با نام و یاد خدا

Scoping Review

از مبانی و متدولوژی تا نگارش مقاله

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نقشه راه

- مبانی مرور اسکوپینگ
- متدولوژی و گام های اجرایی مرور اسکوپینگ
- استانداردهای نگارش مقاله

مبانی مرور اسکوپینگ

مرور اسکوپینگ چیست؟

هدف: نگاشت و ترسیم نقشه شواهد

ماهیت: بررسی حجم، ماهیت و ویژگی‌های شواهد موجود در یک حیطه وسیع

در کانتکست موردبررسی، چه مقالاتی وجود دارد؟ در چه کشورهایی کارشده است؟ از چه متدها یا مدل هایی استفاده شده است؟ جای چه شواهدی خالی است؟

کاربرد ویژه: شناسایی شکاف‌های پژوهشی

چرا مرور اسکوپینگ؟

- محدودیت های دسترسی به داده ها (بیمار، جامعه، نمونه، آزمایشگاه و ...)
- محدودیت های بودجه
- نیاز به تحلیل های آماری پیچیده و تخصصی

یک میانبر طلایی

چه زمانی سراغ مرور اسکوپینگ می‌رویم؟

موضوعات نوظهور	هوش مصنوعی در آموزش علوم پزشکی دستورالعمل‌های بهداشتی و پروتکل‌های مراقبتی اولیه برای یک ویروس نوپدید در کشورهای مختلف
طبیعت وسیع موضوع	فرسودگی شغلی در کادر درمان در پاندمی ها فناوری های تله مدیسین (تماس‌های ویدئویی، اپلیکیشن‌های موبایل، پیامک، پایش از راه دور علائم حیاتی) در مدیریت بیماری های مزمن (دیابت، فشار خون، بیماری‌های قلبی و کلیوی) در زمان پاندمی ها
پیش‌زمینه برای یک مطالعه بزرگتر	قبل از طراحی اپلیکیشن موبایل برای "مدیریت خودمراقبتی در بیماران مبتلا به نارسایی قلبی" قبل از انجام یک مطالعه مداخله ای برای بررسی اثربخشی "برنامه آموزشی مبتنی بر شبکه‌های اجتماعی در بهبود سلامت روان مادران باردار در دوران پس از زایمان"

نمونه مقالات مرور اسکوپینگ

RESEARCH Open Access

Nursing interventions to reduce mental health problems in nursing students: a scoping review

Iyus Yosep[1*], Rohman Hikmat[2], Ai Mardhiyah[3], Asroful Hulam Zamroni[4], Yodha Pranata[5] and Rizky Lukman Saputra[5]

Abstract

Backgrounds Mental health problems among nursing students are becoming an increasingly pressing concern, given the high levels of stress and academic pressure they face. Nursing students are more susceptible to mental health challenges such as anxiety, depression, and burnout. Therefore, various interventions aimed at addressing these issues need to be further explored and mapped.

Objective This study aims to identify and map various interventions that have been implemented to address mental health problems among nursing students.

Methods This study used a scoping review design, with articles retrieved from four databases: Scopus, PubMed, Web of Science, and CINAHL. Keywords used in the search included "nursing students," "interventions," and "mental health." Inclusion criteria comprised original research articles that discussed interventions without a comparison group, published in English, and within the last 10 years (2015–2025). Data were manually extracted using tables and analyzed using descriptive qualitative methods.

Results A total of 12 articles met the inclusion criteria, presenting a variety of interventions such as peer support programs, coping skills training, and mindfulness-based therapies. Findings indicated that these interventions were associated with reduced anxiety levels and improvements in the psychological well-being of nursing students. Themes that emerged from the analysis included the contribution of social support, the role of skill development, and the relevance of a holistic approach in addressing mental health concerns.

Conclusion Interventions targeting mental health concerns in nursing students have shown promising outcomes in promoting psychological well-being. Further research is recommended to explore more innovative and context-specific interventions tailored to the unique needs of nursing students.

Keywords Intervention, Mental health, Nursing, Students

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BMC Public Health

RESEARCH Open Access

Barriers and facilitators of the implementation of mammography screening in the Brazilian public health system: scoping review

Danila Cristina Paquier Sala[1*], Oswaldo Yoshimi Tanaka[2], Reginaldo Adalberto Luz[3], Alexandre Pazetto Balsanelli[1], Sonia Isoyama Venancio[4], Marília Cristina Prado Louvison[2] and Ana A. Baumann[5]

Abstract

Background There are high incidence and mortality rates of breast cancer in Brazil. Brazilian's social and economic disparities, along with complexities of its health system pose challenges to the appropriate implementation of mammography screening as a public policy for the population. In 2015, the Ministry of Health updated the recommendations for the early detection of breast cancer, which had, until then, been based on specialists' consensus, maintaining biennial screening mammography for women aged 50–69 years. However, the screening coverage did not exceed 25% of the expected number of exams for the Brazilian population who use the public health system. The objective of this study was to analyze barriers and facilitators (determinants) of opportunistic mammography screening in the Brazilian public health system.

Methods We conducted a scoping review to examine the extent to which guidelines have been implemented from 2015 to 2025, excluding those that (1) did not include the population aged 50 to 69 years, (2) did not discuss mammographic screening in the Brazilian public health system, (3) included populations with cancer or at high risk of cancer. Results were coded into the domains of the Consolidated Framework for Implementation Research (CFIR).

Results In the 85 articles selected, we coded 74 determinants, 50 referring to barriers and 24 to facilitators. The barriers were related to the outer setting 18(24.3%), inner setting 11(14.9%), characteristics of individuals 9(12.2%), process 6(8.1%), and intervention characteristics 6(8.1%). The facilitators were related to the outer setting 14(18.9%), inner setting 5(6.8%), intervention characteristics 3(4.1%) and individual characteristics 2(2.7%).

Conclusion Using CFIR helps understand the multiple interrelated factors that affect the implementation of opportunistic mammographic screening in the Brazilian public health system. Our results can provide initial data for further studies that aim to improve and organize the implementation of mammography screening in Brazil.

Keywords Breast neoplasms, Mass screening, Mammography, Brazil, Implementation science

journal of global health

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PAPERS

Artificial intelligence for tuberculosis control: a scoping review of applications in public health

Sonia Menon[1,2], Kobto Ghislain Koura[1,3]

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Background Artificial intelligence (AI) has become an important tool in global health, improving disease diagnosis and management. Despite advancements, tuberculosis (TB) remains a public health challenge, particularly in low- and middle-income countries where diagnostic methods are limited. In this scoping review, we aim to examine the potential role of AI in TB control.

Methods We conducted a search on 25 August 2024 for the past five years, in the PubMed database using keywords related to AI and TB. We included laboratory-based and observational studies focussing on AI applications in TB, excluding non-original research.

Results There were 34 eligible studies, identifying eight overarching aspects associated with TB control, including active case finding (ACF), triage, pleural effusion diagnosis, multidrug-resistant (MDR) TB and extensively drug-resistant (XDR) TB, differential diagnosis distinguishing active TB from TB infection and other pulmonary communicable diseases, TB and other pulmonary communicable and non-communicable diseases (NCDs), treatment outcome prediction, pleural effusion, and predictions of regional and national trends. AI may transform TB control through enhanced ACF methods and triage, improving detection rates in high-burden regions. With high accuracy, AI may diagnose pleural diagnosis, differentiate TB active and TB infection, TB and non-tuberculous mycobacterial lung disease, COVID-19, and pulmonary NCDs. AI applications may facilitate the prediction of treatment success and adverse effects. Furthermore, AI-driven hotspot mapping may identify undiagnosed TB cases at rates surpassing traditional notification methods. Lastly, predictive modelling and clinical decision support systems may improve the management of MDR-TB.

Conclusions This scoping review highlights the potential of AI-driven predictions in national TB programmes to enhance diagnostics, track trends, and strengthen public health surveillance. While promising for reducing transmission and supporting TB care in low-resource settings, these models require large-scale validation to ensure real-world applicability, especially for high-risk groups.

تفاوت مرور اسکوپینگ با مرور نظام مند

فاکتور مقایسه	مرور اسکوپینگ	مرور سیستماتیک
سوال پژوهش	**وسیع و جامع** در دنیا از چه فناوری‌های دیجیتالی برای مدیریت فشار خون استفاده شده است؟	**بسیار ریز و محدود** آیا داروی X روی فشار خون بیماران ۶۰ سال به بالا اثر دارد؟
هدف اصلی	**نگاشت حوزه و یافتن شکاف‌ها**	**پاسخ به یک سوال دقیق**
نوع مقالات ورودی	**انواع متدها (کمی، کیفی، گزارش‌ها)**	**فقط متدهای خاص (مثلاً کارآزمایی بالینی)**
ارزیابی کیفیت مقالات	**اختیاری (معمولاً انجام نمی‌شود)**	**اجباری و سخت‌گیرانه**

متدولوژی مرور اسکوپینگ

سرگذشت مرورهای اسکوپینگ

عنوان چارچوب	مشخصه بارز
چارچوب کلاسیک (Arksey & O'Malley - 2005)	شکل گیری ایده اولیه مرور اسکوپینگ در ۵ قدم اصلی
چارچوب تکاملی: (Levac et al. - 2010)	۵+۱ گام (اجباری کردن مشاوره با ذینفعان و کارتیمی و غربالگری چند نفره)
چارچوب مدرن مؤسسه جوانا بریگز (JBI - 2015/2020)	فرمول PCC– اجباری شدن نوشتن پروتکل– ارزیابی کیفیت

گام های اجرایی مرور اسکوپینگ براساس تلفیق چارچوب کلاسیک و استاندارد مدرن JBI

1. تبیین سوال پژوهش
2. طراحی استراتژی جستجوی جامع و شناسایی مطالعات مرتبط
3. غربالگری و انتخاب مطالعات
4. ارزیابی کیفیت (اختیاری)
5. استخراج و نقشه برداری داده ها
6. سنتز و خلاصه سازی داده ها
7. گزارش یافته ها

فرمول‌نویسی و تبیین سوال پژوهش

(PCC: Population, Concept, Context)

مثال	جمعیت (P)	مفهوم و موضوع اصلی (C)	فضا و کانتکست (C)
هوش مصنوعی در آموزش علوم پزشکی	دانشجویان علوم پزشکی	هوش مصنوعی	آموزش
فرسودگی شغلی در کادر درمان در پاندمی	کادر درمان	فرسودگی شغلی	در پاندمی
اپلیکیشن موبایل برای "مدیریت خودمراقبتی در بیماران مبتلا به نارسایی قلبی"	بیماران مبتلا به نارسایی قلبی	اپلیکیشن موبایل	مدیریت خودمراقبتی

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BMC Public Health

RESEARCH Open Access

Barriers and facilitators of the implementation of mammography screening in the Brazilian public health system: scoping review

Danila Cristina Paquier Sala[1*], Oswaldo Yoshimi Tanaka[2], Reginaldo Adalberto Luz[3], Alexandre Pazetto Balsanelli[1], Sonia Isoyama Venancio[4], Marília Cristina Prado Louvison[2] and Ana A. Baumann[5]

Abstract

Background There are high incidence and mortality rates of breast cancer in Brazil. Brazilian's social and economic disparities, along with complexities of its health system pose challenges to the appropriate implementation of mammography screening as a public policy for the population. In 2015, the Ministry of Health updated the recommendations for the early detection of breast cancer, which had, until then, been based on specialists' consensus, maintaining biennial screening mammography for women aged 50–69 years. However, the screening coverage did not exceed 25% of the expected number of exams for the Brazilian population who use the public health system. The objective of this study was to analyze barriers and facilitators (determinants) of opportunistic mammography screening in the Brazilian public health system.

Methods We conducted a scoping review to examine the extent to which guidelines have been implemented from 2015 to 2025, excluding those that (1) did not include the population aged 50 to 69 years, (2) did not discuss mammographic screening in the Brazilian public health system, (3) included populations with cancer or at high risk of cancer. Results were coded into the domains of the Consolidated Framework for Implementation Research (CFIR).

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Keywords Breast neoplasms, Mass screening, Mammography, Brazil, Implementation science

Table 1 Components related to the review question, according to the population, concept and context strategy

From: Barriers and facilitators of the implementation of mammography screening in the Brazilian public health system: scoping review

Population	Women aged 50–69, healthcare professionals, primary and specialized healthcare
Concept	Implementation of evidence-based mammography screening
Context	Brazilian public health system; Unified Health System (SUS); Brazil

استراتژی جستجو و شناسایی مطالعات

- **جستجو براساس واژه های کلیدی PCC**

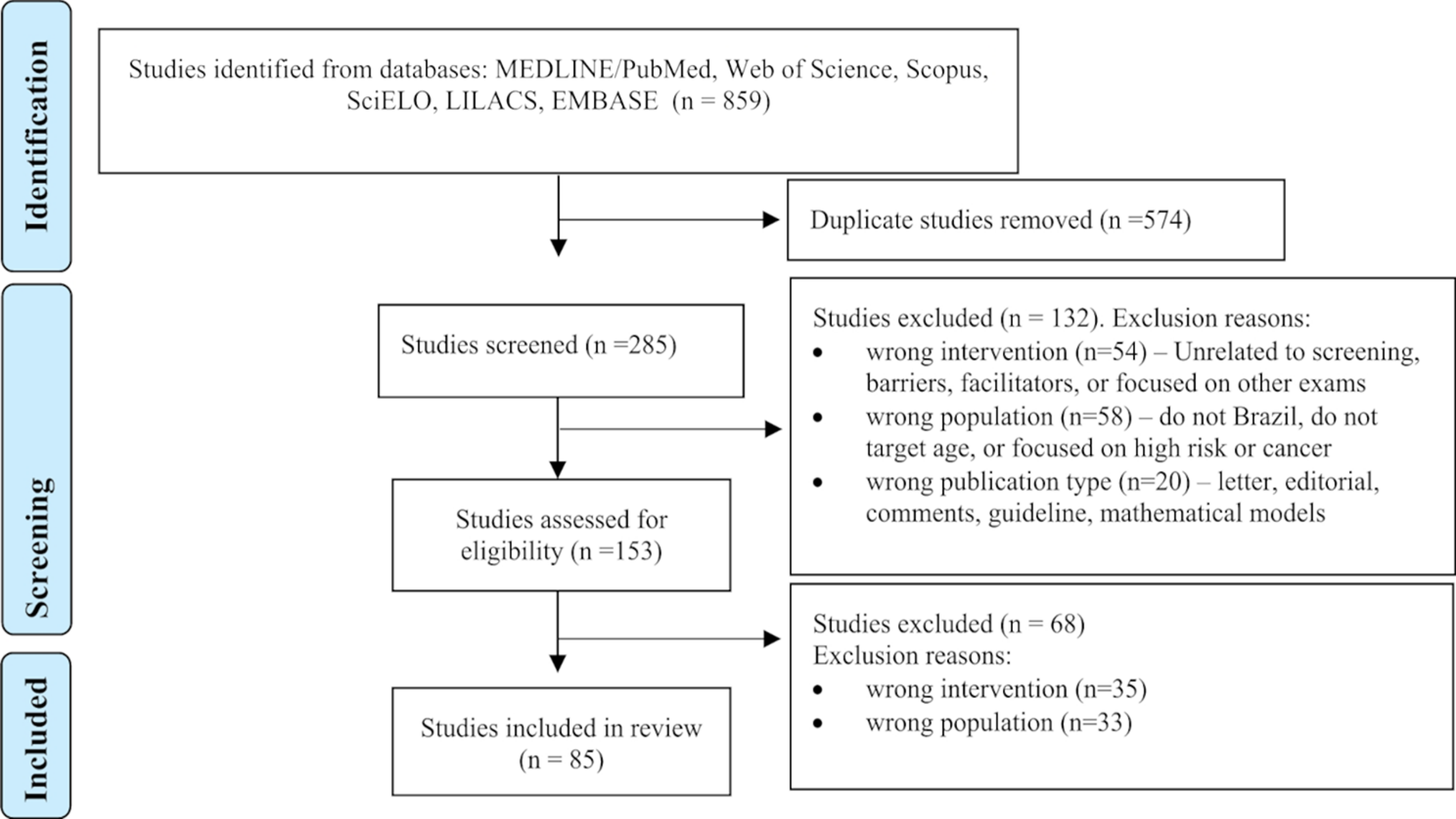
مثال:

(واژه های کلیدی و مترادف "جمعیت و شرکت کنندگان") AND (واژه های کلیدی و مترادف "مفهوم") AND (واژه های کلیدی و مترادف "کانتکست")

- **جستجو در پایگاه های داده اصلی** (PubMed, Scopus, Web of Science, ...) و Google Scholar/ شواهد غیررسمی/ بررسی لیست منابع مقالات نهایی

غربالگری تیمی و انتخاب مطالعات

- غربالگری مستقل توسط دو نفر و حل اختلاف با بحث یا همکار سوم
- غربالگری براساس عنوان و چکیده مقالات (متون)
- معیارهای ورود و خروج براساس PCC
- استفاده از ابزارهایی مثل EndNote برای غربالگری
- بررسی متن کامل مقالات و انتخاب مقالات مرتبط براساس PCC


Identification
Screening
Included
Studies identified from databases: MEDLINE/PubMed, Web of Science, Scopus, SciELO, LILACS, EMBASE (n = 859)
Duplicate studies removed (n =574)
Studies screened (n =285)
Studies excluded (n = 132). Exclusion reasons:
wrong intervention (n=54) – Unrelated to screening, barriers, facilitators, or focused on other exams
wrong population (n=58) – do not Brazil, do not target age, or focused on high risk or cancer
wrong publication type (n=20) – letter, editorial, comments, guideline, mathematical models
Studies assessed for eligibility (n =153)
Studies excluded (n = 68)
Exclusion reasons:
wrong intervention (n=35)
wrong population (n=33)
Studies included in review (n = 85)

استخراج و نقشه برداری داده ها

(طراحی فایل اکسل دو بخشی)

بخش عمومی (مشخصات مقاله)

- نویسنده
- سال انجام مطالعه/ سال انتشار (موضوع از چه زمانی اوج گرفته)
- مکان مطالعه (برای شناسایی کشورهای پیشرو)
- هدف مطالعه
- متدولوژی مقاله

بخش اختصاصی متناسب با سوال پژوهش

داده های مربوط به Population: جامعه و حجم نمونه

داده های مربوط به concept : ویژگی های مفهوم

داده های مربوط به context

یافته های کلیدی مطالعه

سنتز و خلاصه سازی داده ها

(تبدیل مواد خام به محصول نهایی)

سنتز کمی و توصیفی

- روند زمانی (برای مثال با نمودار خطی)
- پراکندگی جغرافیایی (برای مثال با نمودار ستونی)
- توزیع مطالعات براساس نوع متدولوژی (برای مثال با نمودار دایره ای)

سنتز کیفی و مضمونی

- کدگذاری داده های استخراج شده
- ایجاد تم ها یا مقوله های اصلی

Community Health Equity Research & Policy
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DOI: 10.1177/2752535X261431087
journals.sagepub.com/home/qch
Mary Ann Liebert
A Part of Sage

Strategies and Implementation Considerations for Preventing Suicide in Slums: A Scoping Systematic Review

Mohammad Heidari[1,2], Jamileh Amirzadeh Iranagh[1,3], Afshar Kabiri[4], and Saeide Alidoost[1]

Abstract

Background: Suicide is a critical public health issue, particularly among vulnerable populations of all ages living in slums. People residing in these environments often face unique psychosocial challenges that contribute to elevated rates of suicidal ideation and behavior. This study aims to consider the strategies and implementation considerations for suicide prevention programs in slums.

Methods: A systematic scoping review was conducted according to Arksey and O'Malley's framework in 2024. Multiple electronic databases were searched systematically to identify studies focusing on suicide prevention strategies in slum populations. Studies were selected based on their relevance to suicide prevention, risk factors, and considerations for implementation. A narrative synthesis approach was applied to summarize the findings from the included studies.

Results: A total of 15 studies were included from an initial search of 3914 records screened. Synthesis of findings led to the identification of suicide control strategies for some target groups, including the general population, individuals at risk, and individuals with warning signs or previous suicide attempts. The strategies can be considered in the form of primary, secondary, and tertiary prevention. Strategies focus on enhancing mental health services access, promoting community awareness, reducing access to lethal means, and providing responsive crisis services.

Conclusion: Addressing suicide prevention in slum areas requires a multifaceted approach that considers the unique socioeconomic contexts of these communities. Community-based interventions, enhanced healthcare access, and targeted mental health programs, adapted to the unique resource and structural constraints of slum environments, are crucial for reducing the

Table 3. Classification of Interventions, Outcomes Measured and Implementation Considerations.

Themes	Sub themes	Targeted risk factors	Number of reporting studies
Classification of interventions			
Universal interventions (primary prevention)	Training and capacity building	Lack of awareness of warning signs, stigma around mental health, delayed help-seeking, social isolation	5
	Raising awareness about mental health	Mental health stigma, ignorance about suicide preventability, low mental health literacy, hopelessness	10
	Life skills and resilience training	Poor coping skills, low problem-solving ability, emotional dysregulation, interpersonal conflicts, feelings of entrapment	7
	Promoting social connectedness	Social isolation, lack of supportive relationships, low sense of belonging, loneliness	3
	Tackling poverty and unemployment	Financial instability, chronic poverty, unemployment-related hopelessness, economic despair	3
	Environmental safety measures	Easy access to lethal means (e.g., pesticides, medications, high places)	1
Selective interventions (secondary prevention)	Screening and early intervention	Undetected depression/anxiety, untreated suicidal ideation, recent life stressors, substance abuse	2
	Improving access to mental health services	Barriers to care (financial, geographic, cultural), untreated mental disorders, lack of follow-up after crisis	7
	Crisis response services	Acute suicidal crisis, recent suicide attempt or severe ideation, impulsivity, lack of immediate support	4
Indicated interventions (tertiary prevention)	Support groups for survivors	Post-attempt isolation, survivor guilt (in families), bereavement-related depression, trauma from loss	1
	Long-term mental health services	Chronic mental illness post-attempt, risk of repeat attempts, lack of ongoing support, relapse into hopelessness	3
Considerations for implementation	Community engagement		8
	Multisectoral collaboration		9
	Cultural and social Appropriateness		6
	Resource limitations		2
outcomes Measured	Suicide rate		4
	Hospitalization for suicide attempts		3
	Knowledge rate		2
	Suicide ideation		2

ارزیابی کیفیت

بخش اختیاری ولی بسیار ارزشمند

دلیل ارزیابی کیفیت:

غنای مطالعه، نه حذف مطالعه- مقالات با کیفیت پایین حذف نمی شوند

ابزارهای ارزیابی کیفیت:

براساس ابزارهای متناسب با نوع طراحی مطالعه مانند چک‌لیست‌های مؤسسه جوانا بریگز (JBI)

نحوه اجرا و گزارش کیفیت مطالعات:

۱) ارزیابی مستقل توسط دو نفر و حل اختلاف. ۲) اضافه کردن امتیاز ارزیابی کیفیت در جدول اکسل. ۳) گزارش در بخش یافته ها (برای مثال گزارش ضعف متودولوژیک و شکاف پژوهشی)

نگارش مقاله

مقدمه: موضوع و اهمیت آن، کارهای انجام شده و شکاف پژوهشی، بیان هدف شفاف مطالعه براساس PCC

روش کار: نگارش و توصیف گام ها براساس چارچوب (های) استفاده شده (سوال پژوهش، استراتژی جستجو، معیارهای ورود و خروج، غربالگری، ارزیابی کیفیت، استخراج و نقشه برداری داده ها و سنتز و خلاصه سازی)

یافته ها: نمودار پریزما، جدول اصلی استخراج داده، گزارش نمودارهای توصیفی زمان و مکان و متدولوژی مطالعات واردشده، روایت تم ها و ساب تم های استخراج شده، کیفیت مقالات

بحث: خلاصه کردن یافته های کلیدی

گام بعدی با شماست...