

# Supporting Translation of Research in Rural and Regional Settings (STaRR)

*I acknowledge the traditional owners of the lands on which we gather today, the Gunditjmara and Djab Wurrung People, and pay my respects to their elders past and present*



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# Background and aim

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Getting research into practice is key to improving healthcare delivery

Research capacity comprises organisational and individual capabilities

Rural practitioners need support to build research translation capability

Supporting Translation of Research in Rural & Regional Settings (STaRR) Program

Aim: to explore the perspectives of rural researchers on emerging researchers' translation capability-building needs





# Methods

Qualitative description methodology

Focus groups with emerging researchers (n=12), managers (n=4), and mentors (n=3)

Understandings of research translation

Support needed to build capacity for translation-focused research

Five-stage, team-based framework analysis





# Results

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## Research translation is:

### (1) Research grounded in health practice

*“grow your own research which is useful in your own context and expand it out into the world so that it’s useful in other people’s contexts or settings” – Manager 1*

### (2) Tailoring existing research evidence to the local setting when implementing it in practice

*“it’s about how we adapt what sometimes is quite a structured research setting to the real world . . . there’s a tendency to say, “we haven’t got exactly the same population group or systems and processes here.” So how do we make that research paper translate to the person sitting in front of me that I’d like to provide treatment to?” Emerging Researcher 3*

# Capability building needs

Understanding the study and translation context:

*“a lot of local contextual knowledge is important to be able to translate anything . . . if we’re talking about a larger systems-wide issue then it’s not only necessary to know what the local variables in the neighbourhoods might be but then also what might have been applicable for where the study was run , funding models, for example . . . So that can be intimidating – it’s hard to learn those things in a short amount of time”  
– Emerging Researcher 2*

Engaging with stakeholders to identify research translation priorities:


*“You’ve got to look beyond [your manager] and at the health services or the community groups that may benefit. If you’re doing something in paediatrics it might be a mother’s group. I think it’s important to go out and analyse those sort of things as well” – Mentor 5*

Mentor and managerial support assist navigation of research translation activities:

*“[Manager] is somebody that says, ‘that’s a great idea, have you thought about developing that further?’ . . . a manager should be a leader in all areas including research.” – Emerging Researcher 7*

Access to clinical and research networks:

*“It really wasn’t until we met the right people that we could start to see this come to life. There just seemed to be a lot of barriers in our way but when we met [Researcher A] – and [Researcher B] . . . it just seemed to get some legs. It created some networking opportunities and links for us which I think adds strength within our organisation.”  
Emerging Researcher 6*

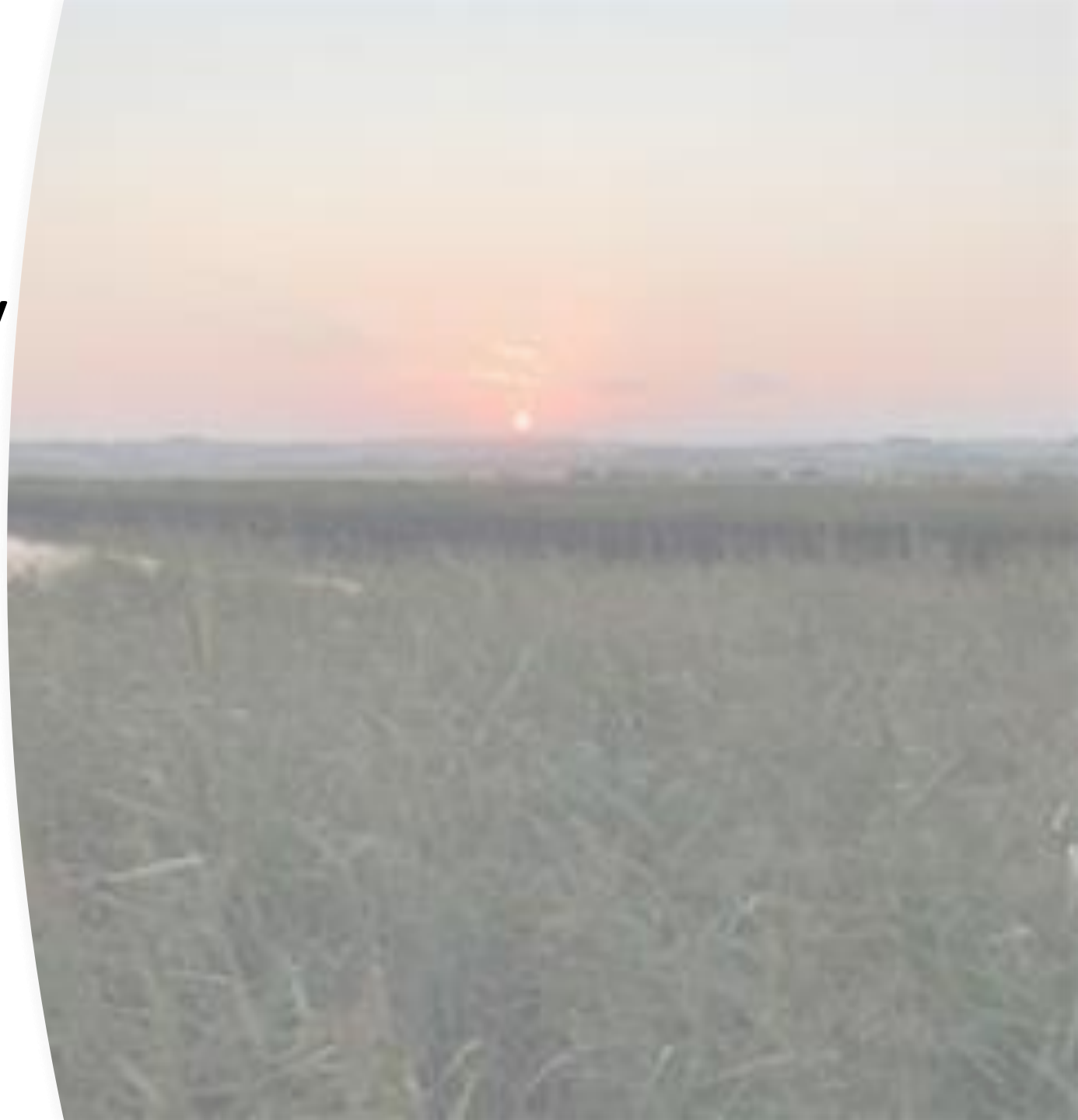


# Implications for research capability building

Rural practitioners are ideally placed to engage in translation-focused research

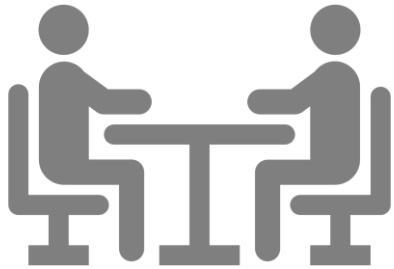
Support to ensure endeavours align with organisational and regional research translation priorities

Capability building through STaRR training, resource, network, and organisational infrastructure development



# Research translation-capable rural health workforce

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Research mentors and managers



Research networks



Established research priorities

# References

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With thanks to the participants and  
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