



**2023**

**Stakeholder**

**Survey**

**Knowledge**

**Translation**

**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 research in chronic disease prevention within community settings.

As a Centre for Research Excellence, the NCOIS has an explicit objective to promote effective transfer of research outcomes into health policy and/or practice. To achieve this the NCOIS has developed a knowledge translation plan that outlines strategies, supports, and processes to:

- Communicate and package NCOIS research in ways that make it accessible and understandable.
- Increase awareness of NCOIS research and ensure it is easily found.
- Build skills and capacity among partners and other end-user groups to use our research to inform their decision making.
- Ensure that our research is aligned with end-user partner needs.
- Generate and utilise evidence to inform knowledge translation activities.

In 2023 we undertook a survey of researchers and partners to gather feedback about the knowledge translation activities delivered by the Centre. The survey sought to identify the perceived usefulness of supports and activities provided to date from the perspectives of researchers and partners.

We also sought to identify research dissemination preferences of policy and practice partners by asking about their preferred sources for receiving research relevant to their work (who they receive research from); the content they prefer; and how they prefer to receive research (the form it takes).

The insights gathered from the survey will help to shape our centre's future knowledge translation plans ensuring that we focus our resources in the areas of most use to ensure we effectively disseminate our research in ways that increases the likelihood that it is accessed, understood and used by our partners.

## Data collection and participants

A link to the survey was emailed to all Early and Mid-Career Researchers (EMCRs) (including fellows, postdocs, and research leads) (n=12), 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 21<sup>st</sup> – July 5<sup>th</sup>, 2023.

The survey was completed by:

- 10 EMCRS of which six were early career researchers (awarded PhD up to five years ago) and four mid-career researchers (awarded PhD between five and ten years ago).
- Nine PhD candidates
- 19 policy and practice partners, 15 who identified their primary role as a practitioner and four identifying their primary role as a policy maker.

## Summary

The findings provide key insights to guide the centre's future knowledge translation (KT) activities to ensure we best meet the needs of our researchers and to better support policy and practice partners to use our research.

### Knowledge translation activities

For researchers, support to develop policy briefs, news articles on the NCOIS website and research presentations were considered most useful to assist them to translate and disseminate their research.

Additional activities considered particularly useful by researchers included support to develop: a knowledge translation plan; social media posts; and plain language summaries.

In open feedback researchers also suggested that opportunities to meet with policy makers and practitioners, knowledge brokering (EMCRS) and media and networking training (PhD student) would be helpful to assist them to translate or disseminate their research in the future.

While policy and practice partners broadly found all knowledge translation products useful, findings suggest that plain language summaries and infographics are particularly valued way for us to share our research findings with them. Following this, presentations and social media posts about our research were considered most useful.

Overall, these findings suggest that centre should prioritise providing support and skill building for researchers to develop policy or research briefs and research presentations for end-user audiences. In addition, the centre should continue to engage and work with researchers to:

- Develop plain language summaries and infographics to increase accessibility of high impact papers.
- Develop website news items and social media posts to disseminate findings and raise the awareness of research.
- Develop and implement knowledge translation plans for high impact findings.
- Connect them to policy and practice partners to deliver research presentations and briefings.

Finally, moving forward, the centre could consider explore additional opportunities to support researchers to expand and build connections with partners and undertake media training.

## Policy and practice partner preferences for receiving research evidence

Overall, the findings highlight the importance of:

- Investing in activities that strengthen our standing as trusted experts
- Continued efforts to build and maintain effective relationships with government policy agencies and practitioners networks
- Investing resources and capacity building to support development of tailored, concise and instructive plain language knowledge products.

Specifically, partners viewed researchers, and national or state Government Departments or Agencies to be the most influential sources of research evidence. This was followed by influential professional peers and colleagues.

Our partners perceived content to be more influential where it included a description of the health issue or problem addressed and descriptions of the alignment of the research with local policy or practice priorities. Summaries or presentations describing the impact, quality of evidence and key findings and implications are also perceived to be influential.

Finally, in line with feedback from the survey asking about usefulness of the centre's KT products, partners preferred to receive research evidence in the form of brief summaries with actionable guidance, plain language summaries and infographics.

Overall these findings highlight the importance of continuing to:

- Invest in activities that strengthen our trust and standing with policy and practice partners as preferred source of research
- Regularly engage with and strengthen relationships with government policy agencies and practitioner networks to support dissemination.

When sharing evidence with policy and practice partners, we should include:

- A brief description of the issue, including key findings and implications.
- An explanation of the alignment of the research with the relevant priorities of policy and practice partners
- Statistics and summaries to describe the impact of the intervention or research
- Information about the quality of the evidence being presented

When sharing evidence, we should:

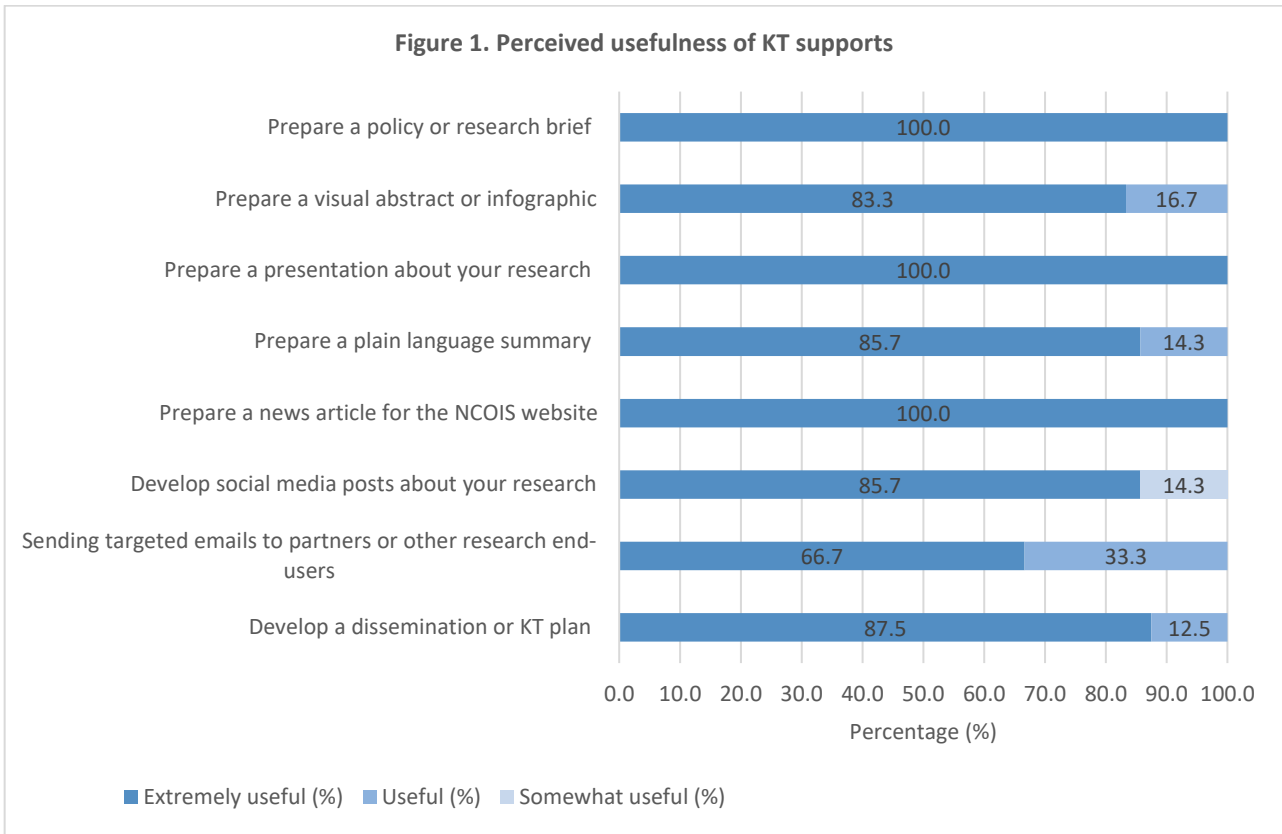
- Ensure that information is brief, 1-4 pages
- Include key recommendations
- Ensure information is written in plain language (plain language summaries).
- Include visual or infographics formats

## Detailed results

### Usefulness of research translation and dissemination support

We asked researchers and policy and practice partners for feedback on the usefulness of activities and supports to translate and use our research. The results for researchers are provided below in figure 1 and for policy in practice partners in figure 2.

#### Researchers



**Figure 3.** Perceived usefulness of KT supports: % selected from those that had accessed (includes NCOIS EMCR and PhD candidates)

#### Other feedback from researchers

Researchers were also asked to provide feedback on whether there was any other support they need to translate or disseminate their research.

Two NCOIS researchers provided feedback on different activities and products they considered useful:

*“Meetings with policy makers/ KT brokering” – Mid career Researcher*

*“Plain language summaries and infographics of findings would be useful to disseminate research in future” – PhD candidate*

One early career researcher commented that they were unaware of the options available to support KT:

*“I was not fully aware of the possible support options available for KT/dissemination from NCOIS - based on that first question. Is there somewhere that central where the possible support options are outlined?” – Early career researcher*

One PhD candidate provided suggestions for future areas for professional development that would help to support their KT efforts:

*“Media training, presentation and networking skills” – PhD candidate*

When asked if they had any other feedback about the support NCOIS provides, six researchers provided the following positive comments:

*“NCOIS has provided such amazing KT support. It is so professional, efficient and something I do not have the skills to do. I really appreciate all the support that is provided.” – Mid career researcher*

*“thankyou to Meg and Bec” – Mid career researcher*

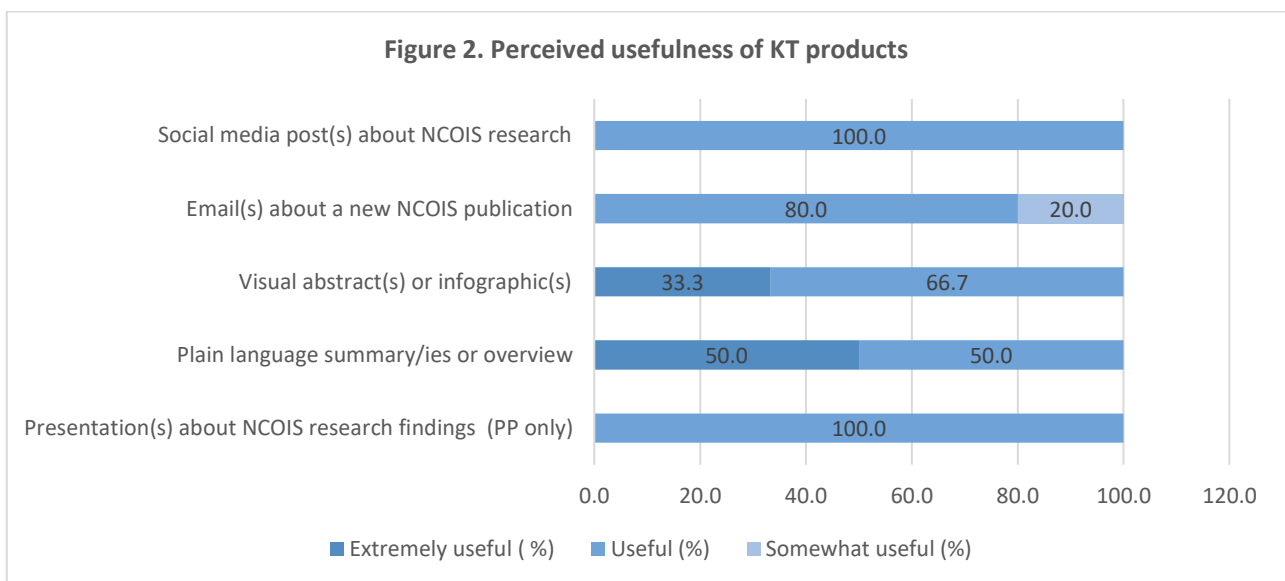
*“It's been great. since we codeveloped our KT plan having meg and bec support to implement and knowing who is doing what and them reminding us what to do led to significant impact for our work” – Mid career researcher*

*“Meg and Bec have been incredible! They are quick to respond and send reminders when dissemination falls off the radar. They are also great at taking on feedback and overall amazing and approachable people to work with.” – Early career researcher*

*“Just that its a great resource and service to support researchers.” – PhD candidate*

*“I think it's great I just haven't needed to access it yet” – PhD candidate*

### Policy and practice partners



**Figure 2.** Perceived usefulness of KT supports: (% selected from those that had accessed)

### Policy and practice partner preferences for receiving research evidence

We sought to understand the views of NCOIS policy and practice partners regarding factors that would influence their decision making when receiving research evidence. The survey asked respondents to select the most influential sources of research evidence and guidelines, content that would most influence their decision to adopt research and formats they would prefer to receive the information.

The questions were introduced with the following statement: “Researchers regularly release new or updated research that may be directly relevant to your day-to-day work (e.g to inform decision making or practice).

The following questions ask from whom, what content and how you would like to receive this type of information.”

Questions that followed were:

- “When receiving research evidence that may inform your health promotion programs or service- which providers of information would be most influential?” (Source)
- “Which of the following content would influence your decision to use or adopt or use new research? (Content)
- “How would you prefer to receive information around new research that has direct relevance to your work?” (Form)

For each question respondents were able to select multiple response options (that is, all that applied). Respondents also had the option to select “don’t know/unsure/prefer not to say” and “other”. If “other” was selected, respondents were given the option to provide additional information.

The response options available for respondents to select from for each question and results can be seen in Tables 1, 2 and 3.

### Source of evidence

**Table 1. Evidence source preferences** - rank, frequency and percentage: **Policy & Practice partners (n=16)**

Rank	Evidence Source Preferences	Partners who selected this source (n)	Partners who selected this source (%)
1	Researchers (e.g people who undertook the research or researcher)	11	68.8
1	National or state Government Departments or Agencies (e.g Department of Health).	11	68.8
2	Influential professional peers and colleagues	10	62.5
3	Non-government, not for profit organisations (e.g. Foundations, Charities such as the Cancer Council, Heart Foundation)	9	56.3
4	Professional health associations (e.g. Public Health Association	8	50.0
5	Consumer groups (e.g. Consumer Health Forum of Australia or relevant individual consumers or community members)	5	31.3
6	Non-government, for profit organisations or agencies operating on their behalf (e.g industry)	4	25.0
7	Publishers of the research or guidelines	2	12.5
7	Don't know/ unsure	2	12.5
8	Journalists (e.g. the news media)	1	6.3



## Content

**Table 2: Content preferences - rank, frequency, and percentage: Policy & Practice partners (n=16)**

Rank	Content preferences	Partners who selected this content (n)	Partners who selected this content (%)
1	A description of the health issue or problem addressed	12	75.0
1	A description of the alignment of the research with your local policy or practice priorities	12	75.0
2	Data and statistical summaries or presentations of the evidence to describe the impact of a health issue or intervention	11	68.8
2	Summary of the quality of the evidence	11	68.8
2	A brief simple summary of the research, key findings and implications	11	68.8
3	Evidence based recommendations regarding a future course of action	10	62.5
4	The use of narrative, story or testimonial to describe the impact of a health issue or intervention)	9	56.3
5	An assessment or description of the context in which the evidence was generated	5	31.3
6	An assessment or description of the (in)consistency of the research findings with the broader scientific literature	3	18.8
7	A complete and detailed description of research methods and findings	2	12.5

Eleven respondents (68.8%) each also selected “Data and statistical summaries or presentations of the evidence to describe the impact of a health issue or intervention,” “Summary of the quality of the evidence” and “A brief simple summary of the research, key findings and implications.”

All responses and their frequency and percentage can be found in Table 4.

One practitioner respondent elected to provide a comment about content that influences their decision making:

*“The use of videos to tell consumer engagement stories / patient journey as part of research.”*

## Form

**Table 3. Form preferences** - rank, frequency, and percentage: **Policy & Practice partners (n=16)**

Rank	Evidence format preferences	Partners who selected this format (n)	Partners who selected this format (%)
1	Brief summaries with key recommendations (1 page)	12	75.0
2	Infographics	10	62.5
2	Plain language summaries (2-4 page summary written in plain language)	10	62.5
3	Webinars	8	50.0
4	Peer reviewed publications (e.g. published in scientific journals)	7	43.8
5	Workshops	6	37.5
6	Reports	5	31.3
6	Meetings (in person or technology enabled)	5	31.3
6	Emails	5	31.3
7	Interviews with experts	4	25.0
8	Conferences	3	18.8
8	Decision support tools or resources (eg a computer-based tools/website that are developed to help you make decisions)	3	18.8
9	Organisational Websites	2	12.5
10	Media (Traditional or Social)	0	0.0
10	Press releases	0	0.0

END OF REPORT

