PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	A mixed methods study to explore opinions of research translation held by researchers working in a Centre of Research Excellence in Australia.
AUTHORS	Lynch, Elizabeth; Ramanathan, Shanthi; Middleton, Sandy; Bernhardt, Julie; Nilsson, Michael; Cadilhac, Dominique

VERSION 1 – REVIEW

REVIEWER	Elizabeth L. Inness, PT, PhD. Toronto Rehabilitation Institute - University Health Network Toronto ON, Canada
REVIEW RETURNED	28-Mar-2018

GENERAL COMMENTS	This primary aim of this paper is to explore the opinions about research translation held by researchers conducting pre-clinical and clinical stroke rehabilitation research. This is an important area of study towards the ultimate goal of developing effective methods that would maximize the use of research by various end-users. I expect this paper would be of interest to both a clinical and research audience. My review is detailed below. Referenced line numbers are approximate, as they do not clearly align with the actual lines of the text.
	Abstract p3. Line 4: I suggest you use the exact value i.e. change 80% to 79%. Also it may be an overstatement to suggest that researchers considered this the 'extent of their translation obligations.' From the data presented, respondents selected more than one response to this survey question and the majority (61%) also indicated incorporation into policy and practice as a marker of completion.
	Objectives Lines 35-47.
	• Your interview questions also seem to probe barriers and facilitators (e.g. Q10-12, 14, 15) that aren't reflected in your objectives. Please clarify.
	Methods: Data collection
	• Your aim outlined on page 7 was to explore opinions of researchers within or affiliated with the CRE-Stroke. Your survey (referenced on p 8) and in Appendix A includes individuals who were possibly not part of this target group (e.g. individuals with admin roles, guests not involved with Stroke CRE). Can you clarify - were these individuals excluded from analyses?
	Methods: Data analysis
	• P 10 Line3-6. Re. "binary logistic regressions were used to describe associations between respondents' profession or research focus …". Later in your results I only see comments on differences between pre-clinical and clinical researchers (i.e. you do not refer to profession or research focus). Please clarify your analyses conducted or suggest using consistent terminology.

Results
• P 10. Line 56. You report n=37 with clinical backgrounds but I don't see clearly how this number was obtained from the data presented in your table with respect to professional backgrounds.
• I am not clear why some basic demographic information cannot be provided for the 22 individuals who completed the interviews. It would be helpful to the reader to better understand how the groups were similar or different.
• Table 1: I would suggest the responses related to when a research project is complete and how researchers measure their impact does not belong in the demographic table. I would suggest moving this to be part of Table 2 survey results.
• Page 11; lines 11=23. You do not report on the results of all of the survey questions. Beyond those reported, were all other questions significantly different between pre-clinical and clinical researchers? I suggest adding the statistics for survey questions in table 2 for clarity.
• Page 15. Line 34. You report that survey data: 79% of survey respondents report their project is complete when findings were published. However, it may be worth noting that 75% and 79% also measured impact by incorporation of their research into clinical guidelines or # clinicians using the research (not just publications); how do you reconcile these results?
• General comment re results. A number of your interview questions probed barriers and facilitators of research translation. Upon reviewing your results, I did not see this fully explored or were there limited responses to these questions? Please comment on how the answers to these questions are reflected in your results.
Discussion
I suggest adding some summary comments about the similarities and differences in pre-clinical and clinical researchers, given this was one of your stated aims of this research.

REVIEWER	Nina Fudge Queen Mary University of London, UK
REVIEW RETURNED	04-May-2018

| GENERAL COMMENTS | Thank you for the opportunity to review this paper which had a clear writing style. A strength of the paper is the result that the sample, all working within one research organisation, reported less confidence in translating research results to policy and practice (research implementation), with greater confidence in translating research to other areas of stroke research (bench to bedside). While this comparison is interesting, it's perhaps not a particularly new finding nor surprising given the complexity in translating research results into practice and policy. I also wondered whether the research tools and the questions asked were able to fully pick up on this complexity.

I found the authors' use of the term research translation to include both research into policy/practice and bench to bedside research difficult to follow at times. The authors state, and give references to the point, that these are two different aspects of research translation with different requirements so I wasn't sure why the survey and interviews kept the two aspects of research translation together. Maybe the authors could provide some reasoning for this? Perhaps the research context of the CRE leads to this? It might be helpful for the reader to have a bit more context about the CRE – not just facts about the number of researchers working there and in which areas, but what the mission/policy of the CRE is regarding translation and how this might have shaped researchers' views and expectations of |

research translation?

Strengths and limitations section
I couldn't tell which bullet points were strengths and which were limitations and why they might be a strength or limitation.

I don't follow why it is strength that consistent opinions were gathered via the survey and the interview They are similar methods used in this case for gathering opinion and from the same sample of respondents.

Given the authors definition of research translation includes bench to bedside and research implementation then I don't believe the authors statement that their study is the first study exploring researchers views of research translation. We undertook a synthesis of studies investigating scientists views of translational research (Fudge, Sadler et al 2016 http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0160 475). We found 26 studies that used a range of quantitative and qualitative methods to investigate scientists' views of translational research. Our review excluded papers on research implementation as that was beyond the scope of our review so I'm not as familiar with that literature, but I think the authors have missed a considerable body of literature. A quick search found these papers which have considered researchers' views on implementing research findings into practice:

• The Use of Research Evidence in Public Health Decision Making Processes: Systematic Review. Orton et al 2011 http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0021 704
• Campbell, Redman et al 2009. Increasing the use of evidence in health policy: practice and views of policy makers and researchers. Aust N Z Health Policy. 2009;6:21.
• From "our world" to the "real world": exploring the views and behaviour of policy-influential Australian public health researchers. AS Haynes, GE Derrick, S Chapman, S Redman… - Social science & medicine, 2011
• A mixed methods study of the factors that influence whether intervention research has policy and practice impacts: perceptions of Australian researchers. Newson et al http://bmjopen.bmj.com/content/5/7/e008153?cpetoc

The mixed methods approach could have been used more effectively. I thought the analysis of the interviews provided another layer of description, illustrated by quotes. But did not provide a higher order analysis leading to interpretation and explanation of the results obtained by the survey. For example, there was discussion about publications being the end point of the research rather than translation into practice. There's a body of research which discusses how institutional metrics (e.g. publications) don't match what is required for research translation. Did any of the respondents discuss this? Could this explain why a high number of respondents reported publications as being when their research had been translated? What were the performance metrics researchers in the CRE were having to operate under?

On page 14 the authors' discuss translation not being important for discovery research – again would be good to delve more deeply into these views rather than just providing quotes which reiterate the

| | statement but where the analysis doesn't help the reader understand this further.

On page 16, I didn't understand the point on responsibility for clinical translation (? Is this research evidence into clinical practice) lying with the research team. So does this mean the researchers thought responsibility lay with them? If I've understood correctly, the respondents were all researchers?

I also missed the authors reflecting on their positions as researchers within the CRE and how this might have influenced the responses from the participants.

I'm not sure how can other researchers concerned with research translation can make use of these results as the current presentation makes them very specific to the case. A higher order analysis and with some theoretical framework might help to make the findings more broadly applicable. |
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VERSION 1 – AUTHOR RESPONSE

Editorial request
Please revise your title so that it includes your study's setting. This is the preferred format for the journal.
Title is now:

A mixed methods study to explore opinions of research translation held by researchers working in a Centre of Research Excellence in Australia. |
| **Please could you provide more information about the development of the survey in the methods section? For example, was it pilot tested? How were the questions decided upon? Has the survey been used in previous studies or was it designed specifically for this study? Etc.** |
| This information has been added P8:

In September 2016, attending researchers at a Florey Rehabilitation Workshop and Annual Scientific Meeting were invited to complete a paper-based survey. The survey (Appendix A) was developed specifically for this study and was piloted on 3 researchers not involved in stroke research. |
| Reviewer 1 |
| **Abstract p3. Line 4: I suggest you use the exact value i.e. change 80% to 79%. Also it may be an overstatement to suggest that researchers considered this the 'extent of their translation obligations.' From the data presented, respondents selected more than one response to this survey question and the majority (61%) also indicated incorporation into policy and practice as a marker of completion.** |
| Abstract has been re-worded:

Most researchers (n=54, 98%) reported that research translation was important, particularly in terms of generating research impact, but the most common sign of project completion reported by researchers (n=7, 100% pre-clinical; n=37, 77% clinical) was publication. Most researchers (pre- |

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clinical n=4, 57%; clinical n= 37, 77%) reported having responsibility for translating research, but less than half reported having the necessary skills (n=1, 14% pre-clinical; n=17, 35% clinical) and knowledge (n=3, 43% pre-clinical; n=19, 40% clinical).

Objectives Lines 35-47.

Your interview questions also seem to probe barriers and facilitators (e.g. Q10-12, 14, 15) that aren't reflected in your objectives. Please clarify.

We collected data regarding barriers and enablers that we plan to present in a subsequent paper - we have now added an asterisk point on the Interview guide that data to these Qs will be presented in a subsequent paper

Methods: Data collection

Your aim outlined on page 7 was to explore opinions of researchers within or affiliated with the CRE-Stroke. Your survey (referenced on p 8) and in Appendix A includes individuals who were possibly not part of this target group (e.g. individuals with admin roles, guests not involved with Stroke CRE). Can you clarify - were these individuals excluded from analyses?

CRE-Stroke is an over-arching collaboration involving individuals from multiple institutions, who are involved in different activities depending on their research focus and experience. For the purposes of this paper, we considered people attending CRE-Stroke workshops and scientific meetings to be involved to some degree with CRE-Stroke, so all survey data were included if people were currently conducting research.

We have added to the text (P10):

Two survey respondents were not currently involved in research, so their data were excluded from analysis.

Methods: Data analysis

P 10 Line3-6. Re. "binary logistic regressions were used to describe associations between respondents' profession or research focus …". Later in your results I only see comments on differences between pre-clinical and clinical researchers (i.e. you do not refer to profession or research focus). Please clarify your analyses conducted or suggest using consistent terminology.

Thank you – we have now adjusted our analysis in line with your later comments and comments from Reviewer 2 regarding comparing results from the different research groups, so we have adjusted the description of the analysis, which now reads:

Frequencies statistics are presented and Chi-squared tests were used to compare the proportion of affirmative responses to the survey statements given by pre-clinical and clinical researchers.

Results

P 10. Line 56. You report n=37 with clinical backgrounds but I don't see clearly how this number was obtained from the data presented in your table with respect to professional backgrounds.

We have removed this sentence and adjusted what we presented to allow a comparison of the participants in the survey and interview participants

I am not clear why some basic demographic information cannot be provided for the 22

individuals who completed the interviews. It would be helpful to the reader to better understand how the groups were similar or different.

We have added information on gender and stage of career to allow a comparison of the groups involved in survey and in interviews.

The text now reads:

Most survey respondents (n=48, 87%) were involved in clinical or health services research, just over half were women (n=32, 58%) and were enrolled in or had completed their PhD within the previous 5 years (n=28, 51%). Similarly, most interview participants (n=17, 77%) were involved in clinical research, most were women (n=15, 68%) but there was a higher proportion of mid- or senior-career researchers involved in the interviews (n=13, 59% completed PhD 5 or more years previously). Demographic details of survey participants are presented in Table 1. Further demographic details of the interview participants are not presented to preserve participant anonymity.

Table 1: I would suggest the responses related to when a research project is complete and how researchers measure their impact does not belong in the demographic table. I would suggest moving this to be part of Table 2 survey results

Thank you. This change has been made

Page 11; lines 11=23. You do not report on the results of all of the survey questions. Beyond those reported, were all other questions significantly different between pre-clinical and clinical researchers? I suggest adding the statistics for survey questions in table 2 for clarity.

Thank you for this comment. We have adjusted our analysis and presentation of results to allow a comparison of all results between pre-clinical and clinical researchers

Page 15. Line 34. You report that survey data: 79% of survey respondents report their project is complete when findings were published. However, it may be worth noting that 75% and 79% also measured impact by incorporation of their research into clinical guidelines or # clinicians using the research (not just publications); how do you reconcile these results?

These data can be explained by the idea that while impact is dependent on translation, translation is not seen as core business for many researchers. We have added to the Results:

P15: Translation was consistently reported to be important for generating research impact. Despite its apparent importance, translating beyond publication was not always a priority for the research team, who tended to focus on conducting and publishing new research.

General comment re results. A number of your interview questions probed barriers and facilitators of research translation. Upon reviewing your results, I did not see this fully explored or were there limited responses to these questions? Please comment on how the answers to these questions are reflected in your results.

We plan to present data regarding barriers and facilitators of translation in a future paper, as this was not the focus of the current study. We have added this as an asterisk point on the interview guide.

Discussion

I suggest adding some summary comments about the similarities and differences in pre-clinical and clinical researchers, given this was one of your stated aims of this research.

Thank you. We have changed the way Results are presented in line with your comment and

comments from Reviewer 2 to show the similarities and differences between the 2 groups of researchers.

We have added to Discussion:

P21: While the numbers of clinical researchers outweighed pre-clinical researcher participants in both the survey and the interviews, patterns emerged from the opinions of the two groups. Similar themes arose from pre-clinical and clinical researchers when asked to describe research translation….

Despite pre-clinical and clinical researchers frequently having different goals from research translation, similar views were expressed by the two groups about lacking the skills and knowledge to translate research.

Reviewer 2

Thank you for the opportunity to review this paper which had a clear writing style. A strength of the paper is the result that the sample, all working within one research organisation, reported less confidence in translating research results to policy and practice (research implementation), with greater confidence in translating research to other areas of stroke research (bench to bedside). While this comparison is interesting, it's perhaps not a particularly new finding nor surprising given the complexity in translating research results into practice and policy. I also wondered whether the research tools and the questions asked were able to fully pick up on this complexity.

This paper is new in that the opinions of pre-clinical researchers have been collected alongside the views of clinical researchers. We have changed the way data are presented throughout Results and Discussion to highlight that despite conducting different sorts of research and with different intended target audiences, the similarities in perceptions regarding research translation from the 2 groups can inform strategies to address translation activity and subsequent research impact.

I found the authors' use of the term research translation to include both research into policy/practice and bench to bedside research difficult to follow at times. The authors state, and give references to the point, that these are two different aspects of research translation with different requirements so I wasn't sure why the survey and interviews kept the two aspects of research translation together. Maybe the authors could provide some reasoning for this? Perhaps the research context of the CRE leads to this? It might be helpful for the reader to have a bit more context about the CRE – not just facts about the number of researchers working there and in which areas, but what the mission/policy of the CRE is regarding translation and how this might have shaped researchers' views and expectations of research translation?

We have added a sentence to Introduction (P6):

The Australian National Health and Medical Research Council funded the Centre of Research Excellence in Stroke Rehabilitation and Brain Recovery (CRE-Stroke) from 2015-2019 to enhance collaborations between researchers from diverse backgrounds to accelerate the development, translation and implementation of new stroke rehabilitation and recovery interventions and techniques.7 CRE-Stroke is one of the largest stroke research centres globally, coordinated by The Florey Institute of Neuroscience and Mental Health (the Florey) and Hunter Medical Research Institute (HMRI), formally involving 86 (20 senior) researchers and clinicians and a broad network of affiliated members. The five nominated research streams within CRE-Stroke are Basic Science, Imaging Discovery, Clinical Trials, Implementation Science and Data Linkage.

Our reasoning in using the umbrella term "research translation" is that researchers from all backgrounds will usually want their research to be used by others to generate impact. Subsequently, the focus of this piece of work was to identify the commonalities and differences in terms of perceptions of roles and importance of research translation and use this to inform strategies to enhance research translation and subsequent research impact of CRE-Stroke activities.

We have made this clearer in Introduction (p7):

The aim of this study was to explore opinions about research translation held by CRE-Stroke researchers, and to identify the similarities and differences expressed by pre-clinical researchers (working in Basic Science and Imaging Discovery streams) and clinical researchers (Clinical Trials, Implementation Science, Data Linkage). Findings would inform strategy development to enhance research translation and subsequent research impact activities.

Strengths and limitations section

I couldn't tell which bullet points were strengths and which were limitations and why they might be a strength or limitation.

I don't follow why it is strength that consistent opinions were gathered via the survey and the interview They are similar methods used in this case for gathering opinion and from the same sample of respondents.

We have adjusted this section which now reads:
- Participants were from one of the largest global stroke rehabilitation research centres, conducting research from basic science to clinical trials to population health
- Clear evidence from surveys and questionnaires that most pre-clinical and clinical researchers do not have confidence in their skills or knowledge regarding research translation
- Small proportion of pre-clinical researchers compared to clinical researchers, reflecting profile of researchers involved in CRE-Stroke
- Responses of participants may have been influenced by authors' involvement in CRE-Stroke

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Given the authors definition of research translation includes bench to bedside and research implementation then I don't believe the authors statement that their study is the first study exploring researchers views of research translation.... I think the authors have missed a considerable body of literature.

This is the first paper to our knowledge that has compared both bench-to-bedside translation and research-to-practice translation within a community of researchers.

We have changed the way data are presented to highlight the comparison between the 2 groups.

We were grateful to be able to incorporate one of the suggested readings into the Discussion (regarding translation needing to be iterative rather than linear)

The mixed methods approach could have been used more effectively. I thought the analysis of the interviews provided another layer of description, illustrated by quotes. But did not provide a higher order analysis leading to interpretation and explanation of the results obtained by the survey.

Thank you for this feedback. We have revised our write up substantially to provide a clearer synthesis of results from the 2 data sources. We have added in a table (Supplementary Table 1) which provides a clearer synthesis of the data from the surveys and the interviews, and have incorporated this information into the text of Results:

P14-15: When synthesising the survey and interview findings, it was apparent that research

translation was deemed to be important by most pre-clinical and clinical researchers. Differing views of how research could be translated appeared to influence whether participants' perceptions of translation potential – some pre-clinical researchers reported that discovery research did not have translation potential, whereas other pre-clinical and clinical researchers reported that exploratory/discovery research could direct or refine future research projects. Translation was consistently reported to be important for generating research impact. Despite its apparent importance, translating beyond publication was not always a priority for the research team, who tended to focus on conducting and publishing new research.

P18: In synthesising data from the survey and interviews, pre-clinical and clinical researchers consistently reported having a responsibility to publish and present their results to the academic community. Many reported a responsibility to ensure that the research findings would be of value to other parties such as researchers, clinicians, people with stroke or policy makers. However, there was inconsistency between both pre-clinical and clinical researchers regarding their responsibility to support other parties to apply the disseminated findings, which may limit translation and subsequent impact of research being conducted within CRE-Stroke.

P20: Findings from interviews and surveys indicated that pre-clinical and clinical researchers were frequently lacking confidence in research translation skills and knowledge. Looking deeper, participants' knowledge and skills were deemed by both groups of researchers to be adequate for research-to-research translation, which, although challenging, was facilitated by the expectations within CRE-Stroke and by pre-existing interdisciplinary research networks. Similarly, researchers felt confident to coordinate diffusion and dissemination of their findings.

In contrast, the implementation stage of research-to-practice translation was consistently described as difficult and complex, and a "science in itself". Apart from researchers who had formal positions within health services, pre-clinical and clinical researchers reported a lack of confidence regarding their skills and knowledge to coordinate implementation of research findings.

For example, there was discussion about publications being the end point of the research rather than translation into practice. There's a body of research which discusses how institutional metrics (e.g. publications) don't match what is required for research translation. Did any of the respondents discuss this? Could this explain why a high number of respondents reported publications as being when their research had been translated? What were the performance metrics researchers in the CRE were having to operate under?

The aim of this project was to explore who researchers felt should be responsible for research translation, and whether this was personally important to them.

We have added in a quote where a researcher discusses being responsible for translation but being unable to complete translation activities due to funding running out and needing to start the next new research project, leaving responsibility to translate with another party.

P14: "Often…the funding runs out, the papers will get written and maybe published but then there's very little [research translation activity], you're already moving on to the next thing because you have to' [Clinical_4].

And we have reported on P18:

In synthesising data from the survey and interviews, pre-clinical and clinical researchers consistently reported having a responsibility to publish and present their results to the academic community. Many reported a responsibility to ensure that the research findings would be of value to other parties such as researchers, clinicians, people with stroke or policy makers. However, there was inconsistency between both pre-clinical and clinical researchers regarding their responsibility to support other parties to apply the disseminated findings, which may limit translation and subsequent impact of research being conducted within CRE-Stroke.

In Discussion, (P22-23) we present information about performance metrics, which confirms the bias in the Australian research landscape towards publication, which then lends itself to people being nominally but not practically responsible (or supported, or motivated) to oversee research-to-practice translation.

On page 14 the authors' discuss translation not being important for discovery research – again would be good to delve more deeply into these views rather than just providing quotes which reiterate the statement but where the analysis doesn't help the reader understand this further.

We have added:

P14-15: Differing views of how research could be translated appeared to influence whether participants' perceptions of translation potential – some pre-clinical researchers reported that discovery research did not have translation potential, whereas other pre-clinical and clinical researchers reported that exploratory/discovery research could direct or refine future research projects.

On page 16, I didn't understand the point on responsibility for clinical translation (? Is this research evidence into clinical practice) lying with the research team. So does this mean the researchers thought responsibility lay with them? If I've understood correctly, the respondents were all researchers?

All respondents were researchers. We sought to understand perceived responsibility for translation - Should researchers be responsible for translating their research/supporting other people to apply their research findings in the clinical setting or do they feel their role is complete once the paper was out? We have clarified this throughout the revised manuscript.

I also missed the authors reflecting on their positions as researchers within the CRE and how this might have influenced the responses from the participants.

We have added to text:

Having EAL and SR (who were involved in the Implementation Science stream and research impact evaluation of CRE-Stroke respectively) conduct the interviews may have influenced participants' responses to be more positive than they really felt about research translation. We have also added this to a dot point Limitation of the study

I'm not sure how can other researchers concerned with research translation can make use of these results as the current presentation makes them very specific to the case. A higher order analysis and with some theoretical framework might help to make the findings more broadly

applicable.	
We have added in Discussion: The findings were collected within a stroke rehabilitation research community but are relevant to other areas of health research which are conducted within similar institutions and supported by identical funding systems.	

VERSION 2 – REVIEW

REVIEWER	Nina Fudge Queen Mary University London, UK
REVIEW RETURNED	02-Jul-2018

GENERAL COMMENTS	Thank you to the authors for taking on board my comments so thoughtfully. I am sorry but I have realised that I haven't fully understood the categories pre-clinical and clinical - are pre-clinical researchers ones doing basic science???? If so, this was the paper I recalled from my review which I thought included pre-clinical and clinical participants, if I have understood the auathors' definition correctly, and why I don't think this is the first paper to interview pre-clinical and clinical researchers from one setting. But I could be wrong…. Salazar, M., Lant, T. and Kane, A., 2011. To join or not to join: an investigation of individual facilitators and inhibitors of medical faculty participation in interdisciplinary research teams. Clinical and translational science, 4(4), pp.274-278. I understand that it is very hard to write up the result of a mixed methods study within the relatively small word counts,journal afford, but I think it is important for the authors to reflect more deeply on their role on respondents' responses given that they were researchers in the same organization. Do the authors have any indication that respondents felt they had to speak positively about the topic? For example, did the responses differ/were they similar to the kind of talk one would here generally about translation in meetings, during breaks/office chats. How do the research team know that they 'may have influenced participants' responses to be more positive than they really felt about research translation'? What did the research team do to mitigate this? Perhaps even the author's role as researchers in the same centre had a positive effect – maybe people felt better talking to people who they felt understood the organization and the context they were working in? I'm only pushing on this point because qualitative research is often considered of low quality because it's subjective, has biases etc so us qualitative researchers are under greater scrutiny to demonstrate that we conduct rigourous, reflective and high quality research.

VERSION 2 – AUTHOR RESPONSE

Can you please revise or remove the 2nd bullet point of the strengths and limitations section	This has been done

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after the abstract?	
The paper I recalled from my review which I thought included pre-clinical and clinical participants, if I have understood the authors' definition correctly, and why I don't think this is the first paper to interview pre-clinical and clinical researchers from one setting. But I could be wrong…. Salazar, M., Lant, T. and Kane, A., 2011. To join or not to join: an investigation of individual facilitators and inhibitors of medical faculty participation in interdisciplinary research teams. Clinical and translational science, 4(4), pp.274-278.	Thank you for this reference – we have incorporated it into our Introduction (P7, paragraph 1) "Survey data from one study indicated that pre-clinical researchers were more likely than clinical researchers to join teams specifically designed to enhance research translation."
I think it is important for the authors to reflect more deeply on their role on respondents' responses given that they were researchers in the same organization. Do the authors have any indication that respondents felt they had to speak positively about the topic? For example, did the responses differ/were they similar to the kind of talk one would here generally about translation in meetings, during breaks/office chats. How do the research team know that they 'may have influenced participants' responses to be more positive than they really felt about research translation'? What did the research team do to mitigate this? Perhaps even the author's role as researchers in the same centre had a positive effect – maybe people felt better talking to people who they felt understood the organization and the context they were working in?	We have added more detail here (P24, first paragraph): "Having EAL and SR (both CRE-Stroke postdoctoral researchers within their first six months of affiliation) conduct the interviews may have influenced participants' responses about research translation to be more favourable given that research translation is a cross-cutting theme of CRE-Stroke. Conversely, participants may have been more likely to identify barriers to translation, given the two interviewers understood the complexity and context of research translation within CRE-Stroke and had framed the interviews as a means to inform the development of strategies to enhance future research translation and impact. All participants were informed that only EAL and SR had access to the raw data. EAL was based at a separate university from all participants, and SR had not had prior contact with the majority of participants prior to the interviews."

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