

Factors affecting the implementation

CFIR Domain and Constructs	Barrier	Facilitator
Outer setting		
Institutional cooperation	(i) A lack of opportunities for institutional cooperation can hinder the implementation.	(i) Support gained from working with and communicating with external agencies can facilitate the implementation.
Patient needs	(ii) Limited patient cooperation, for instance, due to the insufficient knowledge reserve of patients, their lack of effort to recover from swallowing disorders, or limitations of their condition, are barriers to implementation.	
Inner setting		

Culture	(i) A good team climate will facilitate the implementation.
Implementation climate (will to change)	(ii) Perceiving the benefits of implementation will encourage nurses to be on board.
Implementation climate (compatibility)	(iii) Setting the groundwork of clinical practice can facilitate the implementation.
Readiness for implementation (available resources)	(i) An organisation's lack of accountability and insufficient human support are barriers to implementation.
Readiness for implementation (access to knowledge and information)	(ii) Lack of clear workflow is a barrier to implementation.
Individual	

characteristics

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| Knowledge and beliefs about the intervention | (i) Nurses' lack of knowledge and skills is an obstacle to implementation. |
| Self-efficacy | (ii) If the present multidisciplinary cooperation is not optimistic, this leads to a lack of confidence in the implementation. |

Intervention**characteristics**

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|--------------------|--|
| Relative advantage | (i) The presence of alternative interventions to the implementation program. |
| Complexity | (ii) The complexity of the intervention leads to difficulty for nurses in implementing it, which hinders its |
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	implementation.	
Cost	(iii) The intervention imposes costs, especially financial burdens on patients, which impede its implementation.	
Domains not mentioned		
Caregivers		(i) Caregivers play an important role in the recovery of PSD patients.

Appendix 2 Factors affecting the implementation

CFIR Domain and Constructs	Barrier	Facilitator
Outer setting		
Institutional cooperation	(i) A lack of opportunities for institutional cooperation can hinder the implementation.	(i) Support gained from working with and communicating with external agencies can facilitate the

implementation.

Patient needs

(ii) Limited patient cooperation, for instance, due to the insufficient knowledge reserve of patients, their lack of effort to recover from swallowing disorders, or limitations of their condition, are barriers to implementation.

Inner setting

Culture

(i) A good team climate will facilitate the implementation.

Implementation climate

(will to change)

(ii) Perceiving the benefits of implementation will encourage nurses to be on board.

Implementation climate (compatibility)	(iii) Setting the groundwork of clinical practice can facilitate the implementation.
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Readiness for implementation (available resources)	(i) An organisation's lack of accountability and insufficient human support are barriers to implementation.
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Readiness for implementation (access to knowledge and information)	(ii) Lack of clear workflow is a barrier to implementation.
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**Individual
characteristics**

Knowledge and beliefs about the intervention	(i) Nurses' lack of knowledge and skills is an obstacle to implementation.
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Self-efficacy	(ii) If the present multidisciplinary cooperation is not
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optimistic, this leads to a lack of confidence in the implementation.

Intervention

characteristics

Relative advantage (i) The presence of alternative interventions to the implementation program.

Complexity (ii) The complexity of the intervention leads to difficulty for nurses in implementing it, which hinders its implementation.

Cost (iii) The intervention imposes costs, especially financial burdens on patients, which impede its implementation.

Domains not

mentioned

Caregivers

(i) Caregivers play an important role in the recovery of PSD patients.
