

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review
<b>AUTHORS</b>	Boaz, Annette; Hanney, Stephen; Jones, Teresa; Soper, Bryony

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Professor Peter Spurgeon Medical School, University of Warwick, Gibbet Hill Road ,Coventry, CV 4 7AL, UK Professor of Health Services Management
<b>REVIEW RETURNED</b>	02-Aug-2015

<b>GENERAL COMMENTS</b>	<p>This paper seeks to assess the impact of research engagement(participation) by clinicians upon clinical outcomes. It is a well presented and well conducted study(review), as one might expect from these authors. It is very helpful in seeking to understand the mechanisms by which engagement may operate ,using the term absorptive capacity. The particular contribution though is less in specific finding as there may be confounding factors, which the authors do recognise, but in highlighting the lack of good evidence and also of modifications in methodology that may be needed to clarify the topic. Key aspects that could improve the paper and especially the potential for learning from the paper are:</p> <ul style="list-style-type: none"> <li>-the term engagement is used, although one suspects this is in part fashion, as effectively participation in research is meant. As my own work suggests participation in an activity is part of overall engagement but not the same as</li> <li>- the authors suggest a lack of relevant literature but there was quite a lot of work a decade and more ago about how clinicians might be persuaded to adopt guidelines--discussions around "No magic bullet" could be similar to mechanisms discussed here</li> <li>-finally and key points is the two major confounding factors of institutional characteristics(and the matching of institutional types) plus organisational culture should be discussed more as they are probably the key to progress in the area</li> </ul>
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<b>REVIEWER</b>	Professor Peter Selby University of Leeds, England
<b>REVIEW RETURNED</b>	07-Aug-2015

<b>GENERAL COMMENTS</b>	This is an excellent, fully comprehensive, well structured, highly professional and important analysis of a field which is still short on conclusions but important for healthcare policy and planning.
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## VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Professor Peter Spurgeon

1/ The term engagement is used, although one suspects this is in part fashion, as effectively participation in research is meant. As my own work suggests participation in an activity is part of overall engagement but not the same as.

Response: We agree and regard the phrases 'engagement in research' as 'participation in research' as almost synonymous. Both 'engagement' and 'participation' were used as search terms in the focused review (see Additional File 2). We also agree a broader definition of research engagement could cover the literature on 'engagement in research' and the term 'engagement with research'. As we note in the paper, we understood the latter to mean a less substantial involvement related to receiving and transmitting the findings of research and, in the light of our brief to explore the whole pathway from research engagement to healthcare performance, decided to concentrate our resources on the interpretation of research engagement as 'engagement in research'.

We have removed Box 1 (which explained these issues in a rather summary fashion) and added additional text to the paper to clarify our understandings of these key phrases.

2/ The authors suggest a lack of relevant literature but there was quite a lot of work a decade and more ago about how clinicians might be persuaded to adopt guidelines- discussions around "No magic bullet" could be similar to mechanisms discussed here.

Response: Work on 'engagement in research' is a relatively new field. The literature on 'engagement with research' is considerably more established, and includes studies on the utilisation of research findings and efforts to encourage clinicians to use guidelines. Although for the reasons given above, this work did not fall within the inclusion criteria for the focused review, we agree this literature has interesting parallels with the conclusions of our own review. In particular, both literatures recognise that there is no single magic bullet and that there is a need for multiple parallel strategies to encourage engagement both in and with research in order to improve health care performance. We have added two sentences to this effect in the Discussion Section and some additional references to relevant papers

3/ The two major confounding factors of institutional characteristics (and the matching of institutional types) plus organisational culture should be discussed more as they are probably the key to progress in the area

Response: We agree that this is an important conclusion of our work and agree we hadn't pulled this out sufficiently. We are grateful to the reviewer for drawing it to our attention. We have added additional text to the Discussion Section reflecting on this. This notes some of the lessons from papers produced since our review. It also acknowledges the importance of what one commentator has called 'organisational form', and outlines some of the (relatively new) approaches that are now being discussed in the literature.

Reviewer 2: Professor Peter Selby

1/ This is an excellent, fully comprehensive, well structured, highly professional and important analysis of a field which is still short on conclusions but important for healthcare policy and planning.

Response: We are grateful for the reviewer's kind comments, and given that the reviewer has highlighted that the field is short on conclusions, we have tried to strengthen our own conclusions. In

particular we have highlighted the need for further work on organisational form, reflecting what we have added to the Discussion Section in response to the comments of reviewer 1.