**Additional file 1. 61 statements, organized into clusters with mean importance and feasibility ratings**

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| **Statement number** | | **Statement clusters (Statements of barriers and facilitators)** | **Importance**  ***M* (*SD*)** | **Feasibility**  ***M* (*SD*)** |
| ***Primary cluster: Community-related factors*** | | | ***4.42 (0.56)*** | ***3.23 (1.30)*** |
| **Cluster 1:** **Implementation capacity of the community** | | | **4.12 (0.56)** | **2.37 (0.97)** |
| f45 | Shortage of human resources and heavy workload in nursing | | 5.00 (0.00) | 3.67 (0.90) |
| f59 | The community nurses lack scientific research knowledge, evidence-based practice-related skills, and organizational culture | | 4.67 (0.62) | 4.27 (0.80) |
| f24 | The community nurses have good executive ability and critical thinking skills | | 3.67 (0.82) | 1.87 (0.64) |
| f37 | The community will have no significant personnel changes or institutional reforms in the next three years | | 3.00 (0.76) | 1.07 (0.26) |
| f49 | The community features intermediate care and integrated traditional Chinese medicine and Western medicine | | 4.27 (0.70) | 1.67 (0.62) |
| f8 | The community has a multidisciplinary team (PT, OT, ST, nutritionist, and others) | | 4.33 (0.72) | 2.00 (0.65) |
| f21 | The community has corresponding incentive policies (job prospects, compensation, and others) | | 4.33 (0.49) | 1.80 (0.56) |
| f38 | Nursing leaders are committed to improving clinical care | | 4.27 (0.70) | 1.60 (0.63) |
| f52 | Nursing leaders would like to introduce evidence-based thinking and practice | | 4.60 (0.63) | 2.27 (0.59) |
| f51 | The ward director actively supports the application of EBIs | | 3.67 (0.82) | 3.27 (0.70) |
| f55 | Nursing leaders value nursing research | | 4.20 (0.56) | 3.13 (0.64) |
| f50 | Nursing leaders have good communication and coordination skills | | 3.47 (0.83) | 1.87 (0.74) |
| **Cluster 2:** **Perceived needs of the community** | | | **4.77 (0.30)** | **4.24 (0.82)** |
| f31 | The community has no relevant materials for the identification and management of post-stroke dysphagia (screening process, health education manual, and others) | | 4.87 (0.35) | 4.87 (0.35) |
| f48 | The community lacks information channels for sustainable access to EBIs | | 4.73 (0.46) | 4.80 (0.41) |
| f27 | Patients lack knowledge of dysphagia self-management | | 4.93 (0.26) | 4.73 (0.45) |
| f47 | Caregivers lack feeding knowledge and skills | | 4.87 (0.35) | 4.87 (0.35) |
| f20 | There is no sustainable access to knowledge for patients with dysphagia | | 4.80 (0.41) | 4.67 (0.90) |
| f35 | Stroke patients in the community repeatedly experience salivation and difficulty eating | | 5.00 (0.00) | 3.67 (0.90) |
| f40 | The community services large numbers of stroke patients who urgently require dysphagia interventions | | 5.00 (0.00) | 4.40 (0.63) |
| f1 | The community nurses would like to conduct scientific research and publish papers | | 4.20 (0.77) | 2.53 (0.92) |
| f9 | The community nurses think that screening for dysphagia is significant | | 4.27 (0.80) | 3.20 (0.77) |
| f23 | The community nurses lack knowledge and skills to identify and manage dysphagia | | 5.00 (0.00) | 4.67 (0.49) |
| ***Primary cluster:*** ***Resource team-related factors*** | | | ***4.08 (0.63)*** | ***2.57 (0.86)*** |
| **Cluster 3:** **Scale and stability of the resource team** | | | **3.40 (0.35)** | **1.93 (0.07)** |
| f60 | Members of the resource team have a certain influence and credibility in China | | 3.80 (0.68) | 1.87 (0.74) |
| f61 | The human and material resources of the resource team are relatively stable | | 3.27 (0.80) | 1.93 (0.80) |
| f7 | The resource team is large in scale, involving various disciplines such as clinical, education, scientific research, and others | | 3.13 (1.06) | 2.00 (0.76) |
| **Cluster 4:** **Necessary skills of the resource team** | | | **4.49 (0.26)** | **2.89 (0.90)** |
| f41 | The resource team has extensive evidence-based methodological knowledge as well as clinical and teaching experience | | 4.20 (0.67) | 2.73 (0.88) |
| f53 | The researcher team focuses on evidence-based nursing | | 4.27 (0.70) | 1.67 (0.62) |
| f19 | The resource team could provide relevant scientific research methodology training | | 4.67 (0.48) | 3.93 (0.88) |
| f34 | The research team has mastered the knowledge and theory of scaling-up EBIs into the new health care delivery system | | 4.80 (0.41) | 3.60 (0.74) |
| f42 | Most resource team members have experience developing evidence-based practice | | 4.53 (0.52) | 2.53 (0.92) |
| ***Primary cluster:*** ***Evidence-based practice program-related factors*** | | | ***4.46 (0.70)*** | ***3.14 (1.12)*** |
| **Cluster 5:** **Credibility of evidence** | | | **4.42 (0.50)** | **2.47 (1.03)** |
| f13 | EBIs were developed through a systematic, rigorous process by a multidisciplinary team | | 4.87 (0.35) | 1.93 (0.80) |
| f6 | EBIs have been validated | | 4.87 (0.35) | 2.40 (0.74) |
| f4 | EBIs have certain research [achievement](javascript:;)s and influence (thesis, conference exchanges, lectures, and others) | | 3.87 (0.92) | 1.93 (0.80) |
| f15 | EBIs are supported by and conducted in cooperation with domestic authoritative evidence-based institutions | | 3.73 (0.70) | 1.87 (0.52) |
| f57 | Evidence of EBIs is of high quality and regularly updated | | 4.53 (0.52) | 4.53 (0.64) |
| f28 | There have been tangible changes in the implementation of the hospital in the previous stage (such as evidence-based culture and skills, patient satisfaction, and others) | | 4.67 (0.49) | 2.13 (0.52) |
| **Cluster 6:** **Relative advantage of evidence** | | | **4.71 (0.31)** | **3.66 (1.02)** |
| f5 | EBIs have clear advantages over current solutions | | 4.87 (0.35) | 4.40 (0.63) |
| f25 | EBIs integrate with the values, philosophy, and vision of the community | | 4.87 (0.35) | 2.80 (0.77) |
| f10 | EBIs could be transformed into a form that can be easily scaled up | | 4.93 (0.26) | 4.60 (0.51) |
| f39 | EBIs are generally accepted by the community, but the adoption thereof is currently poor | | 4.87 (0.35) | 4.47 (0.64) |
| f11 | EBIs could solve the current management problem of dysphagia in the community | | 4.87 (0.35) | 1.93 (0.70) |
| f2 | The impact of EBIs is easy to measure (involving patients, nurses, organizational culture, and others) | | 4.53 (0.64) | 3.27 (0.70) |
| f26 | Compared with other innovative ideas, EBIs have obvious advantages | | 4.07 (0.70) | 4.13 (0.64) |
| **Cluster 7:** **Ease of transfer/installation** | | | **4.25 (0.51)** | **3.25 (1.28)** |
| f33 | Some EBIs do not match community characteristics (workflow, screening tools, management processes, and others) | | 4.93 (0.26) | 4.40 (0.74) |
| f14 | Patient education materials of EBIs are only based on brochures (single-formed), not on videos, websites, decision aids or illustrations | | 4.33 (0.61) | 4.33 (0.72) |
| f29 | The community nurses worry that EBIs will increase their workload too much | | 4.80 (0.41) | 4.13 (0.83) |
| f44 | EBIs components could be placed in community agencies in sections | | 4.27 (0.59) | 4.20 (0.41) |
| f43 | EBIs fit the current political, economic and cultural background in China | | 3.47 (0.52) | 2.13 (0.83) |
| f17 | EBIs are in line with the current public health system | | 3.87 (0.74) | 1.93 (0.88) |
| f30 | There is no other health sector in the external environment that hinders the scaling-up of EBIs | | 4.07 (0.88) | 1.60 (0.74) |
| ***Primary cluster:*** ***Scaling-up strategy-related factors*** | | | ***4.14 (0.51)*** | ***2.90 (1.36)*** |
| **Cluster 8:** **Organizational process** | | | **3.95 (0.71)** | **3.15 (1.68)** |
| f22 | There are no detailed plans and strategies for scaling-up | | 4.73 (0.46) | 4.73 (0.46) |
| f16 | The division of labor between stakeholders during the scaling-up period is not clear | | 4.33 (0.62) | 4.47 (0.64) |
| f46 | EBI scaling-up will be conducted in the form of the research topic | | 3.20 (0.77) | 1.80 (0.68) |
| f12 | There is a single site with an easy organization process | | 3.53 (0.91) | 1.60 (0.63) |
| **Cluster 9:** **Costs/resource mobilization** | | | **4.20 (0.52)** | **2.12 (0.67)** |
| f54 | EBIs do not need to mobilize too many resources and decision-makers | | 4.20 (0.68) | 2.93 (0.70) |
| f18 | EBIs do not yet have sufficient financial support | | 4.47 (0.64) | 1.53 (0.51) |
| f36 | Implementation and maintenance of EBIs require lower capital and costs | | 3.47 (0.83) | 2.40 (1.05) |
| f3 | EBIs could be implemented in existing systems and infrastructure of the community | | 4.67 (0.49) | 1.60 (0.63) |
| **Cluster 10:** **Monitoring and evaluation** | | | **4.31 (0.17)** | **3.53 (1.73)** |
| f56 | Evidence-based experts direct and supervise the scaling-up process with time nodes | | 4.47 (0.64) | 1.53 (0.52) |
| f58 | There is a lack of effective monitoring and evaluation indicators | | 4.33 (0.62) | 4.53 (0.64) |
| f32 | There is a lack of sustainable monitoring and evaluation measures | | 4.13 (0.83) | 4.53 (0.64) |