



Creating Time for Research

Supplementary Survey Report

February 2021

Together we will beat cancer



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Reference

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Authors

Stephen Peckham¹, Tamsyn Eida¹, Wenjing Zhang¹, Ferhana Hashem¹, Sarah Spencer¹, Sally Kendall¹, Jessica Newberry Le Vay², Oliver Buckley-Mellor³, Emlyn Samuel³, Jyotsna Vohra⁴

¹ Centre for Health Services Studies, University of Kent

² Policy & Implementation Research, Cancer Research UK

³ Policy Development, Cancer Research UK

⁴ Cancer Policy Research Centre, Cancer Research UK

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Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2018/2019, we committed £546m to cancer research. We receive no funding from Government for our research.

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Centre for Health Services Studies, University of Kent

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List of Tables

Table 1: Description of the sample

Table 2: Research involvement of health care professionals

Table 3: Research responsibilities by type of employing organisation and professional group

Table 4: Health Professionals' type of research activity in previous 24 months

Table 5: Types of research activity by profession group

Table 6: Factors that motivate health professionals to do research

Table 7: Motivational factors by profession group in those whose role includes research

Table 8: Motivational factors by profession group in those whose role does not include research

Tables 9: Factors that make it hard for health professionals to be more research active

Table 10: Factors that make it hard to be more research active by profession group

Table 11: Research support provided by employing organisation

Table 12: Research funds provided by employing organisation

Table 13: Research Training provided by employing organisation

Table 14: Health professionals' views of how the organisation uses and values their research activities

Table 15: Factors that would support health professionals to be more research active

Tables 16: Organisational strategy (only medical directors, chief nurse and AHP leads)

Contents

- Survey..... 6
- Participants..... 6
- Current Role Includes Research 8
- Types of Research Activity 10
- Motivational Factors 12
- Barriers to Research Activity 14
- Organisational Support 16
- Health professionals’ views of how their employing organisations use and value research ... 18
- Factors that would support research activity among health professionals 19
- Organisational strategy 20

Survey Results

This report finds provides the supplementary findings from the Work Package 3 survey results. The survey was formed part of the wider study, [Creating Time for Research](#), the full results of which have been published separately.

Survey

The CRUK online survey was launched in November 2019 and staff members of 11 diverse NHS health care providers were invited to complete it. Participating NHS organisations included seven English Trusts (five Acute Trusts, one Community Trust and one Mental Health Trust), two Scottish Regional NHS Health Boards, a Welsh Local Health Board and a Northern Ireland Health & Social Care Trust. Survey locations were selected in discussion between the research team and the Steering Group. The survey locations varied in size with staff headcounts from 4,600 to over 24,000. Research activity within Trusts/Health Boards ranged from low (<28 Clinical Research Network (CRN) supported studies in 2018/19) to very high (>1100 CRN supported studies in the same year).

We closed the survey on 9th April 2020 for analysis with 1235 responses made by that date. Of these 1,016 responses were included for analysis after exclusions, with 805 being fully completed and 292 completed at least 30%. Key findings are presented below, and the survey questionnaire is available on request from the authors.

Participants

Of the 1016 respondents, about three quarters worked in English trusts, mostly acute trusts (Table 1). About 5% were senior managers, 14% doctors (most said they were consultants, for the others, grade was not clear), 33% nurses or midwives and 35% were other health professionals (some senior managers were clinically qualified, but we did not count them in their professional groups). Among health professionals, over 75% said they had been qualified for 10 or more years. Nearly half respondents said they had had no postgraduate research training; 13% said they had an MD or PhD.

Table 1: Description of the sample

	Number of respondents (%)
Employing organisation	
England	751 (73.9)
Acute Trust (n=5)	612 (60.2)
Community Trust (n=1)	114 (11.2)
Mental Health Trust (n=1)	25 (2.5)
Scottish Health Boards* (n=2)	112 (11.0)
Welsh Health Boards (n=1)	106 (10.4)
Northern Irish Health and Social Care Trust (n=1)	47 (4.6)
Professional group	
Senior managers	52 (5.1)
Director of Trust/Board member	1 (0.1)
Medical Director of Trust	1 (0.1)
Chief Nurse/Director of Nursing	3 (0.3)
Research Director/Lead	47 (4.5)
Doctor	138 (13.6)
Nurse or midwife	335 (33.0)
Other healthcare professionals	351 (34.5)
R&D support staff	74 (7.3)
Operational manager (no further discipline given)	7 (0.7)
Other role/unknown	59 (5.8)
Years qualified as healthcare professional (among 870 healthcare professionals)	
<5 years	92 (10.6)
6-9 years	124 (14.3)
10-20 years	262 (30.1)
>20 years	392 (45.1)
Postgraduate research training	
Doctorate level	132 (13.0)
Sub-doctorate level	391 (38.5)
None	493 (48.5)

*Health boards and trusts in Scotland, Wales and Northern Ireland provide acute, community and mental health services.

Current role includes research

Over half of health care professionals said their role partly or solely involved research-related responsibilities, of whom 74% said their contract included a requirement to either carry out research or support others to do research (Table 2). 40% said that while their contract had a requirement to carry out research, this was not included as protected time in their job plan. However, it is not clear how widespread the use of job plans is within staff groups other than consultants (for whom this is part of the national contract framework). Among those with job plans setting out research time, more than two thirds reported that this protected more than 12 hours per week for research.

Table 2: Research involvement of health care professionals

	n (%)
Current role includes research involving patients or their data	
Yes	424\824 (51.5)
Partly (role has both clinical and research responsibilities)	302\824 (36.7)
Solely (role is solely related to supporting or carrying out research)	122\824 (14.8)
No involvement in research	400\824 (48.5)
Contract includes research (where role includes research)	
Yes	313\424 (73.8)
Carrying out research only	190\424 (44.8)
Supporting others to do research only	73\424 (17.2)
Both the above	50\424 (11.8)
No	110\424 (25.9)
No answer	1\424 (0.2)
Job plan includes protected time for research (where contract includes research)	
Yes	187\313 (59.7)
No	124\313 (39.7)
No answer	2\313 (0.6)
Hours per week of protected time (where job plan includes protected time)	
1-3	25\187 (13.4)
4-8	28\187 (15.0)
9-12	5\187 (2.7)
>12	128\187 (68.4)
No answer	1\187 (0.5)

¹Not including senior managers and R&D staff

Table 3 shows research responsibilities among qualified healthcare professionals according to employing organisation type and professional group. The proportions with research roles including research, contracts including research and job plans including research appeared to be highest in the English acute trusts, but there were low numbers of participants in the other types of organisations, so we cannot be sure that this reflects the reality.

Doctors were most likely to report a role including research, and half of these were doing research with no contractual obligation; 10 of those with a contractual obligation did not have research in their job plan. A high proportion (88%) of the nurses and midwives who said they

did research were contractually required to do so, although this suggests that 12% were doing research with no contractual obligation. Among other health care professionals 73% were contractually required to do research, suggesting that 27% were doing research with no contractual obligation.

Table 3: Research responsibilities by type of employing organisation and professional group

Variable	Number of respondents (%)		
	Current role includes research	Contract includes research (out of those whose role includes research)	Job plan includes protected time for research (out of those whose contract includes research)
Overall	424\824 (51.5)	313\424 (73.8)	187\313 (59.7)
Employing organisation			
England			
Acute	261\495 (52.7)	198\261 (75.9)	124\198 (62.6)
Community	28\84 (33.3)	19\28 (67.9)	4\19 (21.1)
Mental Health	5\20 (25.0)	4\5 (80.0)	3\4 (75.0)
Scottish Regional NHS Board	59\104 (56.7)	46\59 (78.0)	30\46 (65.2)
Welsh Health Board	48\77 (62.3)	33\48 (68.8)	17\33 (51.5)
NI Health & Social Care Trust	23\44 (52.3)	13\23 (56.5)	9\13 (69.2)
Professional group			
Doctor	94\138 (68.1)	47\94 (50.0)	37\47 (78.7)
Nurse/midwife	170\335 (50.7)	149\170 (87.6)	101\149 (67.8)
Other health professionals	160\351 (45.6)	117\160 (73.1)	49\117 (41.9)

Types of research activity

Table 4 shows the types of research activity reported by health professionals reported by those who reported any activity. The three most common types of research activity were collecting data, PPI, and supervising other researchers. These were also the research activity groups where the largest proportion of respondents reported high levels of activity. Research skills development was the least common research activity. Table 5 shows research activity type by professional group. Key observations are that doctors appear to be much more likely than the other groups to be writing applications, analysing data, disseminating research and using and implementing research.

Table 4: Health professionals' type of research activity in previous 24 months

Research activity	Number involved (%)	Number reporting high level of activity (%)
All respondents whose role includes research	424 (100.0)	304 (71.7)
PPI	291 (68.6)	190 (44.8)
Discussing and explaining research with patients	261 (61.6)	173 (40.8)
Engaging patients and public in research planning & design	127 (30.0)	44 (10.4)
Recruiting patients for a research/trial project	239 (56.4)	173 (40.8)
Research Application	165 (38.9)	85 (20.0)
Submitting an ethics/HRA application	124 (29.2)	58 (13.7)
Writing a research protocol	125 (29.5)	62 (14.6)
Applying for research funding	101 (23.8)	53 (12.5)
Data Analysis	170 (40.1)	69 (16.3)
Analysing qualitative research data	92 (21.7)	45 (10.6)
Analysing quantitative research data	113 (26.7)	65 (12.0)
Collecting data	350 (82.5)	249 (58.7)
Collecting data e.g. surveys, interviews	257 (60.6)	205 (37.3)
Working as a member of a research team	244 (57.5)	268 (48.7)
Undertaking an evaluation of my service	154 (36.3)	97 (17.6)
Dissemination	180 (42.5)	102 (24.1)
Writing a research report, presentation or paper	122 (28.8)	68 (16.0)
Presenting research/trial results in my organisation	134 (31.6)	58 (13.7)
Presenting research/trial results externally	101 (23.8)	55 (14.2)
Supervision	197 (46.5)	99 (23.3)
Providing supervision to PhD students	50 (11.8)	25 (5.9)
Providing advice to less experienced researchers	194 (45.8)	94 (22.2)
Using/Implementing research	203 (47.9)	129 (30.4)
Writing a literature review	107 (25.2)	48 (11.3)
Using and implementing published research in clinical work	173 (40.8)	94 (22.2)
Involved in an evidence review group	54 (12.7)	23 (5.4)

Taking part in a journal discussion group	103 (24.3)	45 (10.6)
Research skills development	28 (6.6)	14 (3.3)
Participating in the ICAP or similar scheme	28 (6.6)	14 (3.3)
Supporting research	271 (63.9)	163 (38.4)
Supporting the clinical research team within my clinical area	245 (57.8)	147 (34.7)
Providing management/governance/regulatory support	80 (18.9)	44 (10.4)
No answer	9 (2.1)	17 (4.0)

¹ Percentages are expressed as a proportion of 424 qualified healthcare professional respondents whose role includes research. High level of activity is defined as activity level of 5 or 6.

Table 5: Types of research activity by profession group

Research activity group	Number of respondents (%)		
	Doctor	Nurse/ midwife	Other qualified healthcare professional
Role includes research	94 (100.0)	170 (100.0)	169 (100.0)
PPI	79 (84.0)	142 (83.5)	70 (41.4)
Research Application	53 (56.4)	46 (27.1)	66 (39.1)
Data Analysis	56 (59.6)	32 (18.8)	82 (48.5)
Collecting data	78 (83.0)	146 (85.9)	126 (74.6)
Dissemination	59 (62.8)	59 (34.7)	62 (36.7)
Supervision	50 (53.2)	85 (50.0)	62 (36.7)
Using/Implementing research	69 (73.4)	56 (32.9)	78 (46.2)
Research skills development	9 (9.6)	6 (3.5)	13 (7.7)
Supporting research	65 (69.1)	114 (67.1)	92 (54.4)
No answer	2 (2.1)	3 (1.8)	4 (2.4)

¹ Percentages are expressed as a proportion of respondents in each profession whose role includes research

Motivational factors

The top five most common factors that respondents said would motivate them to do research were the same for those whose role does and does not include research: to improve patient experience and/or outcome; personal interests in the research topic; opportunity to continue learning; personal career development and to improve the profile of the department or organisation (see Table 6).

Table 7 and 8 show motivational factors according to professional group. Table 7 is in people whose role includes research and Table 8 in people whose role does not include research.

Table 6: Factors that motivate health professionals to do research

Motivational factor	Number who selected factor (%)	
	Role includes research	Role does not include research
All respondents	424 (100.0)	400 (100.0)
Improving outcomes for patients	380 (89.6)	346 (86.5)
To improve patient experience and/or outcome	377 (88.9)	342 (85.5)
Access to innovative drugs and treatments for patients	193 (45.5)	82 (20.5)
Personal development	379 (89.4)	375 (93.8)
Personal interests in the research topic	303 (71.5)	327 (81.8)
To manage the workload with variety of tasks	114 (26.9)	133 (33.3)
Opportunity to continue learning	323 (76.2)	284 (71.0)
Positive prior experience of own or others research	149 (35.1)	80 (20.0)
Personal career development	235 (55.4)	233 (58.3)
Prestige for being clinical academic and researcher	73 (17.2)	65 (16.3)
Opportunity to travel & to attend conferences	104 (24.5)	109 (27.3)
Organisational benefits	244 (57.5)	195 (48.8)
Financial benefits for trust, department and clinicians	76 (17.9)	69 (17.3)
To improve profile of department or organisation	228 (53.8)	174 (43.5)
Part of the job	227 (53.5)	130 (32.5)
Organisational expectations/requirements	122 (28.8)	64 (16.0)
Research is seen as part of the job	176 (41.5)	130 (43.5)
Research culture in department or organisation	175 (41.3)	99 (24.8)

Table 7: Motivational factors by profession group in those whose role includes research¹

Motivational factor	Number who selected factor (%)		
	Doctor	Nurse/midwife	Other health professional
Role includes research	94 (100.0)	170 (100.0)	160 (100.0)
Improving outcomes for patients	87 (92.6)	154 (90.6)	139 (86.9)
Personal development	87 (92.6)	149 (87.6)	143 (89.4)
Organisational benefits	59 (62.8)	87 (51.2)	98 (61.3)
Part of the job	51 (54.3)	95 (55.9)	81 (50.6)
Other motivations	3 (3.2)	8 (4.7)	2 (1.3)
No answer	0 (0.0)	0 (0.0)	0 (0.0)

¹ Percentages are expressed as a proportion of respondents from each profession group whose role includes research

Table 8: Motivational factors by profession group in those whose role does not include research¹

Motivational factor	Number who selected factor (%)		
	Doctor	Nurse/midwife	Other health professional
Role does not includes research	44 (100.0)	165 (100.0)	191 (100.0)
Improving outcomes for patients	32 (72.7)	146 (88.5)	168 (88.0)
Personal development	41 (93.2)	155 (93.9)	179 (93.7)
Organisational benefits	17 (38.6)	88 (53.3)	90 (47.1)
Part of the job	13 (29.5)	54 (32.7)	63 (33.0)
Other motivations	4 (9.0)	4 (2.4)	9 (4.8)
No answer	0 (0.0)	0 (0.0)	0 (0.0)

¹ Percentages are expressed as a proportion of respondents from each profession group whose role does not include research

Barriers to research activity

When asked which factors make it hard to be more research active, over 40% of respondents selected: high demands of clinical services; no protected time for research; insufficient funding to conduct research and balancing work-life priorities (see Table 9). Table 10 summarises the findings by professional group. Doctors were less likely to report that lack of knowledge and skills was a barrier, suggesting that they have more confidence about this, which is not surprising. Otherwise there were no notable differences between the groups.

Table 9: Factors that make it hard for health professionals to be more research active

Barriers to research activity	Number who selected barrier (%)
All respondents	824 (100.0)
Knowledge and skills	427 (51.8)
Insufficient research training in education or professional courses	255 (33.6)
Insufficient research training within NHS organisations	285 (37.6)
Not confident in my research knowledge and skills	275 (36.2)
Nature of work	640 (77.7)
Insufficient levels of autonomy in my role	112 (14.8)
No protected time for research	455 (60.0)
Allocated research time is not enough	115 (15.2)
High demands of clinical services	519 (68.4)
Additional requirements to fulfil which take time	309 (40.7)
Organisational support	443 (53.8)
Limited research culture in my department/organisation	302 (39.8)
Not enough support to write grant application or conduct research	172 (22.7)
Insufficient support from experienced research staff	131 (17.3)
Value of research is not recognised at the level of the Trust Board	102 (13.4)
Limited access to research facilities	150 (19.8)
Requirement to partner established research individuals	76 (10.0)
Difficulties getting support or advice from the R&D department	63 (8.3)
Funding	417 (50.6)
Insufficient funding to conduct research	338 (44.5)
Insufficient funding to support research studies	283 (37.3)
Funding eligibility rules do not include my role	85 (11.2)
Other	457 (55.5)
Struggle with bureaucracy and paperwork	230 (30.3)
Balancing work-life priorities	327 (43.1)
Do not see advantages of conducting research	12 (1.6)
Have not seen benefit of research involved with previously	14 (1.8)

Table 10: Factors that make it hard to be more research active by profession group¹

Barriers	Number who selected factor (%)		
	Doctor	Nurse/ midwife	Other health professional
All respondents	138 (100.0)	335 (100.0)	351 (100.0)
Knowledge and skills	52 (37.7)	179 (53.4)	196 (55.8)
Nature of work	120 (87.0)	225 (67.2)	295 (84.1)
Organisational support	87 (63.0)	151 (45.1)	205 (58.4)
Funding	81 (58.7)	141 (42.1)	195 (55.6)

¹ Percentages are expressed as a proportion of respondents from each profession group

Organisational support

All 1016 respondents were asked to select the types of research support provided by their employing organisation (Table 11). Access to research staff was the most common type of research support provided, selected by almost half of respondents. 35% were unsure about what research support was provided and over a quarter of respondents selected the following: attendance of conferences; research training; information about research funds and funding bodies; mentor/peer support; access to journals/research findings and equipment and facilities to conduct research. The most common type of research funding provided was for covering staff time, either to carry out research or to support delivery staff such as research nurses. Amongst staff whose organisation provide research funding, fellowships and start-up grants accounted for 41% and 36% of responses respectively (Table 12). Only 259 respondents (25%) reported that their organisation provided research training, the most common being Good Clinical Practice and informed consent training (Table 13).

Table 11: Research support provided by employing organisation

Type of research support	Number (%)
Advice and training	539 (53.1)
Research supervision	209 (20.6)
Mentor/peer support	221 (21.8)
Information about research funds and funding bodies	241 (23.7)
Research training	259 (25.5)
Attendance at conferences	257 (25.3)
Journal club	137 (13.5)
Access to the local RDS or other local network	145 (14.3)
Time and money	254 (25.0)
Time allowance	167 (16.4)
Research funds	180 (17.7)
Practical support	548 (53.9)
Access to research staff	410 (40.4)
Equipment and facilities to conduct research	227 (22.3)
Administrative support	187 (18.4)
Practical support in applications (e.g. applying for ethics approval)	195 (19.2)
Practical support in statistical analysis	108 (10.6)
Research finance team	154 (15.2)
Research software (e.g. SPSS, NVivo, EndNote)	76 (7.5)
Access to journals/research findings	229 (22.5)

Table 12: Research funds provided by employing organisation

Type of research funding provided	Number (%)
Respondents reporting that organisation provides research funds	180 (100.0)
Start-up grant for pilot studies or new proposal development	66 (36.7)
Fellowships (e.g. bursaries for masters, PhD scholarships)	75 (41.7)
Funded internship schemes	23 (12.8)
Funds to cover some staff time for research	98 (54.4)
Funds to enable access to support delivery staff, e.g. research nurses	94 (52.2)

Table 13: Research training provided by employing organisation

Type of research training provided	Number (%)
Respondents reporting that organisations provided research training	259 (100.0)
Good Clinical Practice	211 (81.5)
Informed consent training e.g. mental capacity act for research	169 (65.3)
Human Tissue Act	83 (32.0)
Quantitative & qualitative methods	83 (32.0)
How to be a Principal/Chief Investigator	80 (30.9)
Critical analysis	55 (21.2)

Health professionals' views of how their employing organisations use and value research

Health professionals were asked to what extent they agreed with a number of statements about how their organisation uses and values research activities by health professionals (Table 14). The statement with which the highest proportion of respondents agreed is “My organisation sees research and evaluation as integral to our work” (58%) followed by “My organisation values patient engagement in research” (57%). Less than 40% agreed that their organisation involves staff in discussions on how research evidence relates to patient care and that their organisation recognises research engagement in the promotion criteria.

Table 14: Health professionals' views of how the organisation uses and values their research activities

	Number who agreed with statement (%)
My organisation sees research and evaluation as integral to our work	476 (57.8)
My organisation values patient engagement in research	470 (57.0)
Using research to improve patient care is a priority in my organisation	439 (53.3)
My organisation sees clinical research as part of clinical service delivery	425 (51.6)
My organisation has a supportive structure for research engagement	418 (50.7)
My organisation supports staff to attend conferences and use external resources to build research knowledge	411 (49.9)
My organisation values ways of engaging with patients about research priorities	396 (48.1)
Collaboration and funding from industry enable research to happen	388 (47.1)
My organisation frequently releases communications to inform staff about our research	371 (45.0)
My organisation ensures patients know they may be asked to take part in a research study	365 (44.3)
My organisation involves staff in discussions on how research evidence relates to patient care	328 (39.8)
My organisation recognises research engagement in the promotion criteria	318 (38.6)

¹ Figures include those who slightly agreed, agreed or strongly agreed with the statements.

Factors that would support research activity among health professionals

Among the 824 health professionals, there were very high levels of agreement with all the factors, particularly senior support, supportive research culture, allocated time, role models, skilled staff and training (Table 15).

Table 15: Factors that would support health professionals to be more research active

Supportive factors	Number who agreed factor would support them (%)
Senior managers' encouragement and support	578 (70.1)
Supportive research culture	577 (70.0)
Allocated time to undertake research activities within job plans	573 (69.5)
Peer support/role models	569 (69.1)
Access to staff equipped with research skills	568 (68.9)
Research support staff	559 (67.8)
Research training	550 (66.7)
Within-organisation research support	550 (66.7)
Research Interest Group for supporting research idea	548 (66.5)
Better staffed within-organisation research unit	546 (66.3)
Increased funding to deliver research	544 (66.0)
Funding support to deliver research	544 (66.0)
Experienced PIs	541 (65.7)
Close ties with local academic organisations or industry	535 (64.9)
More dedicated research staff	530 (64.3)
External research partners	509 (61.8)
Research fellowship opportunities and/or split contracts	506 (61.4)

Organisational strategy

45 staff (people who said they were medical directors, chief nurse and AHP leads) were asked to answer questions about organisational strategy (Table 16). It was notable that many of the respondents did not know what the organisational strategy was.

Table 16: Organisational strategy (only medical directors, chief nurse and AHP leads)

	Number (%)
Research development as a priority in Trust's clinical strategy	
Yes	9 (20.0)
No	6 (13.3)
Unsure	20 (44.4)
No answer	10 (22.2)
Research development as a priority in overall organisational strategy	
Yes	11 (24.4)
No	4 (8.9)
Unsure	20 (44.4)
No answer	10 (22.2)
Dedicated R&D strategy in development	
Yes	7 (15.6)
No	14 (31.1)
No answer	21 (46.7)
Methods to capture impact of research within organisation	
Yes	3 (6.7)
No	6 (13.3)
Unsure	22 (48.9)
No answer	14 (31.1)
How frequently research outcomes & activities are presented to the Board	
Once every 3 months or more frequently	1 (2.2)
Every 3-6 months	0 (0.0)
Every 7-12 months	0 (0.0)
Less than once a year	0 (0.0)
Never	1 (2.2)
Unsure	29 (64.4)
No answer	14 (31.1)
Trust has a Board Committee where research is regularly discussed	
Yes	5 (11.1)
No	1 (2.2)
Unsure	25 (55.6)
No answer	14 (31.1)
Job Planning Policy for clinical staff provides protected time for research	
Yes	3 (6.7)
No	14 (31.1)
Unsure	14 (31.1)

No answer	14 (31.1)
Sufficient capacity for developing research in your organisation	
Yes	5 (11.1)
No	20 (44.4)
Unsure	6 (13.3)
No answer	14 (31.1)