

SYSTEMATIC REVIEW

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Knowledge mobilization planning guides: a pragmatic synthesis and content analysis

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Abstract

Background Knowledge mobilization (KMb) aims to bridge the gap between research evidence and real-world application. While researchers, practitioners, and policymakers are increasingly expected to engage in KMb, many lack formal training and rely on publicly available guides. Despite their widespread use, little is known about the quality, evidence base, or development processes of these resources. This study examined the availability, content, and construction of online KMb guides relevant to health disciplines.

Methods We conducted a pragmatic synthesis simulating how individuals typically search for KMb resources, using Google Plain to identify freely accessible, English-language guides offering concrete planning steps. Inclusion was based on relevance to health-related audiences, such as researchers, clinicians, managers, and policymakers. Two reviewers screened the first 50 results per search string, with calibration exercises to ensure consistency. Data were extracted using a piloted tool and analyzed through conventional content analysis to identify themes and guide characteristics.

Findings The search was conducted in two time periods (pre-2019 and 2019–2025), yielding 52 eligible guides, of which 42 were available for full extraction. Most guides originated from Canada (69%) and used “knowledge translation” as the primary term (43%). Only a third cited evidence to support their guidance (33%) or effectiveness of strategies (24%), and none included a process for future updates. Most guides clearly outlined planning steps (91%) and were visually accessible (88%). Common steps included selecting a KMb method (93%), identifying the audience (86%), and evaluating the process (81%). Few addressed plan sustainability (19%).

Discussion This review found significant variability in the quality, transparency, and theoretical grounding of publicly available KMb guides. Many lacked clear development methods, cited evidence, or plans for updates, limiting their credibility and long-term usefulness. Only a minority referenced KMb theories or provided evidence to support their recommendations. We developed a meta-guide and reflective questions to support the creation and evaluation of more transparent and evidence-informed KMb resources.

Keywords Translational research, Biomedical, Information dissemination, Guidebook, Knowledge translation, Knowledge mobilization, Practice guidelines as topic

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Contributions to the literature

- Free online guides are commonly used by researchers, professionals and others to plan how to share research findings (i.e., knowledge mobilization).
- Our study found wide variation in the quality, evidence base, and transparency of these guides.
- Most did not explicitly reference theory, cite relevant research and did not include plans for updates, raising concerns about their long-term utility.
- Based on our findings, we developed a meta-guide and reflective questions to support the development and selection of more rigorous, evidence-informed knowledge mobilization guides.

Background

The process of moving research evidence into practice, often referred to as knowledge mobilization (KMb), knowledge translation (KT), knowledge transfer, among other terms, centers on bridging the gap between evidence and its use in real-world settings [1–3]. In this paper, we use the term KMb to encompass these related concepts and refer to activities aimed at sharing and disseminating research evidence, rather than the implementation of specific interventions [4, 5]. Given its importance, researchers, healthcare professionals, KT/KMb practitioners (e.g., knowledge brokers), health service managers, policymakers, people with lived experience and trainees across disciplines engage in KMb activities to varying degrees. For example, researchers primarily aim to generate and disseminate evidence, while policymakers will engage with KMb by using evidence to inform policies and system-level decisions. While all engage with KMb to a certain extent, individuals' familiarity with the primary KT and KMb literature often differs significantly [6, 7]. Some individuals possess a deep understanding of components of KMb and different theories, models and frameworks [8], but many are expected to apply KMb principles in practice with limited formal training [9]. For example, researchers are often required to submit KMb plans in grant applications regardless of their background or expertise with KMb [10, 11]. Consequently, practical, accessible resources are essential for supporting effective KMb efforts across diverse knowledge user groups.

In response to this need, many individuals seeking to enact KMb activities or strategies likely turn to guides produced by reputable organizations rather than engaging directly with the primary research literature. In this manuscript, we refer to a guide as a resource that provides detailed instructions, recommendations, and essential information to support individuals in their KMb planning. The field of KMb is vast and sometimes contains conflicting information, which can be overwhelming for individuals tasked to enact KMb activities. For example, authors conducted a cross-sectional study of

the number and frequency of terms used to refer to KT and identified more than 100 terms [1, 12]. Similarly, a team conducting a scoping review identified a wide spectrum of available KT theories, models and frameworks, further contributing to the difficulty in navigating the primary literature [13, 14]. Guides address these challenges by distilling complex KMb concepts into simplified, step-by-step instructions that are easier to understand, operationalize, and adapt across contexts. Compared to the often technical and fragmented nature of peer-reviewed KMb research, guides are typically easier to locate through online searches, written in more accessible language, framed around practical application and sometimes serve as an entry point into the field of KMb [15]. As a result, they are likely used more frequently and become a preferred resource for some individuals (e.g., researchers, practitioners, students, and policymakers) who are tasked with developing KMb plans but may lack the time, expertise, or inclination to navigate the broader academic or grey literature.

However, the widespread reliance on guides introduces important challenges. Unlike peer-reviewed journal articles, the development processes behind guides are rarely transparent and are unlikely subjected to the same level of methodological rigor and external scrutiny. There is limited information available about how these guides are created, whether they are informed by up-to-date research, or how often they are updated to reflect emerging evidence. This lack of critical evaluation creates a risk that guides may present outdated, incomplete, inaccurate or contradictory information about KMb, potentially leading to ineffective or misinformed strategies, and ultimately undermining the goal of mobilizing knowledge into practice. Given that KMb efforts aim to optimize patient care, policy, and health system outcomes, the use of flawed or outdated strategies can have significant downstream consequences. For example, ineffective KMb strategies waste resources, widen the gap between research evidence and practice, undermine trust among knowledge users, and stall the uptake of beneficial innovations [16–18]. Ensuring that KMb resources are current, evidence-informed, and methodologically sound is therefore essential to advancing effective KMb in health and social sectors. Systematically reporting on available KMb guides is a first step toward improving the quality and rigor of their development.

Despite the role that guides may play in supporting KMb planning, there remains a gap in the literature regarding their quality, the evolution of these guides over time, and their methodological foundations. A better understanding of best practices in guide development could inform potential guide users' decisions about which guide to use and to help ensure that future guides are more robust, transparent, and effective in meeting

the diverse needs of their audiences. To address these gaps, the objective of this study was to identify and analyze easily accessible online KMb guides intended for researchers, administrators, practitioners, decision-makers, policymakers, and trainees in health and health-related disciplines.

Methods

We conducted what we term a pragmatic synthesis, defined as a search intended to approximate how an individual (e.g., researcher, policymaker) might typically seek out online resources. This term was developed by the authors, as no existing methodology explicitly describes how to systematically mimic user-driven searches conducted through search engines such as Google. Although conceptually aligned with the aims of a scoping review (i.e., to map the breadth and characteristics of available materials), the pragmatic synthesis differs in that it simulates how users typically rely on general search engines rather than searching academic databases to identify resources. The intent was not to achieve comprehensiveness but to approximate real-world user behaviour and capture the types of KMb resources most likely encountered and used in practice.

Aim of the search

The research questions guiding this work are: (1) What online KMb guides are available to researchers, administrators, practitioners, and/or trainees in health and health-related disciplines? (2) What are the attributes of these online KMb guides? 2a) What are the key steps recommended by the KMb guides? 2b) What are the strengths, weaknesses and gaps associated with the KMb guides? 2c) What are the key co-production elements described in KMb guides?

Identify relevant resources

We developed our inclusion and exclusion criteria based on our collective expertise on the topic and finalized through consensus discussions. We structured the criteria according to the population, concept, and context of interest. Specifically, any Google hit could be considered for inclusion, whether empirical (e.g., published documents) or grey literature (e.g., websites, theses). We limited our search to English-language hits but imposed no restrictions on publication date or format (e.g., documents, videos, webcasts). The Google plain search settings remained unrestricted (i.e., no filters on country, time or language), and result filters were turned off. We included only freely accessible English-language documents. We excluded materials behind paywalls or integrated into fee-based courses (e.g., e-learning modules).

Population

We included hits developed specifically for researchers, healthcare professionals, health service managers, policy-makers, trainees in health and health-related disciplines [19]. Although our primary focus was on KMb guides intended for health and health-related disciplines, we included certain resources with a broader or non-health-specific focus if their content was applicable to health contexts. We excluded resources that focused exclusively on non-health domains (e.g., agriculture) and those primarily addressing organizational or system-level KMb strategies, for example, resources guiding institutions on how to build KMb capacity or develop organization-wide dissemination infrastructures.

Concept

We included hits in any form, such as documents, guidelines, empirical papers, and other resources that outline the steps of KMb in the general form of a guide. Specifically, a resource was included if its primary objective is to provide guidance on developing a KMb plan. To be considered relevant, the hit must offer concrete steps or instructions for developing a KMb plan. If a guide explicitly referenced another publication or resource that directly supported its development (e.g., companion empirical paper), we included those materials as part of the guide. For this review, we defined a guide as a comprehensive resource that provides detailed instructions, recommendations, and essential information on a specific topic. Similar to an instruction manual that provides step-by-step instructions to build a product, a KMb guide should serve as a practical reference for structuring and implementing a KMb plan. We excluded guides that discuss KMb plans but lack tangible steps, actionable advice, or a detailed breakdown of essential KMb plan components. We also excluded guides that focused solely on developing implementation plans or on implementation science, as these are conceptually distinct from KMb (i.e., to disseminate findings).

Context

We considered hits from any country, provided they were identified through our plain search. We excluded letters, commentaries, reviews, and PowerPoint presentations. Additionally, KMb plan instructions or guides specific to funding applications without any instructions were excluded.

Search strategy

We developed a search strategy in consultation with an experienced academic information specialist using Google Plain (i.e., www.google.ca) and key search terms. The search terms reflected commonly used KMb and KT terminology, while also including related terms such as

dissemination. This approach was intended to capture variability in how these concepts are described across different contexts and regions. To ensure our search was not influenced by prior browsing activity or personalized recommendations, we used a personal computer with an individual IP address and a dedicated, “clean” browser with no search history.

Each search term was run twice using Google Plain search symbols: once with quotation marks and the Boolean operator AND (e.g., “knowledge mobilization” AND “plan”) and once without quotation marks (e.g., knowledge mobilization AND plan) (Supplemental File 1). Between each search, we cleared the search history and conducted the next search from a clean browser.

To approximate real-world user behavior, we limited screening to the first five pages of each Google search (50 hits). There is evidence to suggest that most users rarely review results beyond the first few pages of Google search results [20, 21], and previous research indicates that relevant records meeting inclusion criteria are generally exhausted by approximately the 13th hit [22, 23]. Screening 50 results per search therefore exceeds the depth that most users would typically explore when searching for online resources. Given that we conducted the searches across two time periods (pre-2019 and 2019–2025), both of which largely preceded the widespread integration of AI-generated summaries within search engines, we did not consult AI-assisted search features (e.g., Google AI overviews) as part of this study.

Two team members independently screened the first five pages of each search (50 results) to identify potentially relevant guides. For each identified hit, we recorded the website’s name/organization and Uniform Resource Locator (URL) in an Excel spreadsheet. If multiple versions of the same document were found, we retained the most recent version.

To ensure consistency, we conducted a calibration exercise between two team members (MA and KM; MZ and CM) at two time points, respectively. Both independently screened a sample of 50 hits from the syntax search to assess agreement. Once we achieved a 90% agreement, MZ proceeded with the remaining searches. Any screening discrepancies were resolved through discussion or, if necessary, by consulting a third investigator (IDG).

All search hits were saved as Portable Document Forms (PDF) files to maintain a record of search. The hits that met the inclusion criteria were saved, downloaded and recorded in an Excel spreadsheet. Additionally, we hand-searched each included document for other potentially relevant resources. We retained all hits that met the inclusion criteria for data extraction.

Data extraction

We developed a data extraction tool to collect key information from relevant hits that addressed our research questions. Specifically, we extracted data on the demographics, scope, and purpose of each guide; the involvement of knowledge users in its development; indications of methodological rigor; format, clarity, and ease of use; funding sources; working nomenclature and definitions of Kmb or related terms; outlined Kmb planning steps; and any discussion of either integrated knowledge translation (IKT) or co-production of knowledge. The full team reviewed and approved the data extraction tool, and it was then piloted using the first three guides. Based on this pilot, the two reviewers discussed the form and added any additional relevant categories before continuing with full extraction.

We conducted a calibration exercise identical to the one described earlier, and once we achieved 90% agreement, the included guides were divided among reviewers, with one reviewer completing the data extraction for each assigned document.

Data analysis

Key information from each guide was reviewed and recorded as either present or absent, allowing us to generate frequency counts for important characteristics. Then, we conducted a conventional content analysis of the extracted data [24]. Specifically, we first extracted the exact wording describing how to enact Kmb activities for the Kmb planning steps outlined in the guides. We read the extracted data multiple times to familiarize ourselves with the data and immerse ourselves in the content. We then analyzed the excerpts to identify commonalities, from which we developed initial codes. These codes were subsequently grouped into broader categories based on their relationships and connections. All Kmb planning steps identified from the guides were organized within these categories to distinguish mutually exclusive Kmb activities. No a priori codes or frameworks were considered, codes and categories were developed inductively from the data. Finally, we compiled an inventory of the identified Kmb planning tools and conducted a comparative narrative assessment to describe and contrast their key features.

Results

Given delays with the project due to the COVID-19 pandemic and a change in team members, our search was conducted in two time periods. The first search (up until 2019) included 5800 hits, resulting in 40 included guides. The second, updated search (2019–January 2025) included 5770 hits and included 12 new guides ($n=52$). By the time of data extraction, nine of the original 40 guides and one (USAID, Research-to-Action [R2A] plan)

Table 1 Demographics

Characteristic	Category	n	%
Country of Origin	Canada	29	69.0
	United States	7	16.7
	Australia	3	7.1
	United Kingdom	2	4.8
	Ireland	1	2.4
Year of publication	Before 2010	6	14.3
	2010–2015	16	38.1
	2016–2020	6	14.3
	2021–2025	7	16.7
	Not Reported	7	16.7
Listed Authors	Yes	23	54.8
Provided contact information	Yes	31	73.8
Target audience	Not reported	18	42.9
	Researchers	12	28.6
	Researchers + others	5	11.9
	Partners	4	9.5
	Organizations	3	7.1
Focus of guide	Health (non-specific)	8	19.0
	Health (disease-specific)	8	19.0
	Public Health	4	9.5
	Not specified	4	9.5
	Health Services	3	7.1
	Child/Youth Health	3	7.1
	Patient	2	4.8
	Social Science Research	2	4.8
	Community Health	1	2.4
	Community (non-health)	1	2.4
	Education (non-health)	1	2.4
	Food, agriculture, and rural affairs	1	2.4
	Organization	1	2.4
	Human services (non-health)	1	2.4
	Work	1	2.4
	Health Equity	1	2.4
Terms used in guides	Knowledge Translation	18	42.9
	Dissemination	5	11.9
	Knowledge Mobilization	5	11.9
	Research Dissemination	3	7.1
	Knowledge Transfer	3	7.1
	Knowledge Transfer & Exchange	3	7.1
	Knowledge Exchange	1	2.4
	Research Utilization	1	2.4
	Dissemination & Implementation	1	2.4
	Knowledge Sharing	1	2.4
	Knowledge Translation and Transfer	1	2.4
Average page count (n = 39)	Median = 10 (IQR = 5–18; Range = 1–142)		

from the updated search were no longer accessible (confirmed via a targeted Google search using the title). We then excluded these 10 guides from the final dataset resulting in 42 included guides. This corresponds to a

Table 2 Development characteristics of included KMb guides

Development characteristic of KMb Guide	n (yes)	%
Provided citations/bibliography	29	69.0
Provided funding acknowledgement	19	45.2
Cited evidence to support KMb steps	14	33.3
Cited evidence related to effectiveness of specific KMb strategies	10	23.8
Described the development process	8	19.0
Was peer-reviewed	5	11.9
Identified competing interests	2	4.8
Described a process for updating guide	0	0

Note: KMb = Knowledge Mobilization

disappearance rate of 19% (10/52) between initial screening and data extraction.

Table 1 presents demographics results of the synthesized guides. Most were published in Canada ($n = 29$; 69.0%), published between 2010 and 2015 ($n = 16$; 38.1%), used KT as their key term ($n = 18$; 42.9%) and primarily focused on health, either in general ($n = 8$; 19.0%) or disease-specific ($n = 8$; 19.0%). Many did not report the guide's target audience ($n = 18$; 42.9%). The median page count for the guides was 10 (IQR = 5–18; Range = 1–142). Supplemental File 2 includes the full list of guides.

Table 2 presents a synthesis of the reported processes to develop the guides. Many provided citations or a bibliography to support the overall guide ($n = 29$; 69.0%) and cited evidence to support the KMb steps ($n = 14$; 33%) and the effectiveness of KMb strategies ($n = 10$; 23.8%). Few were peer-reviewed ($n = 5$; 11.9%) and none described a process for updating guides. Supplemental File 3 includes the full list of guides and their processes of development.

Table 3 presents findings related to the format, presentation, and selected content features of the guides. Most were available in PDFs ($n = 33$; 78.6%). Based on reviewer judgment, the KMb planning steps were considered easy to identify in most guides ($n = 38$; 90.5%) and the graphic design was perceived to enhance its readability ($n = 37$; 88.1%). Nearly all guides included examples of KMb strategies ($n = 37$; 88.1%) and considered the potential resources implications of enacting the KMb plan ($n = 34$; 81.0%). In contrast, fewer guides defined their key terms ($n = 20$; 47.6%), discussed how the research to be mobilized fits within the broader synthesized research evidence, or provided a discussion of KMb theory or evidence ($n = 14$; 33.3%).

Figure 1 presents the categories of mutually exclusive KMb steps we identified in the included guides. The most common steps were to select the KMb product or method ($n = 39$; 92.9%), identify the audience ($n = 36$; 85.7%) and evaluate the process ($n = 34$; 81.0%). The least common steps were to assess/ensure sustainability of the KMb plan ($n = 8$; 19.0%), assess the usefulness and validity of your message ($n = 7$; 16.7%) and identify project

Table 3 KMb guide format

		n (yes)	%
Format	PDF	33	78.6
	Article	5	11.9
	Website	3	7.1
	PDF+Website	1	2.4
Clarity of Presentation	Perception that KMb planning steps were easily identified	38	90.5
	Perception that provided graphic design enhanced readability	37	88.1
	Provided visual aids	29	69.0
	Provided table of contents	19	45.2
Applicability	Provided glossary	10	23.8
	Provided examples of KMb strategies	37	88.1
	Considered potential resource implica- tions of the KMb plan	34	81.0
	Recommended other guides/resources	24	57.1
	Explained in detail how to execute each KMb step	23	54.8
	Discussed barriers & facilitators to guide's application/KMb in general	21	50.0
	Provided blank worksheets	21	50.0
	Provided advice/tools on how to apply specific KMb strategies	18	42.9
	Provided examples of KMb products	16	38.1
	Provided checklists	13	31.0
KMb Specific	Provided case studies	10	23.8
	Provided examples of KMb plans	4	9.5
	Defined other key terms	20	47.6
	Discussed relating guide findings to synthesized research evidence	17	40.5
	Discussed interpreting the study findings considering other related evidence	16	38.1
	Was underpinned by a specific KMb theory/framework	16	38.1
	Provided a general discussion of KMb theory/evidence	14	33.3

Note: KMb = Knowledge Mobilization; PDF = Portable Document Forms

partners ($n=5$; 11.9%). Supplemental File 4 includes the breakdown of each step organized per guide.

Table 4 presents synthesized information on aspects of co-production mentioned across the included guides. Some guides described co-production in the context of engaging knowledge users in dissemination efforts ($n=24$; 57.1%) and recommended sharing findings with knowledge users before executing the KMb plan ($n=24$; 57.1%).

Discussion

The objective of this study was to identify and analyze online KMb guides intended for researchers, administrators, practitioners, decision-makers, policymakers, and trainees in health and health-related disciplines. Our review revealed substantial variability in the quality,

structure, and transparency of publicly available KMb guides. While many guides appeared professionally designed and easily accessible, their development processes were often poorly described. For example, it was often unclear what sources of evidence underpinned their recommendations, whether content was adapted from other guides, or how content had been selected or structured. This lack of transparency makes it difficult for users to assess whether a guide is evidence-informed or arbitrarily constructed [25]. These findings align with previous research examining KT toolkits (defined as a bundle of educational materials, such as templates, instruction sheets, videos, and posters), which also found that a significant proportion (28%) lacked any reference to supporting evidence, and those that did, varied widely in what constituted such evidence [26]. In our review, only 29 of the 42 guides (69.0%) provided any form of citations or bibliography, only 14 guides (33.3%) cited evidence to support the recommended KMb steps, and only 10 guides (23.8%) cited evidence related to the effectiveness of specific strategies. Furthermore, only 16 guides (38.1%) referenced established KT/KMb theories, models, or frameworks, despite widespread agreement that theory-informed KMb planning improves the likelihood of success [8, 27, 28]. This lack of theoretical grounding and methodological transparency raises concerns about the credibility and utility of many of these widely accessible resources.

Another key finding was that none of the guides explained how their content would be kept up to date. Not a single guide described a mechanism for regular revision to reflect evolving evidence or KMb practices. This is concerning given that the relevance of KMb strategies may change over time, and using outdated guides (and evidence) could lead to ineffective or even harmful outcomes. This gap likely reflects that funders rarely allocate resources for post-publication updates. Future funding mechanisms could explicitly budget for such activities to ensure the ongoing validity of KMb tools. Moreover, our two-phase search revealed that 10 out of the 52 originally included guides (19.2%) had become inaccessible by the time of writing this manuscript, highlighting limited sustainability and poor long-term accessibility. If knowledge users adopt and become reliant on a specific guide, they may be unaware that it is no longer maintained or valid. Future guide developers should clearly describe procedures for updating content or, at minimum, include a disclaimer with the date of the last revision to indicate that the guide may no longer reflect current evidence.

Another important gap was that most guides did not address whether users *should* engage in KMb activities at all, given the quality, relevance, or maturity of the evidence found. This reflects the concept of judicious KT/KMb, which suggests that knowledge should not be

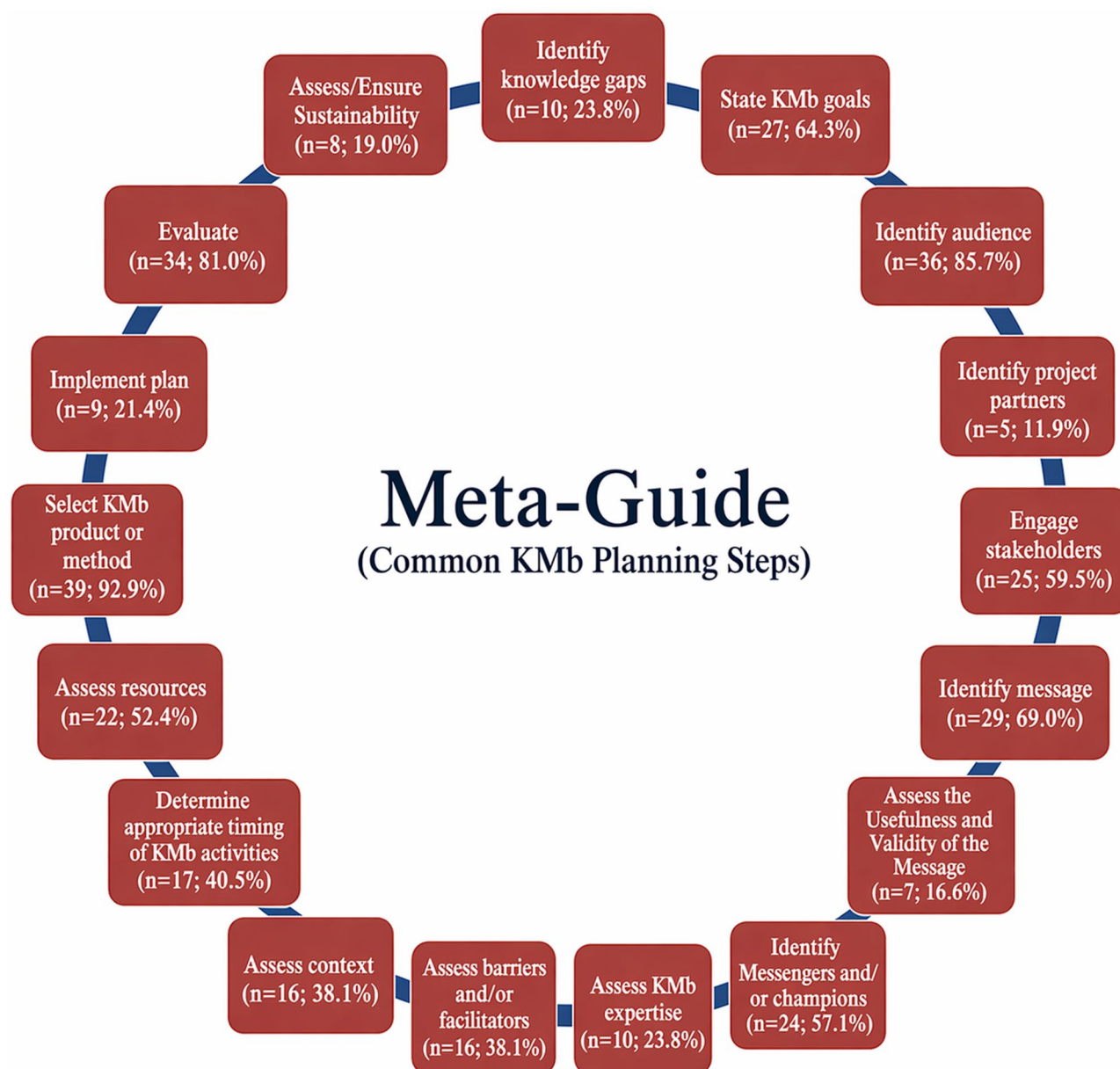


Fig. 1 Meta-guide of included guides

mobilized indiscriminately [29, 30]. Instead, it should be informed by the strength and breadth of the underlying evidence. Few guides cautioned against mobilizing evidence from a single study without considering the larger body of literature. This omission is problematic, as applying or promoting isolated findings without context may contribute to ineffective or harmful practices [29, 30]. Future guides should include prompts or criteria to help users reflect on whether evidence is sufficiently synthesized or applicable to warrant mobilization, while also encouraging transparent framing when single studies are shared for the purposes of awareness or discourse.

To address the inconsistencies observed across KMb guides, we synthesized our findings into a summary framework, which we called a meta-guide (Fig. 1). This meta-guide outlines the common planning steps identified across the included KMb guides and could serve as a practical reference for future KMb guide developers. Rather than serving as a prescriptive checklist, it provides an overview of potential components that may be included in a KMb guide. We note that the meta-guide reflects a repository of what was found in this review and has not been empirically tested. As such, not every element is likely necessary or appropriate in all contexts. This is an avenue for future research.

Table 4 Elements of co-production in guides

IKT/ Research co-production	n (yes)	%
The terms IKT, coproduction or similar were used	5	11.9
Described IKT/coproduction to engage in research with knowledge users	18	42.9
Described IKT/coproduction to engage in dissemination with knowledge users	24	57.1
Recommended sharing findings with knowledge users before executing the KMb plan	24	57.1
Recommended sharing findings with funding partners before executing KMb plan	8	19.0
Recommended sharing findings with study participants before executing the KMb plan	4	9.5
Did not include any recommendations to share findings	18	42.9

Note: IKT = Integrated Knowledge Translation; KMb = Knowledge Mobilization

Furthermore, we developed a set of reflective questions based on our findings to help users assess the suitability of existing guides and to support the development and reporting of future KMb guides. These questions encourage users to consider elements such as whether knowledge users were included, whether a disclaimer was included and whether relevant theories, models or frameworks were cited (Table 5). Combined, the meta-guide and reflective questions can support the creation of more transparent, consistent, robust and reliable KMb guides in the future.

An additional consideration is the evolving role of generative AI and large language models in how users search for and access information. Increasingly, users may rely on AI-generated summaries or conversational interfaces rather than traditional search engine result lists. Our approach reflects a snapshot of search practices across two time periods, both of which predate the widespread integration of these tools into everyday information-seeking behaviour. While AI-assisted approaches may alter how resources are identified and synthesized, their outputs remain dependent on the availability and quality of underlying materials. As such, the limitations identified in this review (e.g., limited methodological transparency, lack of supporting evidence, absence of update procedures) would likely persist regardless of whether guides are identified through traditional search engines or AI-assisted methods. Future research could examine how AI-mediated search influences the identification, interpretation, and use of KMb resources, and whether such approaches yield similar or divergent outputs compared to conventional search strategies. Similarly, future work could explore how generative AI may influence the development of new KMb guides.

Strengths and limitations

This review offers a broad overview of publicly available KMb guides. However, this research is not without

Table 5 Considerations to guide the development of knowledge mobilization guides

Domain	Item	Reflective Question(s)
Purpose and scope	1	What is the specific purpose of this guide?
	2	Who are the intended users (e.g., researchers, practitioners, policy makers)?
Development Process	3	What was the process to develop this guide?
	4	What were the sources used to develop the guide? (e.g., literature, expert consultation, knowledge user input)?
Foundational evidence	5	How was the content selected and structured?
	6	What empirical evidence supports the guidance/steps provided in this resource?
Theoretical underpinning	7	What other sources are cited for key claims, recommendations or steps?
	8	What KMb theories, models or frameworks are used or referenced?
User involvement	9	Were knowledge users (e.g., patients, practitioners, policy makers) involved in developing this guide?
	10	If so, how were they engaged?
Clarity and Usability	11	Are the KMb steps clearly described and logically ordered?
	12	How does the guide address whether mobilization is appropriate for the given evidence (e.g., strength, synthesis, potential harms)?
Updating and Sustainability	13	Is the version or date of last revision clearly stated?
	14	What is the plan or process for updating the guide over time?
Evaluation/Feedback	15	Has the guide been evaluated for usability or impact?
	16	What is the mechanism for users to provide feedback or suggestions for improvement?

Note: KMb = Knowledge Mobilization

limitations. Our analysis was based solely on the information provided in the publicly accessible documents. If evidence was used in the development of a guide but not explicitly reported, we were unable to capture it. As such, our findings reflect what was communicated, not necessarily what was done. Some guides identified through our search may represent only one component of a broader educational program or organizational website. In such cases, the guide may appear as a discrete product within our dataset, even though supplementary materials, development details, or supporting evidence may exist elsewhere on the host platform. This potential

“iceberg effect” could mean that contextual or methodological information (e.g., target audience specifications or evidence sources) was not captured within the extracted guide itself. Consequently, our findings may underestimate the rigor or comprehensiveness of certain resources. However, this limitation was partly mitigated by our detailed review of each search result and its source website. Because we screened the first 50 hits per search string and examined the pages hosting each guide for related or supplementary materials, we assumed that any directly associated documents would have been captured. Therefore, while some peripheral content may have been missed, the likelihood of overlooking substantial companion materials is low.

A single reviewer conducted most screening and inclusion decisions; however, this approach reflects how a typical user might search for and select KMb guides. Although this may limit the methodological rigor of the inclusion process, it strengthens the realism of the search strategy, reflecting how users might typically locate and select KMb guides.

Finally, the search was conducted in two separate time periods due to circumstances beyond our control and resulted in a disappearance rate of 19% of guides over six years. Despite this, we followed the same protocol during both phases to maintain consistency. Interestingly, searching in two time points revealed that a significant proportion of guides were no longer available at the time of the second search, highlighting concerns about the long-term sustainability and accessibility of many KMb resources locatable on the world wide web. Furthermore, while our search strategy was designed to reflect the pragmatic approach that most knowledge users would take, it may not be entirely reproducible. The pragmatic synthesis approach was designed to approximate how users may search for KMb resources; however, this approach is based on an informed assumption rather than empirical evidence of user behaviour. As such, it may not fully capture the range of strategies that individuals use to identify relevant resources. Furthermore, Google’s proprietary algorithms and localized search parameters are not transparent or stable over time and may vary by geographic location; they are likely updated at intervals unknown to the general public [22, 31]. As a result, reproducing our search strategy in different locations, at different times, or in different languages may yield varying results, which should be taken into account when interpreting our findings.

Conclusion

Although KMb guides are accessible and often visually clear, most lack methodological transparency and fail to cite supporting evidence or update procedures. These gaps may compromise the effectiveness of KMb guides

and warrant closer scrutiny from users. Our findings highlight the need for more rigorous, evidence-informed KMb guides. The proposed meta-guide and reflective questions offer tools to support guide selection and more consistent and transparent guide development in the future.

Abbreviations

KMb	Knowledge Mobilization
KT	Knowledge Translation
PDF	Portable Document Forms
IKT	Integrated Knowledge Translation
URL	Uniform Resource Locator

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s43058-026-00996-x>.

Supplementary Material 1
Supplementary Material 2
Supplementary Material 3
Supplementary Material 4

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None.

Author contributions

MZ conducted the search, extracted and analyzed the data and drafted the manuscript. CM conceptualized the project, extracted and analyzed the data and provided critical feedback on the manuscript. MA conducted part of the search, extracted data and provided feedback on the manuscript. KJM conducted part of the search, extracted data and provided feedback on the manuscript. IDG conceptualized the project, oversaw the data extraction and analysis and provided critical feedback on the manuscript. All authors read and approved the final manuscript.

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Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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