# How is evidence-informed decision-making (and closely related terms) defined and conceptualized in the literature?

## Executive Summary

This literature 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.

Key findings reveal 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 highlights a shift from linear models of evidence use toward more interactive and politically attuned frameworks. Influential models such as the Knowledge-to-Action framework, 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.

Contextual variation emerges as a central theme. From public health to education, and from Denmark to Uganda, 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 literature 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 the following sections: (1) Definitions and Terminological Distinctions; (2) Conceptual Frameworks and Models; (3) Core Dimensions and Characteristics; (4) Contextual and Disciplinary Variations; (5) Conclusion; and (6) References.

## 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.

One of the most widely cited operational definitions comes from Stewart, Dayal, and Langer (2017), who 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, programs, and other services" (p. 253). This process-oriented definition echoes the one adopted by Raymaekers et al. (2025), who cite the OECD’s framing of EIDM as a process involving multiple sources – statistics, administrative data, research studies, and evaluation findings – all used to inform public sector decisions.

Other definitions reflect a more health-oriented orientation. For instance, Tudisca et al. (2018) define EIDM as "the use of various forms of evidence – research, expert opinion, and stakeholder knowledge – in health policy decision-making" (p. 1). 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 term “informed” acknowledges the contextual and political limitations of a purely research-driven approach. The distinction between "evidence-based" and "evidence-informed" is one of the most persistent and significant terminological debates in this field. Parkhurst (2017), Head (2015), and Bundi and Pattyn (2022) all argue that the term "evidence-based" evokes a degree of scientific certainty and technocratic authority that rarely exists in practice. As Kelstrup and Jørgensen (2024) observe, the shift from evidence-based to evidence-informed reflects "political and practical constraints," which make it unrealistic to expect policies to be determined solely by research evidence (p. X). The "informed" terminology implies a more flexible, context-sensitive, and deliberative approach to decision-making.

Other closely related terms, such as knowledge brokering and knowledge translation, highlight the mechanisms through which evidence is transferred and adapted. MacKillop et al. (2020) define knowledge brokering as "an intermediation activity undertaken by intermediaries (individuals, organisations, networks, etc.) acting as 'connectors'" (p. 338), while Poot et al. (2018) link EIDM to knowledge translation processes, which aim to close the gap between research and practice.

In management and organizational studies, the term evidence-based management (EBMgt) is more frequently used. Tourish (2013) defines EBMgt as "the systematic use of the best available evidence to improve management practice" (p. 174), though he and others (e.g., Hulpke & Fronmueller, 2022) question the implied neutrality and objectivity of such evidence. Similarly, Martelli and Hayirli (2018) propose a more expansive view of evidence, emphasizing its contextual relevance and social construction.

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.

## 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.

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) discuss this model as one in which knowledge production is driven by academic priorities, often failing to align with the practical needs of decision-makers. 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 alternatives. The interactive model, also explored by Poot et al. (2018), reframes the relationship between evidence and policy as reciprocal, where researchers and decision-makers engage in continuous dialogue. Langer et al. (2016) further extend this view by presenting a six-mechanism framework for enhancing evidence use. These mechanisms include building awareness, aligning on policy-relevant questions, improving access to evidence, facilitating researcher-policymaker interactions, strengthening decision-makers’ skills, and embedding evidence-use in decision-making structures. 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 an influential conceptual structure, particularly in public health. It divides the process into a “knowledge creation funnel” – where research is synthesized and contextualized – and an “action cycle” that outlines steps for adapting, applying, and sustaining evidence use in practice (Poot et al., 2018). 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) is increasingly applied to EIDM implementation. Clark et al. (2024) categorize EIDM facilitators and barriers using this behavioral framework: decision-makers need the capability (e.g., knowledge, skills), opportunity (e.g., organizational support, time), and motivation (e.g., value alignment, leadership expectations) to engage with evidence. This framing is particularly useful for designing interventions that foster behavioral change among public officials and institutionalize evidence use in bureaucratic settings.

Alternative models grounded in critical or political theory offer more radical departures from the rationalist assumptions underpinning traditional EIDM. Tourish (2013) introduces the concept of Evidence-Oriented Organizing (EOO), which embraces the interpretive, context-dependent, and power-laden nature of decision-making. 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,” which incorporates both technical rigor and democratic legitimacy. 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.

The policy sciences literature adds further nuance through models of research utilization. Kelstrup and Jørgensen (2024) propose a two-stage model comprising a “reception stage” (whether research reaches decision-makers) and an “influence stage” (whether it affects decision outcomes). Their framework also introduces 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.

Ultimately, the diversity of conceptual models 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.

## 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.

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) offer a broad typology, identifying four key sources: research evidence, clinical or professional expertise, patient or stakeholder preferences, and contextual data from the local environment. This inclusive orientation is echoed in Parkhurst’s (2017) call for an “appropriateness” framework, where the value of evidence is judged not by methodological hierarchy but by its relevance and utility for specific policy questions. Martelli and Hayirli (2018) reinforce this view by distinguishing between “rank,” “fit,” and “variety” perspectives, arguing that context-sensitive and socially embedded evidence is often more valuable than methodologically rigorous but poorly contextualized research.

Equally central to EIDM are the human and institutional actors that mediate the relationship between evidence and decision-making. Langer et al. (2016) distinguish between instrumental evidence use – where research findings directly inform specific decisions – and conceptual use, in which evidence shapes the way policymakers think about a problem. This distinction highlights the often-subtle influence of evidence in real-world settings. MacKillop et al. (2020) explore the intermediary role of knowledge brokers, describing them as “connectors” who bridge the epistemological and cultural divides between researchers and policymakers (p. 338). 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) note that organizations increasingly employ knowledge brokers as part of formal EIDM strategies, emphasizing the need for dedicated roles that translate evidence into policy-relevant language and formats.

The individual-level competencies required for EIDM are receiving growing attention. Belita et al. (2020) identify four core attributes of EIDM competence: knowledge (understanding types of evidence and evidence hierarchies), skills (applying evidence to real-world decisions), attitudes (valuing the role of evidence), and behaviors (engaging in evidence-informed actions). These attributes are not innate but can be fostered through structured training programs, such as the train-the-trainer model evaluated by Yarber et al. (2015), which was found to be effective in enhancing public health practitioners’ ability to engage with EIDM principles. However, 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) identify rational, results-driven organizational cultures as more conducive to evidence use, especially when supported by adequate staffing, time, and data access. Clark et al. (2024) apply the COM-B model to show how institutional structures (Opportunity), knowledge-sharing norms (Capability), and motivational incentives (Motivation) interact to either foster or constrain EIDM. 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.

However, numerous barriers to EIDM persist. Time constraints, lack of access to relevant research, limited evaluation capacity, and high staff turnover are frequently cited in the literature (Yarber et al., 2015; Clark et al., 2024). Cognitive and political factors also interfere with evidence uptake. Cantarelli et al. (2023) highlight how cognitive biases – such as motivated reasoning or confirmation bias – can distort how evidence is interpreted by decision-makers. Hodgkinson (2010) warns that evidence-based decision-making can mask deeper organizational politics and power dynamics, where the presentation of evidence serves to legitimize predetermined decisions rather than guide open deliberation.

Political and institutional contexts exert a profound influence on the use of evidence. As Head (2015) and Newman (2020) observe, policymaking is rarely a rational process driven solely by evidence; rather, it is shaped by competing values, ideological commitments, and strategic calculations. Parkhurst (2017) underscores this point with the concept of issue bias, wherein the prioritization of certain types of evidence marginalizes alternative viewpoints and sidelines politically inconvenient concerns. Kananura et al. (2017), in their participatory M&E work in Uganda, demonstrate how locally generated evidence – particularly when shared through inclusive platforms – can empower frontline decision-makers and shift the balance of power in favor of more community-responsive policies.

Finally, the symbolic use of evidence must be acknowledged as a distinct, if problematic, characteristic of EIDM. Cantarelli et al. (2023) differentiate between substantive evidence use (to improve outcomes) and symbolic use (to justify political decisions already made), a dynamic that undermines the credibility and effectiveness of EIDM. 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. Understanding these characteristics in their full complexity is vital for strengthening the real-world practice of evidence-informed policymaking and management.

## Contextual and Disciplinary Variations

The operationalization of evidence-informed decision-making is far from uniform across sectors, disciplines, and regions. While certain principles – such as valuing systematic inquiry or integrating diverse sources of evidence – are shared, the way these principles are interpreted and institutionalized varies significantly. These variations reflect differences in epistemological traditions, policy problems, organizational incentives, and political cultures. This section explores such differences along three main lines: disciplinary domains, national and regional contexts, and institutional configurations.

Sectoral differences are among the most visible sources of variation. Public health has arguably been the most fertile ground for the development of EIDM, building on the long-standing legacy of evidence-based medicine. Within this field, evidence hierarchies – particularly those that privilege randomized controlled trials (RCTs) and systematic reviews – have been widely institutionalized. For example, the Cochrane Collaboration and the Knowledge-to-Action framework are foundational in shaping how evidence is appraised and used in public health decision-making (Poot et al., 2018). However, even in public health, scholars caution against over-reliance on linear models of evidence transfer. Yarber et al. (2015) note that time constraints, staff turnover, and training gaps in local health departments often undermine evidence use, calling attention to the tension between centralized standards and decentralized realities.

In contrast, social policy and public administration operate under more politically contested and institutionally fragmented conditions, making EIDM inherently more complex. Sanderson (2002) critiques the rationalist model of evidence-based policy, which assumes that social interventions can be designed and evaluated in a vacuum. Instead, he advocates for "reflexive social learning," a process of continuous adaptation based on theory-informed evaluation and political deliberation (p. 6). Similarly, Newman (2020) argues that public administration must contend with multiple, often conflicting logics – including electoral incentives, ideological commitments, and bureaucratic constraints – that limit the influence of even the most robust evidence. These perspectives are echoed in Parkhurst’s (2017) argument that policymaking is not a technical procedure but a political process shaped by power dynamics and value judgments.

The education sector presents a particularly illustrative case of disciplinary and institutional divergence. Kelstrup and Jørgensen’s (2024) comparative analysis of Danish ministries shows how differences in evidence standards affect research utilization. The Ministry of Employment adopted an “exclusive” standard – favoring academically rigorous studies and establishing a knowledge bank to support decisions – which resulted in higher levels of research use. In contrast, the Ministry of Children and Education employed a more “inclusive” standard, incorporating practitioner experience and stakeholder input, but demonstrating lower formal research uptake. This comparison reveals not only the trade-offs between methodological rigor and contextual relevance, but also the institutional strategies that shape EIDM outcomes across sectors.

In the field of management, the application of evidence-based approaches reflects a different set of disciplinary assumptions. Here, EIDM (typically termed Evidence-Based Management or EBMgt) often grapples with the applicability of scientific research to organizational practice. Tourish (2013) criticizes EBMgt for importing the epistemological assumptions of medicine into management, ignoring the contextual and contested nature of organizational life. Instead, he proposes “Evidence-Oriented Organizing” as a more reflexive, critical realist approach that treats evidence as constructed and negotiated. Martelli and Hayirli (2018) build on this critique by challenging the dominance of hierarchical evidence models in management, advocating instead for fit and variety perspectives that better capture the diverse and situated knowledge used by practitioners.

Geographical and political contexts also produce distinct patterns of evidence use. Bundi and Pattyn (2022) show that public attitudes toward EIDM vary significantly across six Western democracies. Citizens in countries with higher trust in scientific experts (such as Switzerland and Canada) were more likely to support EIDM, while those with greater skepticism toward government and elite institutions (such as the U.S. and France) expressed lower support. Interestingly, trust in fellow citizens correlated negatively with support for EIDM, perhaps reflecting concerns about technocracy and the exclusion of lay perspectives (p. 1232). These findings suggest that the legitimacy of EIDM is shaped not only by institutional design but also by broader political culture and societal values.

In low- and middle-income countries (LMICs), the institutionalization of EIDM often follows a different trajectory. Capacity constraints, donor influence, and informal governance practices create unique challenges and opportunities for evidence use. Kananura et al. (2017) document a participatory M&E approach in Uganda that empowered local stakeholders – health workers, district officials, and community members – to co-produce and act on evidence. Rather than relying on top-down research dissemination, this model emphasized real-time data collection, iterative learning, and cross-sector collaboration. While the scale and rigor of evidence may be limited in such contexts, the embeddedness of the process in local decision structures enhances its legitimacy and responsiveness.

Similar tensions around inclusivity and local ownership are evident in South Africa. Stewart, Dayal, and Langer (2017) trace the evolution of EIDM discourse over a 15-year period, noting how shifting terminology (e.g., from “research uptake” to “knowledge translation”) reflects broader debates about whose knowledge counts. They argue that technical language and exclusive research practices have often marginalized practitioners, community organizations, and frontline bureaucrats. The authors call for more inclusive models of EIDM that reflect local realities, power dynamics, and pluralistic understandings of evidence.

Comparative analyses across countries further reveal that political institutions play a decisive role in shaping the uptake and influence of evidence. Parkhurst (2017) argues that evidence use is not just a function of supply or demand but of institutional design – who has the authority to define what constitutes legitimate evidence, which advisory bodies are empowered, and how processes ensure transparency and accountability. His framework for the “good governance of evidence” emphasizes input, throughput, and output legitimacy, providing a normative benchmark for evaluating evidence systems across contexts.

Finally, the increasing role of digital technologies and big data is reshaping EIDM globally, though unevenly. Cantarelli et al. (2023) point to emerging applications of artificial intelligence in public administration, which promise to enhance the accessibility, timeliness, and personalization of evidence. However, these innovations also raise concerns about algorithmic bias, data privacy, and the deskilling of public officials, especially in contexts with weak regulatory oversight or limited data literacy.

In summary, the definition and practice of EIDM are deeply context-dependent. Sectoral norms, disciplinary traditions, political institutions, and cultural values all shape how evidence is defined, mobilized, and acted upon. These variations underscore the importance of moving beyond universal models and embracing more adaptive, pluralistic approaches that attend to local constraints, institutional dynamics, and the diverse meanings and uses of evidence across the policy landscape.

## 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 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 field has evolved 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 theme to emerge from this review. The form and function of EIDM differ dramatically 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, such as Uganda or South Africa, participatory and locally grounded models challenge dominant technocratic paradigms. In others, like Denmark or Canada, formal research infrastructures and performance-based management approaches institutionalize evidence use more systematically.

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 should also be paid 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 is needed 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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