Appendix 1 (as submitted by the authors): Taxonomy of barriers and facilitators and their definitions

Knowledge	
Lack of awareness	Inability to correctly acknowledge the existence of shared decision-making (SDM)[29]
Lack of familiarity	Inability to correctly answer questions about SDM content, as well as self-reported lack of familiarity[29]
Forgetting	Inadvertently omitting to implement SDM[28]
Attitudes	
Lack of agreement with specific components of shared decision-making	
Interpretation of evidence	Not believing that specific elements of SDM are supported by scientific evidence[29]
Lack of applicability	
Characteristics of the patient	Lack of agreement with the applicability of SDM to practice population based on the characteristics of the patient[29]
Clinical situation	Lack of agreement with the applicability of SDM to practice population based on the clinical situation[29]
Asking patient about his/her preferred role in decision-making	Lack of agreement with a specific component of SDM such as asking patients about their preferred role in decision-making[29]
Asking patient about support or undue pressure	Lack of agreement with a specific component of SDM such as asking patients about support and/or undue pressure[29]
Asking about values/clarifying values	Lack of agreement with a specific component of SDM such as asking patients about values[29]
Not cost-beneficial	Perception that there will be increased costs if SDM is implemented[27]
Lack of confidence in the developers	Lack of confidence in the individuals who are responsible for developing or presenting SDM[29]
Lack of agreement in general	
"Too cookbook" – too rigid to be applicable	Lack of agreement with SDM because it is too artificial[29]
Challenge to autonomy	Lack of agreement with SDM because it is a threat to professional autonomy[29]
Biased synthesis	Perception that the authors were biased[29]
Not practical	Lack of agreement with SDM because it is unclear or impractical to follow[29]
Overall lack of agreement with	Lack of agreement with SDM in general (unspecified)[29]

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using the model (not specified why)	
Lack of expectancy	
Patient's outcome	Perception that performance following the use of SDM will not lead to improved patient outcome[29]
Health care process	Perception that performance following the use of SDM will not lead to improved health care process[27]
Feeling expectancy	Perception that performance following the use of SDM will provoke difficult feelings and/or does not take into account existing feelings[27]
Lack of self-efficacy	Belief that one cannot perform SDM[29]
Lack of motivation	Lack of motivation to use SDM or to change one's habits[29]
Behaviour	
External barriers	
Factors associated with patient	
Preferences of patients	Perceived inability to reconcile patient preferences with the use of SDM[29]
Factors associated with shared decision-making as an innovation	
Lack of triability	Perception that SDM cannot be experimented with on a limited basis[32]
Lack of compatibility	Perception that SDM is not consistent with one's own approach[32]
Complexity	Perception that SDM is difficult to understand and to put into use[32]
Lack of observability	Lack of visibility of the results of using SDM[32]
Not communicable	Perception that it is not possible to create and share information with one another in order to reach a mutual understanding of SDM[2][32]
Increased uncertainty	Perception that the use of SDM will increase uncertainty (for example, lack of predictability, of structure, of information)[32]
Not modifiable/way of doing it	Lack of flexibility to the extent that SDM is not changeable or modifiable by a user in the process of its adoption and implementation[32]
Factors associated with environmental factors	
Time pressure	Insufficient time to put SDM into practice[32]
Lack of resources	Insufficient materials or staff to put SDM into practice[27]
Organizational constraints	Insufficient support from the organization
Lack of access to services	Inadequate access to actual or alternative health care services to put SDM into practice[27]
Lack of reimbursement	Insufficient reimbursement for putting SDM into practice[27]
Perceived increase in malpractice	Risk of legal actions is increased if SDM is put into practice [27]

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liability	
Sharing responsibility with Pt*	Using SDM lowers the responsibility of the health professional because it is shared with patient

*only for the facilitator assessment taxonomy
SDM = shared decision making

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