



NATIONAL CENTRE OF
IMPLEMENTATION SCIENCE

2023
Stakeholder
Survey
CAPACITY
BUILDING
REPORT

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Background and aims

The National Centre of Implementation Science (NCOIS) is an Australian National Health and Medical Research Council Centre of Research Excellence. NCOIS brings together researchers and end-user organisations including experts from Australia, as well as internationally to optimise methods in implementation and research translation in chronic disease prevention within community settings.

We focus on prevention strategies related to diet, physical activity, weight status, tobacco and alcohol, in community settings, such as early childhood education and care, schools, sporting clubs and workplaces.

In addition to our research, as a Centre for Research Excellence, the NCOIS has explicit objectives to:

- Grow research leadership capacity in the conduct of community based chronic disease prevention implementation research.
- Develop the research skills and capacity of policy and practice partners and the broader chronic disease prevention workforce to undertake and/or use implementation research to inform their decision making.

In line with these objectives the NCOIS has dedicated infrastructure and resources to support capacity building across these areas. In 2023 we undertook a survey of our researchers and partners to seek their opinions and insights on the capacity building activities of the Centre. The survey specifically sought to identify:

- how useful our researchers and partners have found the capacity building supports and activities provided by the centre to date; and
- understand their priorities for activities, topics and supports to best support their development needs into the future.

The insights gathered from the survey will help to shape our future capacity building plans ensuring that the activities and supports we invest in are aligned with the needs and priorities of our researchers and partners.

Data collection and participants

A link to the survey was emailed to all Early and Mid-Career Researchers (EMCRs) (n=12; including postdoctoral researchers and research leads), PhD candidates (n=14) and key contacts of NCOIS policy and practice partner organisations (n=19). Partners were asked to send the survey on to relevant colleagues. The survey was administered via REDCap. Data were collected during June 21st – July 5th 2023.

The survey was completed by:

- Ten EMCRS of which six were early career researchers (awarded PhD up to five years ago) and four were mid-career researchers (awarded PhD between five and ten years ago)
- Nine PhD candidates
- Nineteen policy and practice partners, 15 whose primary role was identified as a practitioner and four as a policy maker

Summary

The findings provide many useful insights around the perceived usefulness of past activities, preferences for future activities and priority topic areas for future capacity building.

Researchers

Usefulness of past activities

For EMCR and PhD candidate respondents, webinars and the NCOIS e-newsletter were considered particularly useful activities to support capacity building, when they contain content that is considered relevant and informative.

For EMCRs specifically, past activities provided by the Centre considered most useful and relevant included the opportunity to engage with and seek advice from visiting experts; and the NCOIS resources repository.

For PhD candidates, workshops or training and the PhD network were the activities considered most useful and relevant for their development.

Future supports and activities

Looking forward, EMCRs expressed greatest interest in accessing opportunities for:

- Travel grants, seed or pilot grants
- Awards or honours
- Funding for open access publications

For PhD candidates, the types of activities preferred to best meet capacity building needs included:

- Receiving communication about relevant training opportunities
- Networking opportunities (to expand professional networks, e.g as part of other events)
- Links to online resources
- Sponsorship to attend conferences
- Placements and exchanges with other research groups or organisations

Priority topic areas for development

The topic areas selected by EMCRs as the highest priorities to support their professional development included:

- Writing fellowship applications
- Research leadership
- Grant writing or funding proposal development
- Research impact (e.g planning for impact, demonstrating the benefit of your research)

For PhD candidates, high priority topic areas for development included:

- Grant writing or funding proposal development
- Statistics
- Academic writing
- Knowledge translation and dissemination

Policy and practice partners

Usefulness of past activities

Past capacity building activities considered most useful and relevant by our partners included:

- Short courses
- Webinars
- Workshops
- Receiving information about events and our E newsletter

Future supports and activities

Moving forward, policy and practice partners expressed an interest in accessing communities of practice on topics of common interest with other prevention practitioners; and pilot or seed research grants to progress implementation research within their organisations.

Priority topic areas for development

The top three ranked priority topic areas for research capacity building for partners included:

1. Developing program logic models
2. Enhancing the sustained implementation of prevention programs; and optimising the impacts of prevention programs (Equal second)
3. Scaling up health promotion initiatives

Other topics of interest (selected by over 50% of participants) included:

- Identifying effective prevention interventions
- Designing implementation strategies
- Strategies to identify barriers & facilitators to the implementation of prevention programs.

Feedback provided by survey respondents also suggested a preference for accessing capacity building activities tailored for stakeholders working in non-research roles, focusing on implementation science and research and evaluation principles emphasising real world policy and practice applications.

Detailed results

Perceived usefulness of past building activities

We asked for feedback on the perceived usefulness of prior activities from respondents who had participated or accessed them. The results for perceived usefulness of past capacity building activities for researchers can be seen in figures 1 and 2 and for partners in figure 3.

NCOIS Early to Mid-Career Researchers

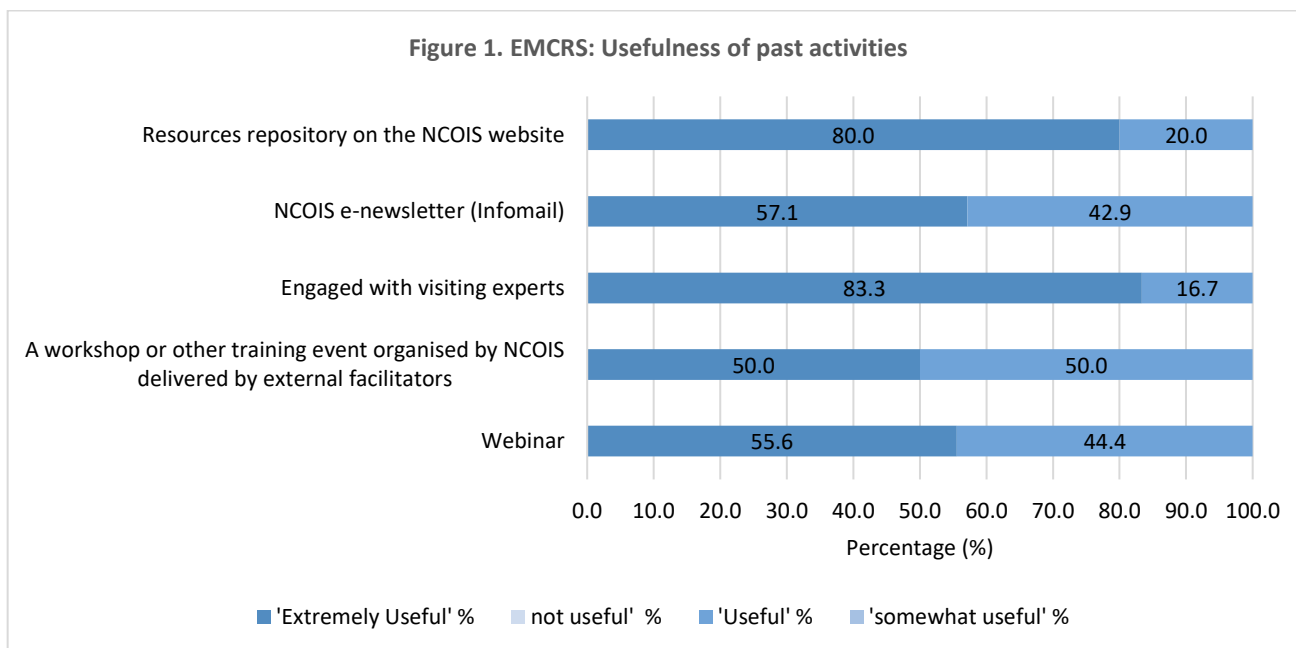


Figure 1. Perceived usefulness of past activities: EMCRS (% selected from those that had accessed).

NCOIS PhD Candidates

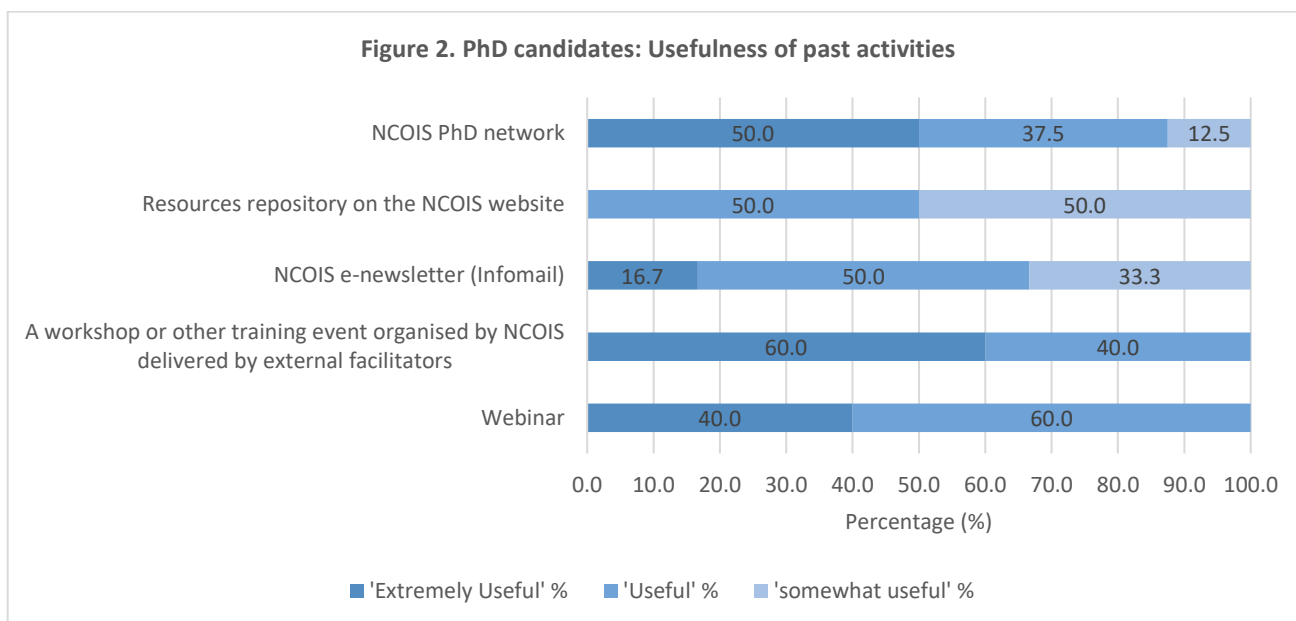


Figure 2. Perceived usefulness of past activities: PhD candidates (% selected from those that had accessed). Note: No PhD candidates indicated that they had engaged with visiting experts.

Policy and practice partners

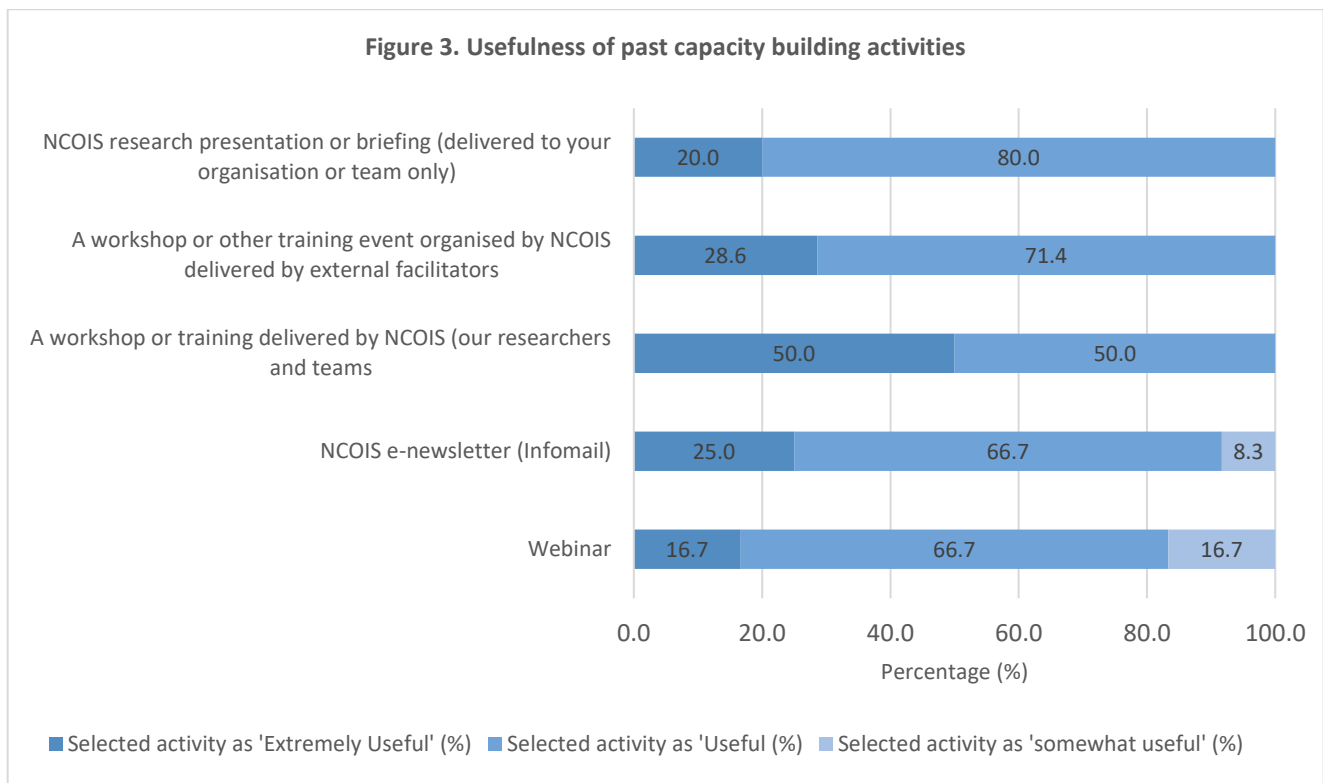


Figure 3. Perceived usefulness of past activities: Policy and Practice partners (% selected from those that had accessed)

Relevance, new knowledge & recommending activities to colleagues

Where respondents selected they had participated in webinars and workshops, and received the NCOIS Infomail we also asked for their level of agreement with the following statements:

- The information and topics covered were relevant
- I learned things I might not have otherwise
- I would recommend to other colleagues.

Respondents were provided a 4-point Likert scale to select from (strongly agree, agree, disagree, strongly disagree).

Webinars

Of the researchers that had participated in the webinars (9 EMCRS and 5 PhD candidates) all either “agreed” or “strongly agreed” that that the topics were relevant; they learned things they may not have otherwise; and would recommend them to a colleague.

Three policy and practice respondents (27.3%) “strongly agreed” the topics included in the webinar were relevant, and they learned things that wouldn’t have otherwise. Eight respondents (72.7%) “agreed” with these statements. All respondents “strongly agreed” (30%; n=3) or “agreed” (70%; n=7) they would recommend the NCOIS webinars to a colleague.

Workshops

For EMCRS that had participated in a **workshop** (80%; n=8), all either “agreed” or “strongly agreed” that that the topics were relevant; they learned things they may not have otherwise and would recommend them to a colleague.

For PhD candidates that had participated in a workshop (55.6%; n=5) all either “agreed” or “strongly agreed” that that the topics were relevant, and they would recommend this activity to a colleague. Four respondents (80%) cumulatively “agreed” or “strongly agreed” that they learned things they would not have otherwise, and one respondent (20%) “disagreed” with this statement.

All policy and practice respondents agreed or strongly agreed that they would recommend the workshops to a colleague by (16.7%; n =1 “strongly agreed” and 83.3%; n=5 “agreed”). All respondents either “strongly agreed” (33.3%; n=2) or “agreed” (66.7%; n=4) that the workshop topics were relevant, and they learned things they wouldn’t have otherwise.

E- newsletter (Infomail)

For EMCRS that had read the Infomail (n=7) all either “agreed” or “strongly agreed” that that the topics were relevant and they and would recommend to a colleague. Four respondents (85.7%) “strongly agreed” that they learned things they would not have otherwise, and one respondent (14.3 %) “disagreed” with this statement.

Among PhD candidates that had read the Infomail (n=6), all cumulatively “agreed” or “strongly agreed” that that the topics were relevant; they learned things they may not have otherwise and would recommend them to a colleague.

Four policy and practice respondents (40%) “strongly agreed” and six respondents (60%) “agreed” that the topics included in the Infomail were relevant. Three respondents (30%) “strongly agreed” and seven respondents (70%) “agreed” that they learned things they wouldn’t have otherwise by reading the Infomail, and they would recommend the e-newsletter to a colleague.

Additional feedback about capacity building activities

Respondents were also asked to share any other feedback about the capacity building opportunities and/or activities organised by NCOIS, that they participated in or accessed.

One general comment from a PhD candidate was received:

“Well organised and professionally run”- PhD candidate

Four comments were received from policy and practice partners. Three, from health promotion practitioners emphasised the need to tailor capacity building activities to better meet the practical needs of practitioners including:

“As a practitioner, sometimes the topic being presented can be quite complex, and it can be challenging sometimes to find how the content could be relevant to practical application.” - Practitioner

“Ensure the information and PD sessions are suitable for HPO's who primarily work with community in a non-research space. This will help to build confidence of HPO's to engage in small scale research.” - Practitioner

“Focus on building on core competencies and R&E principles in HP teams, expert speakers inevitably pitch to an academic level rather than practice level.”- Practitioner

The fourth comment related to the delivery email for the NCOIS e-newsletter:

“The infomail is coming from a gmail account which is getting caught in our spam quarantine filter. It would be great if it could be an institutional email address.” – Policy Maker

Future capacity building needs

Priority topics

Survey respondents were asked to identify from a list of topics the areas that were a priority for capacity building for themselves or their team.

The frequency and percentage of respondents that selected each topic area for each stakeholder group can be seen in Tables 1, 2 and 3.

Early-Mid Career Researchers

Table 1. Priority topics for future capacity building - Rank, frequency & percentage: **Early-mid career researchers** (n=9)

Rank	Capacity Building Topics	Selected by (n)	Selected by (%)
1	Writing fellowship applications	6	66.7
2	Research leadership	5	55.6
2	Grant writing or funding proposals	5	55.6
2	Research impact (e.g planning for impact, demonstrating the benefit of your research)	5	55.6
3	Evidence Synthesis /Systematic Review Methodology	3	33.3
3	Communicating your research (e.g pitching, plain language writing)	3	33.3
3	Content creation eg. Canva, infographics, podcasts, videos	3	33.3
4	Engaging stakeholders	2	22.2
4	Knowledge Translation and Dissemination (strategies to improve awareness and uptake of research findings)	2	22.2
4	Social Media (eg. to communicate and promote your research and build your profile)	2	22.2
4	Media training	2	22.2
4	Research project management	2	22.2
5	Statistics	1	11.1
5	Academic writing	1	11.1
5	Relationship building/networking skills	1	11.1
5	Presentation skills	1	11.1

PhD Candidates

Table 2. Priority topics for future capacity building - Rank, frequency & percentage: **PhD candidates** (n= 7)

Rank	Capacity Building Topics	Selected by (n)	Selected by (%)
1	Grant writing or funding proposals	5	71.4
1	Statistics	5	71.4
1	Academic writing	5	71.4
2	Knowledge Translation and Dissemination (strategies to improve awareness and uptake of research findings)	4	57.1
2	Research project management	4	57.1
3	Research impact (e.g planning for impact, demonstrating the benefit of your research)	3	42.9
3	Social Media (eg. to communicate and promote your research and build your profile)	3	42.9
3	Relationship building/networking skills	3	42.9
3	Communicating your research (e.g pitching, plain language writing)	3	42.9
4	Research leadership	2	28.6
4	Engaging stakeholders	2	28.6
4	Writing fellowship applications	2	28.6
4	Evidence Synthesis /Systematic Review Methodology	2	28.6
4	Presentation skills	2	28.6
4	Content creation eg. Canva, infographics, podcasts, videos	2	28.6
5	Media training	1	14.3

Policy and practice partners

Table 3. Priority topics for future capacity building - Rank, frequency & percentage: Policy & Practice partners (n=16)

Rank	Future Capacity Building Topics	Partners who selected this topic (n)	Partners who selected this topic (%)
1	Developing program logic models	12	75.0
2	Enhancing the sustained implementation of prevention programs	10	62.5
2	Optimising the impacts of prevention programs	10	62.5
3	Scaling up (health promotion initiatives)	9	56.3
4	Identifying effective prevention interventions	8	50.0
4	Designing implementation strategies	8	50.0
4	Strategies to identify barriers/ facilitators to the implementation of prevention programs	8	50.0
5	Program costing and economic evaluation	7	43.8
6	An introduction to implementation science	5	31.3
6	Undertaking evidence summaries and systematic reviews	5	31.3
6	Research and evaluation methods	5	31.3
6	Application of Implementation science models and frameworks	5	31.3

Preferred activities

From a list provided, respondents were asked to identify the types of activities that would best meet their capacity building needs.

The frequency and percentage of respondents that selected each topic area for each stakeholder group can be seen in Tables 3, 4 and 5.

Early-Mid Career Researchers

Table 4. Preferred types of capacity building activities - Rank, frequency & percentage: **Early-mid career researchers** (n=9)

Rank	Capacity Building Types	Selected by (n)	Selected by (%)
1	Travel grant	7	77.8
1	Pilot grants or seed funding	7	77.8
2	Awards or honours	6	66.7
3	Funding for open access publications	5	55.6
3	Formal training to support learning and development (workshops, short courses)	5	55.6
4	Sponsorship for conference attendance	4	44.4
4	Placements/ or exchanges with other research groups or organisations	4	44.4
5	Access to PhD scholarships	3	33.3
6	Opportunities to hear about and learn from the work of other researchers within the group	2	22.2
6	Networking opportunities (to expand professional networks, e.g networking activity as part of other events)	2	22.2
6	Access to advice from visiting or external expert	2	22.2
7	Joining a community of practice (in areas of interest)	1	11.1
7	Communication about relevant training opportunities (eg. Via email or e-newsletter)	1	11.1
7	Links to online resources (eg. toolkits, websites and repositories)	1	11.1
7	Other: "Funding to pay for courses such as TIDRH"	1	11.1

PhD Candidates

Table 5. Preferred types of capacity building activities - Rank, frequency & percentage: **PhD candidates** (n= 7)

Rank	Capacity Building Types	Selected by (n)	Selected by (%)
1	Communication about relevant training opportunities (eg. Via email or e-newsletter)	7	77.8
2	Networking opportunities (to expand professional networks, e.g networking activity as part of other events)	6	66.7
2	Links to online resources (eg. toolkits, websites and repositories)	6	66.7
3	Sponsorship for conference attendance	5	55.6
3	Placements/ or exchanges with other research groups or organisations	5	55.6
4	Travel grant	4	44.4
4	Pilot grants or seed funding	4	44.4
4	Funding for open access publications	4	44.4
4	Formal training to support learning and development (workshops, short courses)	4	44.4
4	Opportunities to hear about and learn from the work of other researchers within the group	4	44.4
4	Access to mentoring	4	44.4
5	Access to advice from visiting or external expert	3	33.3
5	Awards or honours	3	33.3
6	Access to PhD scholarships	2	22.2
6	Joining a community of practice (in areas of interest)	2	22.2

Policy and practice partners

Table 6. Preferred types of capacity building activities - Rank, frequency & percentage: **Policy & practice partners** (n=16)

Rank	Capacity Building Types	Partners who selected this type (n)	Partners who selected this type (%)
1	Community of Practice: Topics of common interest shared with other prevention policymakers, practitioners and/or agencies	13	81.3
2	Short courses	12	75.0
3	Dedicated research grants for implementation research undertaken in your organisation	8	50.0
4	Research forums (e.g NCOIS initiated event to share research findings on relevant topics)	7	43.8
5	Networking events	6	37.5
6	PhD scholarships	4	25.0
7	Awards or honours to recognise excellence in prevention policy or practice	3	18.8
8	Placements and exchanges with partnering organisations	3	18.8
9	Other: "Delivery partner into schools"	1	6.3

END OF REPORT

