Reviewer's report

Title: Navigating the Sustainability Landscape: A Systematic Review of Sustainability Approaches in Healthcare

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Reviewer: James Dearing

Reviewer's report:

This is a well-written manuscript about an important topic. That said, it is possible that enough has been published about orientations to sustainability of interventions in public health and healthcare in this journal. It is possible that another journal that has a readership less exposed to reviews about sustainability may provide more value for readers.

I have several suggestions, beginning with terminology.

1. In the title, is "methods" that best term to describe what you've studied? The purpose of the study, you write, is "to describe what methods are available to assess and influence sustainability in healthcare...". You find these to include frameworks, models, tools, strategies, a checklist and a process. You go on to identify common constructs across the studies that you have reviewed. From your Table 3, the constructs appear to be the variables that may be used to assess and influence sustainability; i.e., workload, complexity, staff involvement, urgency, etc. You also refer to "perspectives, applications, and constructs with these methods". I suggest that you just use the terminology of "constructs" in the paper rather than "methods". For many readers of IS, the term "methods" will be assumed to mean research methods. This is demonstrably not what you mean. Adjust the title, language in the abstract and text, and table and figure headers.

2. The authors communicate a strong bias towards sustainability in the abstract and text that sustainability is good. Is this appropriate, logically? That is, is long-running sustained use of an intervention in healthcare always a good thing? What if the intervention isn't optimal? Or what if other researchers--or indeed the same researchers--create a better intervention; wouldn't we want to see the first one displaced rather than sustained? What if a newer intervention is just as effective but less costly? We wouldn't want sustained use then, right? Or what if the host healthcare system or its patients change, as they do all the time, and a previously implemented intervention is no longer matching the needs of the organization or of its patients? My point is that sustainability can occur, perhaps as predicted by constructs identified in your study, but no longer be desirable. A less normative orientation to the topic in the manuscript would serve your purposes better.
3. Background section, lines 24-25 at page bottom. Your study is about to identify 40 constructs across 62 publications. How can you claim that "relatively little is known about how to influence sustainability"? Revise this statement. Perhaps it is a problem of disorganization that you wish to call out?

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