional capacity, and political context.

Conceptually, the reviewed literature reflects an evolution beyond linear, positivist models toward more interactive, systemic, and politically attuned frameworks. From the Knowledge-to-Action model and the COM-B behavioral framework to Parkhurst's "good governance of evidence" and Tourish's "evidence-oriented organizing," scholars have offered a growing repertoire of theoretical tools for understanding how evidence is created, communicated, contested, and used. These models illuminate not only the behavioral and institutional mechanisms that support evidence use but also the socio-political and epistemological assumptions that underpin them.

At the level of practice, EIDM is characterized by a number of key dimensions: the diversity and contextual relevance of evidence sources; the roles of intermediaries such as knowledge brokers and participatory platforms; the competencies and motivations of individual decision-makers; and the organizational cultures and infrastructures that enable or inhibit evidence use. Barriers to EIDM include technical challenges such as lack of access or training, as well as cognitive biases, institutional fragmentation, and political resistance. Enablers range from strategic communication and embedded evaluation systems to trust in scientific expertise and democratic accountability mechanisms.

Contextual variation is perhaps the most important crosscutting theme to emerge from this review. The form and function of EIDM differ markedly across sectors, from public health to education to public administration. They also vary across geographies and political cultures, influenced by levels of institutional capacity, societal trust, regulatory frameworks, and local epistemologies. In some settings, participatory and locally grounded models challenge dominant technocratic paradigms; in others, formal research infrastructures and performance-based management approaches institutionalize evidence use more systematically. This variation reinforces a central finding of the review: that how EIDM is defined and conceptualized may be inseparable from the institutional and political context in which it is practiced.

Future research should continue to interrogate the normative, methodological, and political assumptions embedded in EIDM models. Comparative work is particularly needed to understand how institutional configurations, governance systems, and cultural attitudes shape the uptake and influence of evidence. Further attention could also be given to developing better tools for measuring EIDM outcomes, especially those that go beyond instrumental use to capture conceptual, symbolic, and relational dimensions. Finally, greater emphasis could be placed on integrating political science perspectives into EIDM scholarship, to ensure that evidence use is not only technically sound but also socially legitimate and democratically accountable.

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