RESEARCH ARTICLE

Common Frameworks for Translating Research Evidence into Policy and Practice: A Scoping Review

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Abstract

The way health policies and practices have evolved is largely influenced by translational research, which uses various conceptual and theoretical frameworks to connect evidence with real-world applications. This scoping review had set out to map and to summarize the existing literature on the most used frameworks for turning research into practice and policy. Instead of providing definitive clinical recommendations, it focused on showcasing the current state of evidence to guide future research efforts. To conduct this review, a systematic search was carried out across seven databases, covering peer-reviewed articles, theses, dissertations, and academic literature in health and science. These studies were screened and analyzed following the guidelines set by the Joanna Briggs Institute (JBI). A total of 73 studies were reviewed, encompassing 58 distinct frameworks, with eight emerging as the most frequently applied: CFIR (Consolidated Framework for Implementation Research), ARCC Model (Advancing Research and Clinical practice through close Collaboration), KTA (Knowledge-to-Action) Framework, aSSKINg (Assessing risk, Skin assessment and care, Surface selection, keep moving, Incontinence management, Nutrition, and Giving information) Framework, CATs (Critically Appraised Topics) Framework, Delphi Technique, HIRAID (History including Infection risk, Red flags, Assessment, Interventions, Diagnostics, communication, and reassessment) Framework, and MRC (Medical Research Council) Framework. The review pinpointed these eight frequently referenced frameworks that served as essential tools for implementing research-informed practices and policies; however, the successful application of these frameworks was affected by various contextual factors, such as the availability of resources, workforce capacity, professional skills, and the suitability of timing and setting. The findings revealed variations in framework orientation, context of application, and stakeholder engagement, highlighting the importance of adaptability, context-sensitivity, and co-design in effective evidence translation. Given the limited range of databases examined, it was suggested that future research should involve a wider and more diverse array of sources to bolster the evidence base and to improve the generalizability of the findings. The review called for greater methodological rigor in framework selection and use, as well as the development of decision-support tools to optimize translational outcomes.

Keywords: *Frameworks, scoping review, translating research evidence, health policy and practice*

Introduction

Translational research plays a vital role in improving health care delivery by connecting scientific breakthroughs with real-world applications, hence its effectiveness is crucial for its implementation, promotion and proper circulation of interventions. This process of applying ideas, insights and discoveries not only boosts clinical outcomes but also makes sure that investments aimed at enhancing public health are used wisely (Drolet & Lorenzi, 2021; Glasgow et al., 2020; Woolf, 2008).

Often called the "bench-to-bedside" model, research translation is all about taking discoveries from basic science and turning them into new treatments, interventions, and health technologies (Fernandez et al., 2022; Khoury et al., 2021).

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Translational research has not only grown beyond just biomedical innovations but also encompassed public health and health services research. This shift highlights the importance of transforming evidence into practical policies and practices that can strengthen health systems and enhance the well-being of populations (Brownson et al., 2018; Greenhalgh et al., 2017).

Even with the increasing focus on translational research, the field still grapples with ongoing challenges. These include the complicated and often disjointed way research findings are integrated into policy-making and clinical practice, along with the different interpretations and applications by various stakeholders (Rycroft-Malone et al., 2022; Torsney et al., 2021). Furthermore, the ever-changing landscape of healthcare means that policies, interventions, and management strategies need to be continuously reassessed and updated to stay evidence-informed and relevant to the context.

The connection between basic science, clinical medicine, and public health highlights the importance of having systematic methods to evaluate and guide how research findings are put into practice. This need has sparked the creation of translational frameworks, which act as conceptual tools to help structure and assess the processes of translating knowledge; it outlines the translation of research as well into practice, which provides better knowledge for implementation outcomes aiding in its evaluation (Nilsen, 2020). Terms like knowledge translation (Gagliardi et al., 2016; Graham et al., 2006), knowledge-to-action (Field et al., 2014; 2019), and evidence-based practice (Dobbins et al., 2018) are often used interchangeably with translational research, while emphasizing the crucial goal of bridging the gap between research and real-world application. To better capture and consider the interchangeable terminologies, this study, thereby, focused more on general translational research frameworks instead of concentrating on a single specific domain.

These frameworks recognized that translating research is not a straightforward path; it is a dynamic and ongoing interaction among researchers, practitioners, policymakers, and the socio-political environment in which health services function (Best et al., 2021; Greenhalgh et al., 2017). Therefore, to effectively evaluate the success and impact of translational efforts, it is essential to apply well-defined and widely accepted conceptual frameworks.

This scoping review aimed to pinpoint and to outline the most frequently used conceptual frameworks that guide the translation of research into practice and policy in the last 5 years. There were no specific guidelines regarding the search limits by date; however, evidence will need to be up to date as much as possible for systematic assessment and synthesis of frameworks (Chandler et al., 2019; Furuya-Kanamori et al., 2023) for 5 years. This review did not intend to provide definitive clinical guidance but rather to offer a thorough synthesis of the existing evidence. Grounded in the methodology of Joanna Briggs Institute (JBI) and informed by principles of knowledge synthesis (Peters et al., 2020; Sucharew & Macaluso, 2019; Tricco et al., 2018), this review aspired to shape future research priorities and facilitate the systematic integration of evidence-based frameworks in health policy and practice.

Methodology

This scoping review was carried out in line with the methodological guidance from the Joanna Briggs Institute (JBI), which provided a solid framework for mapping out existing literature, pinpointing knowledge gaps, clarifying key concepts in a specific field, and synthesizing various methodological approaches across different studies. Adherence to the structured ten-step process of JBI was done as condensed by Hadie (2024), in order to ensure that the approach to evidence synthesis was systematic, transparent, and replicable.

The first step was to identify the focus area of the review. When selecting the topic, significance of existing findings was highlighted from the literature while also establishing a clear and operational definition of key concepts to boost precision and analytical clarity (Pollock et al., 2021). In the second step, reasons for conducting a scoping review were evaluated. This was crucial for ensuring that the objectives aligned with the review process, thereby reinforcing its methodological validity. During this stage, the research gaps were not only identified, but the breadth of existing literature was also explored while having clarified definitional boundaries, examining study methodologies, and setting up the stage for future systematic reviews (Munn et al., 2018).

The third step involved crafting an informative and concise review title that accurately captured the core elements of the study, including population, concept, and context (PCC), in line with JBI recommendations. The phrase “a scoping review” in the title was retained to maintain transparency and to ensure alignment with the review's scope and intent (Aromataris et al., 2024).

In the fourth step, a thorough background and rationale for the review was provided, placing the area of inquiry in context and justifying the choice of a scoping methodology (Peters et al., 2020). The fifth step was about developing broad yet focused research questions that could effectively capture the complexity and diversity of the literature related to the chosen topic.

Setting up the inclusion criteria using the PCC framework following the guidance from JBI was the sixth step. This method helped clarify the review's scope and made sure that the research goals aligned well with the sources chosen (Peters et al., 2020). Moving on to the seventh step, a thorough literature search was conducted after having selected studies based on the eligibility criteria. Dr. Erlinda Palaganas, PhD, professor from Saint Louis University, Baguio City, Philippines and the editor-in-chief of The Philippine Journal of Nursing reviewed the titles and abstracts, sorted out any differences, and gave advice for the inclusion criteria to make sure the final selection was both relevant and appropriate.

In the eighth step, data extraction was done systematically. This included details like the author(s), publication year, study design, the framework used, and key findings that were pertinent to the research questions.

The ninth step focused on analyzing and synthesizing the data. Information was thematically categorized to spot recurring concepts, common frameworks, gaps in the literature, and potential areas for future research. To keep everything structured and transparent, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) 2020 checklist and flow diagram (Please see table 1) was used. This helped us systematically map out key concepts and sources of evidence, highlighting theoretical patterns and methodological trends (Aromataris & Munn, 2020; Canadian Institutes of Health Research, 2020).

Finally, the process was completed by drafting, reviewing, and finalizing the manuscript for publication. This last phase was crucial to ensure that the findings were communicated clearly and meaningfully, contributing to scholarly discussions and informing policy and practice in health research translation.

Search Strategy

A comprehensive literature search was conducted across multiple databases. Inclusion criteria were: (1) peer-reviewed articles, (2) use of an explicit conceptual or theoretical framework to guide research translation, and (3) focus on policy and/or practice translation in the health domain. Exclusion criteria included: (1) non-English publications, (2) conference abstracts or protocols without empirical application, and (3) studies focused solely on clinical outcomes without translational intent.

Data was extracted using a standardized form capturing framework name, orientation, health domain, geographical context, stakeholder involvement, and outcomes. Descriptive analysis was conducted to determine the frequency of framework use. A thematic synthesis was applied to analyze the context of application, actor involvement, and effectiveness.

An extensive literature search across various databases was conducted to find relevant studies on translational research frameworks and how these were applied in practice and policy. The electronic databases that were utilized included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Complete, MEDLINE, Health Source: Nursing/Academic Edition, OpenDissertations, the National Library of Medicine, and PubMed.

To make the search more effective, Boolean operators “AND” and “OR” to link keywords and controlled vocabulary terms were used. Some of the key search terms that were focused on were: Translational Research, Evidence-Based, Research Practice and Policy, Frameworks, Models, and Theories.

Phrase searching with quotation marks was done to pinpoint exact matches for the concepts that the researchers were interested in. The search phrases employed included: “Translational Research”, “Evidence-Based”, “Research Practice and Policy”, “Translating Research into Practice”, “Evidence-Based Research into Practice”, “Evidence-Based Research Translation into Practice”, and “Translational Research into Practice and Policy”.

This approach helped compile a comprehensive and targeted collection of literature that addressed the conceptual frameworks and models for translating research into healthcare practice and policy.

Research Question

For this scoping review project, Population, Concept and Context was used to describe an understanding of the questions:

“What are the recent frameworks used for translating research evidence into policy and practice?”

“Among the frameworks reviewed, what are commonly used in translating health research evidence into policy and practice?”

Selection of Evidence

The search on peer-reviewed articles published between January 1, 2020, and May 6, 2025, in English or those with English translations were focused upon. The criteria for including titles, abstracts, and full texts were: (1) original research articles from the chosen databases; (2) studies that specifically focused on how research evidence is translated into

health practices or policies; (3) articles that showcased the use of particular frameworks, models, theories, or conceptual approaches in the translation process; and (4) studies that emphasized the integration of evidence-based research into health policies and practices, clearly referencing a related framework. From these articles, the researchers delved into knowing the most common frameworks being used more than once in the reviews done.

Conversely, these were excluded: (1) non-original research like editorials, commentaries, or opinion pieces; (2) studies that did not mention any theoretical or conceptual framework in translating research into practice or policy; (3) and studies that reported the ineffectiveness or failure of frameworks or models without providing clear analysis or concepts.

The initial search of the database found 4,080 records, which included a variety of study designs like randomized controlled trials, systematic reviews, quasi-experimental studies, descriptive research, and qualitative models. Out of these, 412 records were discarded because the full texts were incomplete, and 215 duplicates were found and removed. Additionally, 127 records were filtered out using automated screening tools, while 246 were deemed irrelevant to the study's goals.

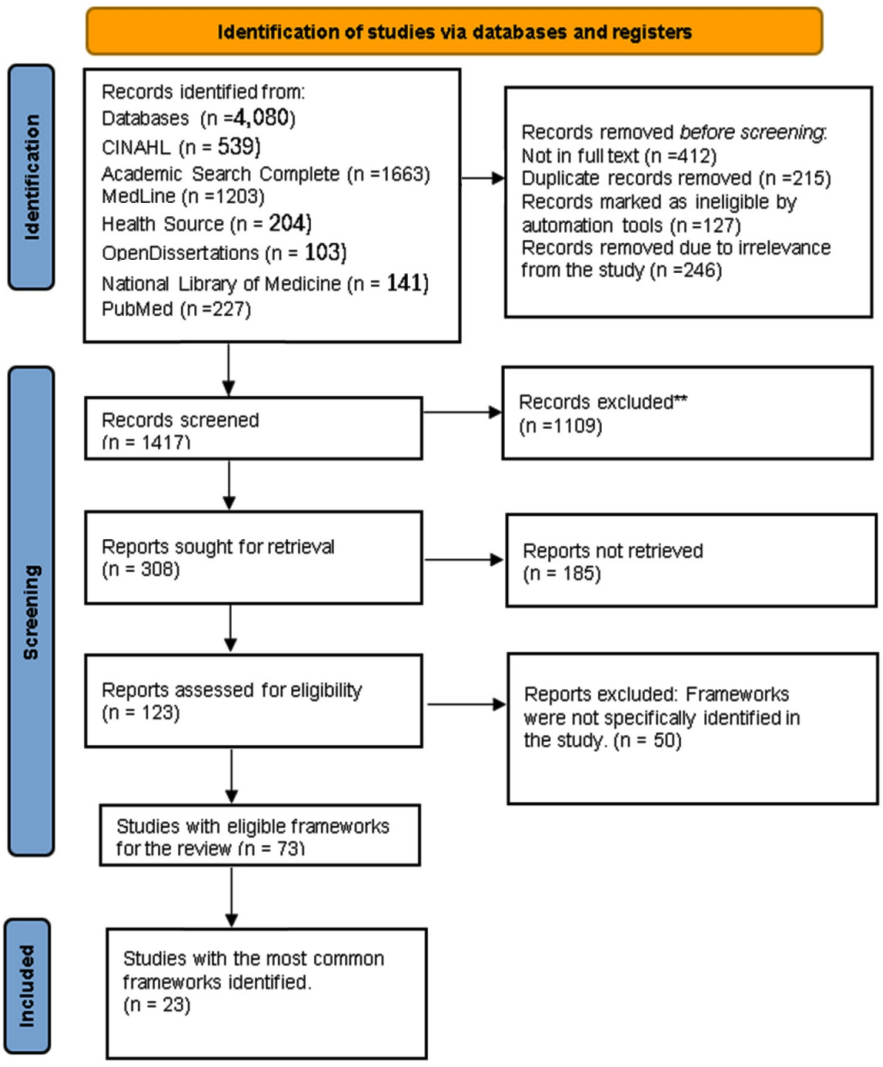
This left the researchers with 1,417 records for a more thorough screening. From this batch, 1,109 articles were excluded because of unclear identification and discussion of the frameworks, models, or theories that were relevant to research translation. As a result, 308 full-text reports were retrieved for eligibility assessment. Unfortunately, 185 of these reports were inaccessible or could not be downloaded, which left the researchers with 123 articles for a complete review.

After reviewing 123 articles, 50 were excluded due to unclear or vague descriptions of the frameworks where these lacked detail on the process, steps, or application of the model. The 73 articles studied met the inclusion criteria wherein a total of 57 distinct frameworks were identified. Of these 58 frameworks, eight (8) were used more than once, hence included in the final review for the most common frameworks as the focus of this scoping review.

Ethical Considerations

Since this review involved analysis of publicly available data from published literature, no ethical approval was required. However, the review process was conducted with rigor and respect for intellectual property and transparency in reporting.

Table 1. *Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) 2020.*



Results and Discussion

This scoping review analyzed 73 studies that applied 58 distinct conceptual or theoretical frameworks to guide the translation of health research into policy and/or practice (Table 2). Among these, 8 frameworks emerged as the most commonly utilized for translating research into policy and practice for 5 years. These included: CFIR (Consolidated Framework for Implementation Research), ARCC Model (Advancing Research and Clinical practice through close Collaboration), KTA (Knowledge-to-Action) Framework, aSSKINg (Assessing risk, Skin assessment and care, Surface selection, keep moving, Incontinence management, Nutrition, and Giving information) Framework, CATs (Critically Appraised Topics) Framework, Delphi Technique , HIRAID (History including Infection risk, Red flags, Assessment, Interventions, Diagnostics, communication, and reassessment) Framework, and MRC (Medical Research Council) Framework as summarized in Table 3. These frameworks vary in orientation, design, and application but all serve the overarching goal of bridging research to real-world use Table 4).

Table 2. *Identified Frameworks for Translating Research into Policy and Practice.*

	FRAMEWORKS
1	3i + E framework
2	3-Phase implementation framework
3	Aboriginal Community Controlled Health Services (ACCHS) support model.
4	ACE-ED (Acute Concussion Evaluation -Emergency Department)
5	Antibiotic Stewardship Nursing Practice
6	ARCC (Advancing Research and Clinical practice through close Collaboration
7	aSSKINg (Assessing risk, Skin assessment and care, Surface selection, keep moving, Incontinence management, Nutrition, and Giving information) Framework
8	Best Practice Spotlight Organization programme
9	CFIR (Consolidated Framework for Implementation Research)
10	Conceptual Model
11	CPG (Clinical Practice Guidelines)
12	Critically Appraised Topics (CATs) Framework
13	Delphi Technique
14	Document analysis framework
15	East London NHS Foundation Trust Framework.
16	EBP (Evidence -Based Practice), Research, Innovation, Model
17	Evidence to Decision (EtD) Framework
18	Grading of Recommendations Assessment, Development and Evaluation (GRADE)
19	HIRAID (History including Infection risk, Red flags, Assessment, Interventions, Diagnostics, communication, and reassessment)
20	Human -Centered Leadership in Healthcare (HCL -HC) Model
21	Implementation Science Methodology
22	Information -Motivation -Behavioral skills (IMB) model.
23	Integrated Learning Framework (ILF)
24	Interrupted Time Series (ITS) Design.

25	Intervention Mapping (IM) Framework
26	IOWA
27	i-PARIHS (integrated Promoting Action on Research Implementation in Health Services)
28	Johns Hopkins Evidence -Based Practice (JHEBP) Model
29	Knowledge Translation Framework.pdf
30	Knowledge -to-Action Cycle/ Framework
31	McSherry (2007) original evidence -informed nursing model
32	Medical Research Council Framework
33	Modified guideliness by AGREE II (Appraisal of Guidelines for Research and Evaluation II)
34	Normalization Process Theory
35	Nurse Manager Learning Domain
36	Nursing Competency framework
37	Plan-Do-Study-Act (PDSA)
38	Public Health Crisis Conceptual Model
39	Quality and Outcomes Framework
40	Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE -AIM) framework 2
41	RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance).
42	Rogers' Diffusion of Innovations Framework
43	San Diego 8A's evidence -Based practice model
44	Self-Efficacy model.
45	Six-Step Methodology Guideline
46	Social Cognitive Learning Theory
47	Team Strategies and Tools to Enhance Performance and Patient Safety (Team STEPPS)
48	The Clinical Nursing Decision Support System (CNDSS) for neonatal hypoglycaemia (NH)
49	Theory of Change Model
50	Three Phases for Implementing Evidence -Based Practices
51	THRIVES (Towards Healthy uRbanism: InclusiVe, Equitable, Sustainable) Framework
52	Wound Care Framework
53	Innovative Care for Chronic Conditions (ICCC) model
54	Exploration, Preparation, Implementation and Sustainment Framework (EPIS)
55	Discovery -Translation -Application Framework
56	Tailored Implementation in Chronic Diseases framework (TICD)
57	Care, early Access, policy Reform, Data and digital technology, Intersectoral collaboration, and local Ownership Framework (CARDIO)
58	Twigg and Atkin's Organizing Framework

Table 3. *Most Common Frameworks in Translating Research into Practice in the Last 5 Years*

Most Common Frameworks in Translating Research Into Practice in the Last 5 Years		
	Frameworks	**Number of Articles Found**
1	CFIR (Consolidated Framework for Implementation Research)	7
2	ARCC (Advancing Research and Clinical practice through close Collaboration)	3
3	Knowledge-to-Action Cycle/ Framework	3
4	aSSKINg (Assessing risk, Skin assessment and care, Surface selection, keep moving, Incontinence management, Nutrition, and Giving information) Framework	2
5	Critically Appraised Topics (CATs) Framework	2
6	Delphi Technique	2
7	HIRAID (History including Infection risk, Red flags, Assessment, Interventions, Diagnostics, communication, and reassessment)	2
8	MRC (Medical Research Council) Framework	2
	Total	23

A summary table (Table 3) presents the **eight most utilized frameworks** identified in the 23 selected articles in the last 5 years.

A total of 23 articles highlighted some commonly used implementation frameworks. The one that came up the most was the Consolidated Framework for Implementation Research (CFIR), which was mentioned in seven articles. Next in line were the Advancing Research and Clinical Practice through Close Collaboration (ARCC) model and the Knowledge-to-Action (KTA) Framework, each appearing in three studies. The other frameworks, such as the aSSKINg Framework (which stands for Assess risk, Skin assessment and skin care, Surface, Keep moving, Incontinence, Nutrition, and Giving information), the Critically Appraised Topics (CATs) Framework, the Delphi Technique, HIRAID (History, Infection risk, Red flags, Assessment, Interventions, Diagnostics, Communication, and Reassessment), and the Medical Research Council (MRC) Framework, were each cited in two articles.

As shown in Table 3, the frameworks utilized in translational research collectively offered structure and guidance in various implementation settings. By its strategical use, research findings turned into practical, sustainable practices and policies, effectively closing the often-discussed gap between generating knowledge and applying it in the real world.

To provide greater clarity on their applications, brief descriptions of the 8 commonly used frameworks were presented (Table 4). The **Consolidated Framework for Implementation Research (CFIR)** offered a comprehensive structure spanning intervention characteristics, inner and outer settings, and implementation processes. The **Advancing Research and Clinical Practice through Close Collaboration (ARCC) Model** supported evidence-based practice through mentorship and organizational engagement. The **Knowledge-to-Action (KTA) Framework** outlined a dynamic, cyclical process linking knowledge creation to application. The **aSSKINg Framework** is a clinical mnemonic tool that guided pressure injury prevention. **Critically Appraised Topics (CATs)** were used to synthesize research into concise summaries for point-of-care decision-making. The **Delphi Technique** is a structured consensus-building method that involved iterative rounds of expert surveys. The **HIRAID Framework** enhances emergency care assessments through a systematic nursing approach. Finally, the **Medical Research Council (MRC) Framework** offered a phased structure for developing, piloting, evaluating, and implementing complex interventions.

Implementation Science Frameworks in Translating Research in Healthcare Practice and Policy

The **Consolidated Framework for Implementation Research (CFIR)** emerged as the most frequently referenced model among the studies reviewed. CFIR offered a comprehensive and pragmatic structure for understanding the dynamics of implementing evidence-based practices (EBPs) across healthcare settings. It comprised of five key domains: intervention characteristics, inner setting, outer setting, characteristics of individuals, and the implementation process (Southerland et al., 2023). This framework facilitated the identification of contextual factors, elucidation of causal mechanisms, and tailoring of strategies for effective implementation. Its flexibility and analytical rigor make CFIR a widely adopted tool for assessing barriers and facilitators to implementation in diverse environments (Damschroder et al., 2020).

The **Advancing Research and Clinical Practice through Close Collaboration (ARCC) Model** promoted the systematic integration of EBP within healthcare institutions. Initially

developed for academic health centers, the model advanced the *Quadruple Aim* by enhancing care quality, population health, provider well-being, and cost-efficiency (Tucker et al., 2021; Melnyk & Fineout-Overholt, 2011). A central feature is the development of EBP mentors—clinicians trained to lead practice change and foster a culture of inquiry. The model began with assessing organizational readiness and enabling context-sensitive strategies for implementation (Melnyk et al., 2021). Evidence linked ARCC with improved clinical outcomes, reduced costs, and higher staff satisfaction, although barriers such as time constraints and resistance to change underscored the need for leadership commitment and sustained capacity building (Dugan & Montoya, 2024).

The **Knowledge-to-Action (KTA) Framework** bridged the gap between knowledge generation and practice. Developed by Graham et al. (2006), KTA is a cyclical, iterative model comprising two main components: *knowledge creation* and the *action cycle*. The latter included identifying the problem, adapting knowledge to the context, assessing barriers, selecting strategies, monitoring use, evaluating outcomes, and sustaining practice change (Curtis et al., 2017; Torres et al., 2023). KTA's emphasis on stakeholder engagement and contextual adaptation has proven instrumental in supporting sustainable quality improvement and policy development across complex health systems.

The **aSSKINg Framework**, an evolution of the original SSKIN bundle, is a structured, patient-centered approach to pressure ulcer (PU) prevention and management. It includes seven components: assess risk, surface selection, skin inspection, keep moving, incontinence management, nutrition, and giving information (Martin & Holloway, 2024). Widely used in acute and long-term care settings, aSSKINg standardized PU care and supports timely, individualized interventions. Its strength lied in its flexibility and interdisciplinary applicability; however, successful implementation depends on robust institutional support, comprehensive training, and regular auditing to address gaps in knowledge and compliance.

The Critically Appraised Topics (CATs) provided a streamlined, practice-oriented method for applying research evidence to clinical decision-making. Designed for time-constrained environments, CATs addressed specific clinical questions using the PICO format and encouraged the ethical application of evidence (Jones & O'Connor, 2024; Attallah & Hasan, 2022; Sladkey et al., 2025). Unlike systematic reviews, CATs are more accessible for clinicians without formal research training and foster timely, contextually relevant, and ethically grounded decisions at the point of care.

The **Delphi Technique** is a structured, iterative method for achieving expert consensus through successive rounds of anonymous surveys. Originally developed for policy forecasting, its utility in healthcare included developing clinical guidelines, setting research priorities, and adapting evidence to practice in areas with limited empirical data (Hsu & Sandford, 2007). Key strengths included minimizing group thinking and incorporating diverse stakeholder perspectives. Often used alongside frameworks such as KTA, Delphi enhanced the relevance and feasibility of implementation efforts, particularly when large-scale trials are not yet feasible.

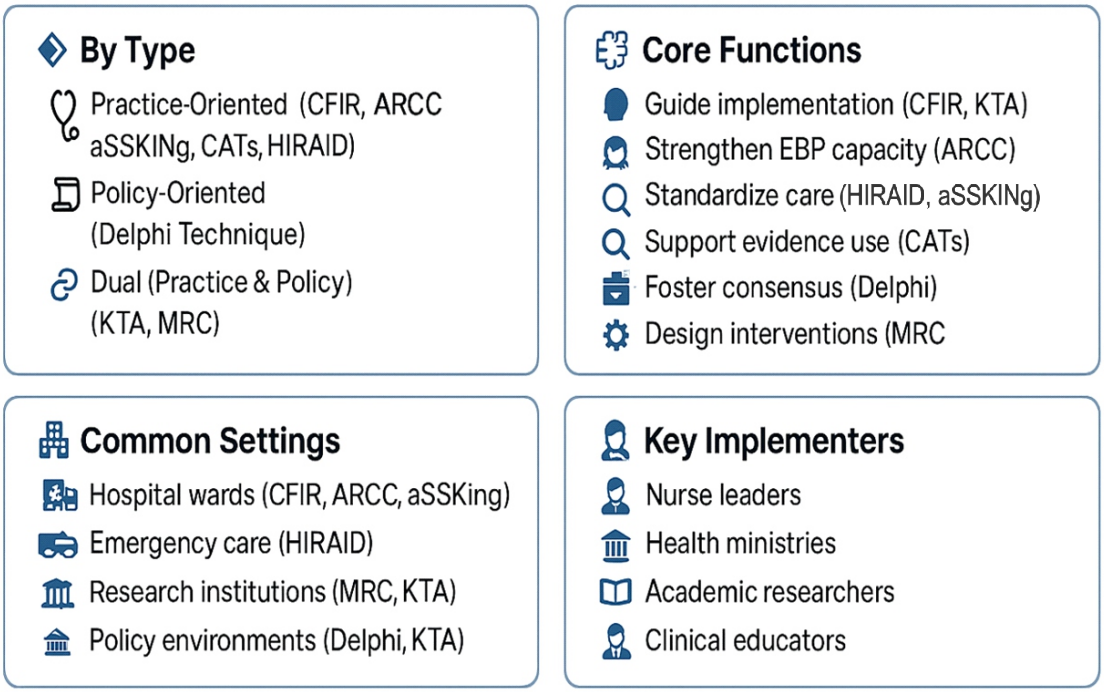
The **HIRAID model** (History, Red flags, Assessment, Interventions, Diagnostics, Communication, Reassessment) offered a standardized framework for emergency nursing assessments. Developed to address inconsistencies in clinical evaluation, HIRAID enhanced diagnostic accuracy, documentation, and interprofessional communication (Considine et al., 2025; Curtis et al., 2024). Implementation had been associated with improved patient safety and reduced adverse events. Its integration into clinical education further supported sustainable practice change (Kennedy et al., 2024).

Finally, the **Medical Research Council (MRC) Framework** provided a structured approach for developing, evaluating, and implementing complex healthcare interventions. Emphasizing theory, empirical evidence, and stakeholder input, it guided researchers through phases of development, feasibility testing, evaluation, and implementation (Maselli et al., 2024). Its iterative design supported responsiveness to real-world conditions while ensuring methodological rigor and ethical integrity (Widnall et al., 2023). The MRC Framework's broad applicability underscored its role in translating research into context-specific, ethically sound interventions.

While these frameworks vary in focus, ranging from individual clinical tools to systems-level change models, their effectiveness is shaped by contextual factors such as organizational readiness, workforce capability, and sociocultural relevance. Their adaptability and capacity for stakeholder co-design are critical for translating evidence into sustainable, impactful healthcare practices.

One key takeaway from the literature we have reviewed is the common goal shared by various translational frameworks: to close the ongoing gap between generating evidence and applying it in health policies, protocols, and clinical programs. These frameworks offer structured approaches that make it easier to turn research findings into practical strategies within healthcare systems. These help pinpoint the obstacles to implementation and also provide routes for integrating evidence-based practices into policy-making and clinical workflows.

Table 4. *Standardize Care (HIRAID, aSSKINg)*



This review pointed out that terms like research translation, knowledge translation, and evidence-based research into practice are often used interchangeably. While these might seem synonymous, the subtle differences in their meanings could have affected how articles were chosen and how the application of frameworks was interpreted. This confusion in terminology highlighted the need for clearer concepts in translational science, especially when it comes to scoping and systematic reviews.

Many of the studies that were acknowledged had recognized the complex challenges of putting research into practice, especially the gap between researchers and end-users like policymakers, administrators, and practitioners. Structural barriers, such as limited funding, geographic limitations, and a lack of workforce capacity or expertise, were common hurdles to effective implementation. In addition, the articles reviewed stressed the vital role of dissemination strategies, monitoring systems, and evaluation mechanisms in fostering adaptive policy development and transforming practices. While some frameworks may appear interchangeable in structure or purpose, this review suggested that substituting one framework for another is not always advisable. The contextual alignment between a framework and the implementation environment is essential to achieving desired outcomes. A deeper understanding of these widely used frameworks, and their theoretical underpinnings, practical applications, and limitations, can enhance the strategic implementation of evidence into policy and practice.

This scoping review offered a useful platform for exploring how various frameworks support the translation of research into practice across different healthcare domains. It also opened the door to investigating the comparative effectiveness of individual frameworks versus their combined or integrated use. Future research could explore the outcomes associated with hybrid or context-specific adaptations of these frameworks. Moreover, qualitative methodologies such as document analysis, focus group discussions, or key informant interviews may enrich our understanding of how frameworks function in real-world settings and how these are perceived by diverse stakeholders.

The dynamic and evolving nature of implementation frameworks highlighted their potential to influence policy formation and practice standardization. However, their sustainability, especially those designed for training and workforce development, depended on contextual tailoring to the population served. Moreover, the lack of consistent terminology across studies may contribute to confusion, reinforcing the importance of a unified lexicon in the field of knowledge translation.

This review was not without limitations. The scope of the database search was constrained by access limitations, potentially omitting relevant literature indexed in broader or

specialized databases. A more comprehensive review, ideally a systematic or narrative review, conducted using standardized appraisal tools and broader database inclusion criteria is recommended to strengthen future inquiries. Gray literature, which includes unpublished manuscripts, theses, or reports that have not been peer-reviewed will also be a great avenue of further knowledge regarding the effectiveness of frameworks for translational research. Such efforts would offer a more robust evidence base for understanding the role and impact of translational frameworks in advancing health policy and practice. The database search was somewhat restricted due to access issues, which may have led to the exclusion of relevant literature found in broader or specialized databases. To enhance future research, a more thorough review, ideally a systematic or narrative one, using standardized evaluation tools and broader database criteria is recommended.

Conclusion and Recommendations

This review underscored that while translational frameworks offer structure, their effectiveness hinges on contextual fit rather than rigid adherence. Translation is not merely technical, it is social, political, and shaped by local realities. Frameworks must be adapted to address stakeholder needs, institutional dynamics, and resource constraints. Despite structural similarities, frameworks are not interchangeable. A deeper understanding of their theoretical grounding, strengths, and limitations enhanced evidence uptake across diverse settings. Moreover, inconsistent terminology highlighted the need for a unified language in implementation science.

To strengthen the use of translational frameworks in health policy and practice, the following are recommended:

- **Clarify Concepts and Terminology**: Establish clear, consistent definitions to improve comparability and communication across studies.
- **Enable Contextual Adaptation**: Treat frameworks as flexible guides. Tailor their use to specific health systems, populations, and local constraints.
- **Foster Stakeholder Engagement and Capacity Building**: Incorporate EBP mentorship, training, and inclusive participation to promote ownership and sustainability.
- **Advance Methodologically Diverse Research**: Use mixed-methods and qualitative approaches to examine real-world applications and stakeholder perspectives.
- **Evaluate Long-Term Outcomes**: Assess not only implementation fidelity but also impacts on health outcomes, cost-effectiveness, and policy shifts.

The strategic and context-sensitive application of translational frameworks is key to closing the gap between research, policy, and practice, ultimately enhancing healthcare delivery and outcomes.

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"Nurse researchers are not only seekers of truth, but stewards of hope and justice in health care."
— Inspired by Madeleine Leininger