Appendix3. Facilitating factors and barriers to diabetes guideline implementation [n(%)]

Categories	Overall (n = 1150)	Physicians in different level hospitals			
		Tertiary care hospital physicians (n = 461)	Secondary care hospital physicians (n = 307)	Primary care practitioners (n = 382)	*P*-value
Facilitating factors					
The guideline can standardize clinical practices and improve the quality of medical care	1100 (95.65)	443 (96.10)	298 (97.07)	359 (93.98)	0.118
Guide patients in self-care and nursing	907 (78.87)	359 (77.87)	247 (80.46)	301 (78.80)	0.691
Guidelines with a high level of evidence can be highly convincing	714 (62.09)	331 (71.80)*	207 (67.43)*	176 (46.07)*	< 0.001
The format of the guidelines is standardized and easy to navigate	657 (57.13)	273 (59.22)*	190 (61.89)*	194 (50.79)*	0.007
The guideline can facilitate communication with patients	686 (59.65)	260 (56.40)*	201 (65.47)*	225 (58.90)*	0.040
Reduce medical costs	627 (54.52)	266 (57.70)	169 (55.05)	192 (50.26)	0.095
Barriers					
Restricted the autonomy of doctors	376 (32.70)	155 (33.62)	96 (31.27)	125 (32.72)	0.793
Requires time-consuming communication with patients	676 (58.78)	242 (52.49)*	184 (59.93)*	250 (65.45)*	0.001
Increases the risk of physicians taking more responsibility for medical malpractice	239 (20.78)	81 (17.57)	69 (22.48)	89 (23.30)	0.087
Limited availability and accessibility of TCM diabetes guidelines	763 (66.35)	317 (68.76)	211 (68.73)	235 (61.52)	0.050
The guideline cannot be downloaded for reading	353 (30.70)	153 (33.19)	99 (32.25)	101 (26.44)	0.084
The guideline recommendation lacks a convincing basis	276 (24.00)	135 (29.28)*	70 (22.80)*	71 (18.59)*	0.001