Supplementary file S4. Detailed description of survey statistical analyses.

Survey data were analysed by KC using SPSS (Version 28.0) [20] and STATA (Version 17) [21].

Frequencies of responses per survey item and respondents' total scores per dependent variable were calculated. Total scores per respondent were calculated by assigning 1 point per correctly answered survey item for stroke knowledge (maximum score=7) and return-to-work (RTW) process knowledge (maximum score=8). Total perceived competency scores per respondent were calculated by working out total percentage of survey items (i.e., specific supportive actions) they responded 'yes' to, where they felt competent.

Frequency histograms revealed non-normal distribution of scores, therefore non-parametric statistics were used, i.e., Mann-Whitney U tests to determine between-group differences in median scores for dependent variables [22]. Groups were defined by potential influential factors, identified in previous research, i.e., employers' post-stroke RTW experience (yes/no) [16], organisation size (small or medium-sized enterprises [SME]/large enterprises) [23], and access to human resources (HR) or occupational health (OH) support (yes/no) [16]. SMEs were classified as organisations with ≤250 employees, and large organisations as those with >250 [24].

Where statistically significant differences were found between groups, exploratory univariate linear regression analysis was performed. For example, if a Mann-Whitney U test showed that median stroke knowledge scores differed significantly between those with post-stroke RTW experience versus those without, a regression analysis was then performed to see if post-stroke RTW experience (yes/no) was statistically significantly associated with stroke knowledge scores. Each regression analysis was repeated three times with bootstrapping applied across 5000 iterations to calculate correlation co-efficients, p-values, and bias corrected accelerated (BCa) confidence intervals [25]. Analyses were conducted unadjusted using the General Linear Model technique [26], and confounder variables added one at a time (i.e., with a maximum of two independent variables included per regression analysis, including the original independent variable) to see their effect on the correlation co-efficient. Selection of confounder variables was informed by research team discussion, and included respondent age (<40 years/40-50 years/50+ years), organisation size (SME/large), occupational role (manager/health professional/other), organisation industry (human health and social work/other), and access to HR or OH support (yes/no).