

**Table 2: Potential barriers to hypertension guideline implementation**

Source of barrier	Examples of barriers
Guideline	Discordance between guidelines produced by different organizations Failure to address clinically relevant issues Formats that are not user-friendly Lack of local involvement Lack of implementation strategy Failure to incorporate patient–clinician values Poor methodological quality
Clinician	Lack of awareness Lack of familiarity Lack of agreement – with guidelines in general or with specific guideline(s) Lack of motivation Lack of self-efficacy* Lack of outcome expectancy†
Environment/practice setting	Lack of time Lack of resources Lack of incentives to change Lack of opinion leaders
Patient	Patient preferences contrary to guideline Questionable applicability of recommendation(s) to the individual patient

\*The belief that one cannot perform a recommendation (commonly seen with preventive counselling guidelines).

†The belief that an intervention has a low likelihood of success in a particular patient (e.g., smoking cessation).

Source: Adapted from Cabana et al<sup>23</sup> and Davis and Taylor-Vaisey.<sup>24</sup>

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