

ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

Attitudes and experiences of the Serbian Medical Society members concerning the clinical practice guidelines

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**SUMMARY**

Introduction/Objective The Academy of Medical Sciences of the Serbian Medical Society (SMS) carried a survey on clinical practice guidelines (CPGs) among doctors, members of the SMS with the aim of examining use and attitude of doctors on CPGs.

Methods We obtained the addresses of 2876 members of 20 SMS sections randomly-selected from a total of 62 SMS sections. Out of all invited members 482 (16.8%) responded. Self-administered questionnaire survey consisted of 21 questions that included demographic information, sources of informing and doctors' experience with CPGs, their use and barriers to CPGs use.

Results Among the 482 respondents there were significantly more women (64.1%) than men, majority were aged 45–60 years, 411 (85.3%) of them were employed in public health institutions and most were specialists. Respondents were informed about CPGs at meetings (30.9%), from the literature (16.3%), from both sources (17.5%), during studies (20%), but 7% of them were not informed so far. Almost all (452) respondents agree that CPGs are useful, 150 use national, 76 international, and 213 both. During the last year, 101 (21%) of respondents did not use any CPGs. The main reasons for not using the CPGs are lack of information and difficult access to CPGs.

Conclusions The respondents consider CPGs useful for practice. Lack of information about CPGs and access to them was found as the main barrier for their use. It obligates the continuous preparation of CPGs and regular and efficient notification of doctors about them.

Keywords: clinical practice guidelines; survey; attitude; barriers

INTRODUCTION

The rapid development of medical science in recent decades is accompanied by an extremely large number of published papers from various fields of medicine. Hence, one of the biggest challenges is the transfer of scientific results into practice. Clinical practice guidelines (CPGs) are one of the tools that help to respond to that challenge. As CPGs are required to be consistent with evidence-based medicine, all guideline recommendations should be evidence-based. The authors of the CPGs find this evidence in the results of large multicenter studies, meta-analyses, and other studies that have determined that a particular diagnostic method is reliable or a particular therapeutic method is effective. In the CPGs, evidence from the literature is summarized into recommendations that enable safe, effective, ethical, and standardized health care. The World Health Organization defines evidence-based CPGs as “a set of recommendations to support informed decision-making on the desirability of carrying out specific interventions at clinical or public health level, since these guidelines provide a basis for selecting and prioritizing, among a set of possible interventions, the most appropriate” [1].

In 1990, the Institute of Medicine (US) defined in the instruction for the preparation of

the CPGs that “practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” [2]. Since then, numerous CPGs have been published worldwide by national and international association of health care professionals, reference health care institutions and policy makers. In Serbia, national CPGs has been issued by the Ministry of Health since 2001, and more than 50 CPGs have been published so far. In recent years, and especially during the COVID-19 epidemic, the creation of the CPGs has stalled. With the aim of ensuring continuous development of the CPGs, the Ministry of Health entrusted the Academy of Medical Sciences (Academy) of the Serbian Medical Society (SMS) to organize and manage the development of the CPGs.

Our national CPGs are developed in accordance with the principles stated in the aforementioned document of the Institute of Medicine (US) [2], as well as in the Appraisal of Guidelines for Research and Evaluation II (AGREE II) [3]. However, the development and publication of quality CPGs do not imply that they will be applied in clinical practice. Numerous papers have been published since the 1990s on the experience, interest, attitudes of doctors of various specialties on CPGs, as

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well as on the strategies of CPGs implementation and factors influencing the use of CPGs [4–8]. Although CPGs have been issued in Serbia for over 20 years, there have been no examinations of doctors' use and opinions about the CPGs. Therefore, the Academy carried out a survey on CPGs among doctors, members of the SMS with the aim of examining how many doctors used CPGs and what was their attitude and experience about CPGs.

METHODS

From the SMS secretariat, we obtained the addresses of 2876 members of 20 SMS sections randomly-selected from a total of 62 SMS sections. A self-reported cross-sectional survey among these doctors from different branches of medicine was carried out. The invitation to participate in the survey was sent via email with a link to the survey developed using Jotform platform. The email stated the purpose of the survey and pointed out that it was anonymous and voluntary. The invitation was sent on December 19, 2023 and repeated on January 15 and 26, 2024. Pre-testing of the questionnaire was carried out to check whether the questions were understandable and acceptable and whether any question was missing. Twenty doctors of different specialties were included in the pretest, thereafter several questions were corrected.

The survey tool was developed by authors who have experience in developing guidelines and survey methodology,

while researching the literature and incorporating experience from previous studies into the survey development process. [5, 7, 8]. The questionnaire consisted of 21 questions. The first ones were related to the demographic characteristics of the participants and their institutions, followed by questions about the use of the CPGs, their characteristics, as well as sources of informing doctors about CPGs. The answers to the questions could be: 1) yes or no, 2) choice of one of the five-point Likert scale statements (1 = strongly agree; 5 = strongly disagree), 3) choice of several offered options. Textual answers could be given to two questions.

Statistical analysis was performed in SPSS software version 17.0 (SPSS Inc., Chicago, IL, USA). Data were presented as numbers and percentages. The χ^2 or Fisher's exact test was used to evaluate differences between groups with a p value for significance of 0.05.

Ethics: The study was approved by Ethical Board of SMS (No 01/2290; Nov. 24, 2025).

RESULTS

Out of 2876 SMS members invited to participate in the survey, 482 (16.8%) responded and most of respondents were specialists in various fields of medicine (Table 1). There were significantly more women than men both among non-specialists and among specialists. The biggest

Table 1. Respondent characteristics

Variables	Total number	Employed in				Title				
		University clinic	General hospital	Health center	Other	MD	Resident	Specialist	Dr. sc.	Professor
Responded, number (% of total number)	482	161 (33.4%)	110 ^a (22.8%)	181 (37%)	30 ^a (6.2%)	44 (9.1%)	35 (7.3%)	249 ^b (51.7%)	65 (13.5%)	89 (18.5%)
Sex, number (%) [*]										
Males	173 (35.9%)	76 ^a (47.2%)	54 (49.1%)	32 (17.7%)	11 (36.7%)	8 ^b (18.2%)	15 (42.9%)	75 ^b (29%)	30 (54.5%)	45 (50.6%)
Females	309 (64.1%) [*]	85 [*] (52.8%)	56 [*] (50.9%)	149 ^{a*} (82.3%)	19 [*] (63.3%)	36 [*] (81.8%)	20 [*] (57.1%)	174 ^{b,*} (67.2%)	35 [*] (45.4%)	44 [*] (49.4%)
Age, years (%) ^c										
≤ 30	7 (1.5%)	2 (1.2%)	2 (1.8%)	3 (1.7%)	0	2 (4.5%)	4 (11.4%)	1 (0.4%)	0	0
31–45	101 (21%)	34 (21.1%)	33 (30%)	31 (17.1%)	3 (10%)	13 (29.5%)	20 ^{**} (57.1%)	48 ^b (19.3%)	15 (23.1%)	5 (5.6%)
46–60	256 (53.1%) ^{**}	93 (57.8%) ^{**}	54 ^a (49.1%) ^{**}	94 (51.9%) ^{**}	15 (50%) ^{**}	16 (36.4%)	11 (31.4%)	133 ^{b,**} (53.4%)	36 ^{**} (55.4%)	60 ^{b,**} (67.4%)
61–70	99 (20.5%)	24 (14.9%)	21 (19.1%)	47 ^a (26%)	7 (23.3%)	11 (25%)	0 ^b	60 ^b (24.1%)	11 (16.9%)	17 (19.1%)
> 70	19 (3.9%)	8 (5%)	0 ^a	6 (3.3%)	5 (1.7%)	2 (4.5%)	0 ^b	7 (2.8%)	3 (4.6%)	7 (7.9%)
Employed in, number (%)										
Public health institution	411 [#] (85.3%)	150 [#] (93.2%)	96 [#] (87.2%)	146 [#] (80.7%)	19 [#] (63.3%)	37 [#] (84.1%)	32 [#] (91.4%)	211 [#] (84.7%)	58 [#] (89.2%)	73 [#] (82.0%)
Private health institution	42 (8.7%)	1 (0.6%)	9 (8.1%)	29 ^c (16.2%)	3 (10%)	4 (9.1%)	3 (8.6%)	25 (10%)	4 (6.2%)	6 (6.7%)
Pensioners	29 (6%)	10 (6.2%)	5 (4.5%)	6 (3.3%)	8 (26.7%)	3 (6.8%)	0	13 (5.2%)	3 (4.6%)	10 (11.2%)

Data are presented as number and percentage of the number of respondents from the subgroup indicated in the column header except for the first row;

MD – doctor of medicine; dr. sc. – Doctor scientiae

^{*}significant (p < 0.05) differences between males and females;

^{**}significant difference in relation to other age groups;

[#]significant difference compared to other institution of employment;

^asignificant difference (p < 0.05) in relation to the other three employment institutions;

^bsignificant difference in relation to other titles;

^csignificant difference (p < 0.05) compared to other employees in private health institution

Table 2. Sources of informing survey participants about clinical practice guidelines (CPGs)

Information about the CPGs obtained:	Number	Undergraduate study	Postgraduate study	Meetings	Literature	Meetings & literature	All 1–5	None
Total number (%)	482 (100%)	49 (10.2%)	54 (11.2%)	152 (31.5%)*	80 (16.6%)	86 (17.8%)	28 (5.8%)	33 (6.8%)
Sex, number (%)								
Males	173	20 (11.6%)	14 (8.1%)	50 (28.9%)*	31 (17.9%)	34 (19.7%)	14 (8.1%)	10 (5.8%)
Females	309	29 (9.4%)	40 (12.9%)	102 (33%)*	49 (15.9%)	52 (16.8%)	14 (4.5%)	23 (7.4%)
Age, years (%)								
≤ 30	7	2 (28.6%)	0	2 (28.6%)	0	0	2 (28.6%)	1 (14.3%)
31–45	101	19 (18.8%)	9 (8.9%)	29 (28.7%)*	16 (15.8%)	9 (8.9%)	9 (8.9%)	10 (9.9%)
46–60	256	23 (8.9%)	34 (13.3%)	79 (30.9%)*	44 (17.2%)	46 (18%)	14 (5.5%)	16 (6.3%)
61–70	99	5 (5.1%)	11 (11.1%)	33 (33.3%)*	16 (16.2%)	26 (26.3%)	3 (3%)	5 (5.1%)
> 70	19	0	0	9 (47.4%)*	4 (21.1%)	5 (26.3%)	0	1 (5.3%)
Employed in, number (%):								
University inst.	161	24 (14.9%)	16 (9.9%)	40 (24.8%)	33 (20.5%)	23 (14.3%)	15 (9.3%)	10 (6.2%)
General hospital	110	12 (10.9%)	10 (9.1%)	41 (37.3%)*	14 (12.7%)	19 (17.3%)	4 (3.6%)	10 (9.1%)
Health center	181	21 (11.6%)	25 (13.8%)	61 (33.7%)*	58 (32%)	37 (20.4%)	8 (4.4%)	10 (5.5%)
Other	30	2 (6.7%)	3 (10%)	9 (30%)	7 (23.3%)	5 (16.7%)	1 (3.3%)	3 (10%)

Data are presented as number and percentage of total number of respondent group presented in this row; *significant difference ($p < 0.05$) in relation to all other sources of informing presented in this row

Table 3. Selected questionnaire responses about the importance and characteristics of clinical practice guidelines (CPGs)

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
CPGs enable doctors to make appropriate decisions in the prevention, diagnosis, and treatment of diseases.	278 (57.5%)	174 (36.1%)	16 (3.3%)	9 (1.9%)	5 (1%)
CPGs should contain clearly highlighted recommendations, concise explanations complemented by algorithms.	284 (58.9%)	154 (32%)	22 (4.6%)	17 (3.5%)	5 (1%)
Easy to-find online CPGs are more acceptable than printed ones.	101 (21%)	187 (38.8%)	120 (24.9%)	22 (4.6%)	52 (10.8%)
Regular presentation of new national CPGs at meetings is necessary.	324 (67.2%)	133 (27.6%)	16 (3.3%)	8 (1.7%)	1 (0.2%)

Data are presented as number and percentage of the total number of respondents

difference in the proportion of women and men was found among participants from health centers (82.3% vs. 17.7%). Almost five times more female than male doctors work in health centers, while the majority of male doctors were employed in university clinics and general hospitals. About half of all participants were aged 45-60 and only in the subgroup of residents the majority were aged between 31 and 45. Most of the participants (41–85%) were employed in public health institutions (Table 1).

When asked how they got information about the CPGs, one third of respondents answered that they got it at meetings. It was significantly the most common type of information compared to the others mentioned, which were almost equally distributed (Table 2). A total of 33 (7%) of respondents were not informed about CPGs so far. Such a distribution can also be seen in subgroups formed according to gender and age. Nevertheless, in the small subgroup of participants under the age of 30 an equal number of respondents received information about CPGs during undergraduate studies as well as in other possible ways. It can also be noted that a higher percentage of participants younger than 45 were uninformed about CPGs compared to older ones but the difference was not significant ($p = 0.07$). Those employed at university institutions differ from others, because the number of those informed at meetings and from the literature differs insignificantly,

but a significantly smaller number was informed during the studies ($p < 0.03$).

The 452 (93.6%) of respondents agreed that CPGs enable doctors to make appropriate decisions in the prevention, diagnosis, and treatment of diseases. The following responses were received to questions about the characteristics of the CPGs: 438 (90.9%) agree that each recommendation in the CPGs should be clearly highlighted and accompanied by concise explanations; 288 (59.8%) answered that online CPGs are more acceptable than printed ones (Table 3).

When asked which CPGs the participants use, 150 (31.1%) of them answered that they use national CPGs, 76 (15.8%) international, 213 (44.2%) both national and international. While the largest percentage of doctors of medicine and residents use national CPGs (52.3% and 40%), doctors of science and professors use more international ones (30.4% and 27.8%, data not presented). When asked about the CPGs use by the participants, 43 (8.9%) answered that they do not use CPGs. However, during the last year, 101 (21%) of respondents did not use any CPGs. The largest percentage of them answered that the reason was that they were not informed about the CPGs from their profession (48.5%) or that they could not easily access CPGs (25.7%). Even 385 (79.9%) of respondents did not know that the national CPGs are available on the website

Table 4. Questionnaire responses on the use of clinical practice guidelines (CPGs)

Question	Yes
So far you have used ^a	
National CPGs	150 (31.1%)
International CPGs	76 (15.8%)
Both national and international	213 (44.2%)
You have not used any CPGs	43 (8.9%)
Have you used any CPGs at least once during the last year?	381 (79%) ^a
You did not use the CPGs during the past year because	101 (21%) ^a
You were not informed about the CPGs from your profession	49 (48.5%) ^{b*}
You could not easily access a CPGs from your profession	26 (25.7%) ^{b*}
There are no new national CPGs in your profession	10 (9.9%) ^b
You feel that the CPGs cannot be helpful in your practice	10 (9.9%) ^b
You do not have time to read CPGs	6 (5.9%) ^b
Are you aware that national CPGs are available on the website of the Ministry of Health and Academy	385 (79.9%) ^a

Data are presented as number and percentage of:

^atotal number of respondents;

^bnumber of respondents who did not use the CPGs during the past year;

*significantly different in relation to other reasons for not using CPGs;

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of the Ministry of Health and Academy (Table 4). A similar percentage of respondents agreed that regular presentation of the new national CPGs at meetings is necessary (Table 3).

Respondents had the opportunity to give textual answer about how the use of the CPGs could be improved. The majority insisted on better information about the CPGs. Also, they emphasized the importance of regular updates of the CPGs and the creation of concise CPGs with clearly highlighted recommendations and algorithms that help their use. When asked which CPGs are missing, the most frequent answers (at least 10% of respondents) are lack of national CPGs from gynecology and obstetrics, pediatrics, anesthesia, rare disease, palliative treatment.

DISCUSSION

Academy of SMS carried out a self-reported cross-sectional survey among member of SMS with the aim of checking the use of CPGs and the attitude of doctors about them. Out of a total of 482 respondents, 452 (93.8%) agreed that CPGs enable doctors to make appropriate decisions in the prevention, diagnosis, and treatment of diseases. The respondents are most often informed about CPGs at meetings and from literature but 33 (6.8%) of them had not received information about CPGs so far. About 75% of respondents use national CPGs, whether they use only national (31.1%) or both national and international (44.2%). A total of 43 (8.9%) respondents answered that they do not use CPGs, but when asked if they used any CPGs during the past year, even 101 (21%) of respondents gave a negative answer. As the most common reason for not using the

CPGs was lack of information about CPGs and difficulties to access them.

Out of the 2876 SMS members to whom email was sent asking them to participate in the survey, 482 (16.8%) responded. That is a lower response rate compared to those presented in similar surveys. However, it can be noted that the response to the survey on CPGs was higher in 1990s [4, 5, 9] than in the last few years [10, 11, 12]. Most of the respondents in our survey were employed and therefore burdened with numerous obligations, and the number of different surveys is constantly increasing, so this can justify the low response rate. Nevertheless, the proportion of doctors in the sample according to gender, age and employment institutions is consistent with the proportions in the health system of Serbia published by the Institute of Public Health of Serbia [13]. Respondents are mostly informed about CPGs at meetings (30.9%) and from the literature (16.3%) or from both of those sources (17.5%). Although some other authors formulated the answers to the questions on CPGs awareness a little differently compared to our questionnaire, the data about information among their respondents was similar to ours [5, 14].

About 94% of our respondents believe that CPGs are useful for diagnosing and treating patients. A similar answer was obtained in other studies [5, 9, 14, 15]. and only a small percentage of respondents in both our and these studies believe that CPGs are not useful. The answers about the use of CPGs are not in concert with the positive opinion about their usefulness obtained by majority of our respondents. While 8.9% answered that they do not use CPGs at all, even 21% did not use any CPGs during the past year. In previously published surveys, answers about the use of CPGs were defined differently. However, in several published surveys, the percentage of respondents who do not use or rarely use CPGs is about 20%, i.e., the same as in our survey, but the percentage of those who often use the CPGs is about 40% [5, 14, 15]. As the percentage of doctors who rarely use CPGs is not negligible, special attention was paid to this problem [9, 14–20]. The most common reason for not using CPGs in our and several other surveys [9, 14, 18], as well as in one analysis of 37 surveys [17] was lack of the awareness and the inability to access CPGs. Even 80% of our respondents did not know website where national CPGs are available. Among the other barriers to using the CPGs that we and others have found are lack of time, poor applicability, uselessness in practice, reduction of the doctor's autonomy, oversimplification as “cookbook,” low knowledge on CPGs [6, 9, 14, 16–21]. In the textual answers participants of our survey insist on better availability and information about CPGs and publishing of CPGs from areas for which there were no national CPGs. Opinions about CPGs format, printed or electronic, are equally distributed.

Our survey showed that doctors trust the CPGs recommendations, they are interested in national CPGs and their regular updates, but they lack timely notification about new national CPGs. Respecting the opinion of the survey participants, Academy took the following measures.

In cooperation with Republics expert commissions (consisted of experts from certain fields), Academy engaged medical experts to create new CPGs/update existing ones, particularly in the field with the most interest.

The instructions for creating CPGs were innovated and precisely defined [22], with the aim of making them not only in accordance with generally accepted recommendations and rules [3, 23] but also clear and easy to understand and apply.

Associations of doctors, institutes for public health, as well as the management of health institutions participate in regular notification of doctors about new CPGs.

CPGs are readily available on multiple physician-known websites.

Academy organize the promotion of each new CPGs as well as the presentation of the CPGs at doctors' meetings and congresses.

The study has some limitations. The response rate is low, so even though the sample consists of doctors of different specialties and ages, this is a limitation of the study.

Also, we do not have data on the characteristics of doctors who did not answer the questionnaire. In addition, it is a cross-sectional study and it would be important to repeat the survey in order to see the effects of the measures we have taken to improve implementation of the CPGs.

CONCLUSION

This first survey on CPGs in Serbia showed that doctors are interested in CPGs, especially national ones, and that they consider them useful for practice. Lack of information about CPGs and access to them was found as the main barrier for their use. The interest in national CPGs and their regular updating obliges all those responsible to ensure the continuous development of CPGs and their most efficient implementation.

Conflicts of interest: None declared.

REFERENCES

- World Health Organization. WHO handbook for guideline development [Internet]. 2nd ed. WHO; 2014. Available from: <https://www.who.int/publications/i/item/9789241548960>
- Field MJ, Lohr KN. Clinical practice guidelines: directions a new program. Washington, DC: National Academy Press; 1990.
- AGREE Next Steps Consortium. The AGREE II Instrument. 2017. [Electronic version]. Available from: <http://www.agreertrust.org>. Accessed on November 7, 2024.
- Newton J, Knight D, Woolhead G. General practitioners and clinical guidelines: a survey of knowledge, use and beliefs. *Br J Gen Pract.* 1996;46(410):513–7. [PMID: 8917869]
- Flores G, Lee M, Bauchner H, Kastner B. Pediatricians' Attitudes, Beliefs, and Practices Regarding Clinical Practice Guidelines: A National Survey. *Pediatrics.* 2000;105(3 Pt 1):496–501. [DOI: 10.1542/peds.105.3.496] [PMID: 10699099]
- Račić M, Eremija S, Mašić S, Joskimović BN, Stanetić K. Family physicians' perspectives on clinical guidelines, a survey from the Republic of Srpska, Bosnia and Herzegovina. *Eur J Gen Pract.* 2016;22(3):203–8. [DOI: 10.3109/13814788.2016.1170802] [PMID: 27165255]
- Downes JM, Appeddu LA, Johnson JL, Haywood KS, James BJ, Wingard KD. An exploratory survey on the awareness and usage of clinical practice guidelines among clinical pharmacists. *Explor Res Clin Soc Pharm.* 2021;2:100013. [DOI: 10.1016/j.rscop.2021.100013] [PMID: 35481123]
- Pereira VC, Silva SN, Carvalho VKS, Zanghelini F, Barreto JOM. Strategies for the implementation of clinical practice guidelines in public health: an overview of systematic reviews. *Health Res Policy Syst.* 2022;20(1):13. [DOI: 10.1186/s12961-022-00815-4] [PMID: 35073897]
- Gupta L, Ward JE, Hayward RS. Clinical practice guidelines in general practice: a national survey of recall, attitudes and impact. *Med J Aust.* 1997;166(2):69–72. [DOI: 10.5694/j.1326-5377.1997.tb138723.x] [PMID: 9033560]
- Manikam L, Hoy A, Fosker H, Wong MH, Banerjee J, Lakhnypaul M, et al. What drives junior doctors to use clinical practice guidelines? A national cross-sectional survey of foundation doctors in England & Wales. *BMC Med Educ.* 2015;15:227. [DOI: 10.1186/s12909-015-0510-3] [PMID: 26692267]
- Hari P, Alhasan K, Bagga A, Bonilla-Felix M, Coccia PA, Duzova A, et al. Importance of clinical practice guidelines to practicing pediatric nephrologists and IPNA survey. *Pediatr Nephrol.* 2021;36(11):3493–97. [DOI: 10.1007/s00467-021-05105-9] [PMID: 34014394]
- O'Brien E, Walsh A, Boland F, Collins C, Harkins V, Smith SM, et al. GP preferences for, access to, and use of evidence in clinical practice: a mixed-methods study. *BJGP Open.* 2023;7(4):BJGPO.2023.0107. [DOI: 10.3399/BJGPO.2023.0107] [PMID: 37442591]
- Institut za javno zdravlje Srbije, "Dr Milan Jovanović Batut". Zdravstvenostatistički godišnjak Republike Srbije 2023. Beograd: Institut za javno zdravlje Srbije, "Dr Milan Jovanović Batut"; 2024. Available from: <https://www.batut.org.rs/download/publikacije/pub2023v2.pdf>. Accessed on November 7, 2024.
- Scott IA, Buckmaster ND, Harvey KH. Clinical practice guidelines: perspectives of clinicians in Queensland public hospitals. *Intern Med J.* 2003;33(7):273–9. [DOI: 10.1046/j.1445-5994.2003.00366.x] [PMID: 12823671]
- Taba P, Rosenthal M, Habicht J, Tarien H, Mathiesen M, Hill S, et al. Barriers and facilitators to the implementation of clinical practice guidelines: a cross-sectional survey among physicians in Estonia. *BMC Health Serv Res.* 2012;12:455. [DOI: 10.1186/1472-6963-12-455] [PMID: 23234504]
- To D, Hall A, Bussières A, French SD, Lawrence R, Pike A, et al. Exploring factors influencing chiropractors' adherence to radiographic guidelines for low back pain using the Theoretical Domains Framework. *Chiropr Man Therap.* 2022;30(1):23. [DOI: 10.1186/s12998-022-00433-5] [PMID: 35534902]
- Zhou P, Chen L, Wu Z, Wang E, Yan Y, Guan X, et al. The barriers and facilitators for the implementation of clinical practice guidelines in healthcare: an umbrella review of qualitative and quantitative literature. *J Clin Epidemiol.* 2023;162:169–81. [DOI: 10.1016/j.jclinepi.2023.08.017] [PMID: 37657616]
- Castellini G, Bargerì S, Cocclite D, D'Angelo D, Fauci AJ, Punzo O, et al. Knowledge, attitude and barriers of the Italian National Guidelines System for the development of clinical practice guidelines: a cross-sectional survey of registered scientific-technical societies. *Ann Ist Super Sanita.* 2022;58(4):269–76. [DOI: 10.4415/ANN_22_04_07] [PMID: 36511198]
- Saeedi M, Al Mubarak AK, Crisera V, Qubissi A, Memish Z. Knowledge, attitude, and practice of healthcare practitioners towards clinical practice guidelines: Findings from a cross-sectional survey. *Journal of Health Informatics in Developing Countries.* 2023;17(2).
- Harrington J, Leyva M, Rao VN, Oakes M, Osude N, Bosworth HB, et al. Implementing guideline-directed medical therapy: Stakeholder-identified barriers and facilitators. *Am Heart J.* 2025;281:23–31. [DOI: 10.1016/j.ahj.2024.11.011] [PMID: 39613172]

22. Correa VC, Lugo-Agudelo LH, Aguirre-Acevedo DC, Contreras JAP, Borrero AMP, Patiño-Lugo DF, et al. Individual, health system, and contextual barriers and facilitators for the implementation of clinical practice guidelines: a systematic metareview. *Health Res Policy Syst.* 2020;18(1):74. [DOI: 10.1186/s12961-020-00588-8] [PMID: 32600417]
23. Vicko F, Đukanović LJ, Gotić M, Dimković N, Kesić V, Stamneković D. Uputstvo za izradu, razvoj i primenu vodiča dobre kliničke prakse. Beograd: Ministarstvo zdravlja Republike Srbije; 2025. Available from: <https://www.zdravlje.gov.rs/tekst/436482/nacionalni-vodici-dobre-klinicke-prakse-.php>
24. Mulder RL, Brown MC, Skinner R, van Dalen EC, Hudson MM, Kremer LCM. Handbook for guideline development; collaboration between International Guideline Harmonization Group, PanCare Guideline Group and Cochrane Childhood Cancer; 2021.

Искуства и ставови чланова Српског лекарског друштва о водичима добре клиничке праксе

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САЖЕТАК

Увод/Циљ Академија медицинских наука Српског лекарског друштва спровела је анкету о водичима добре клиничке праксе (водичи) међу члановима Српског лекарског друштва (СЛД) са циљем да се испита употреба и став лекара о водичима.

Метод У секретаријату СЛД-а добили смо адресе 2876 чланова 20 секција СЛД-а које су случајно одабране од укупно 62 секције. Од позваних лекара одговорила су 482 (16,8%). Упитник, који су самостално попуњавали учесници, састојао се од 21 питања о демографским карактеристикама учесника, изворима информација о водичима, употреби и препрекама за примену водича.

Резултати Међу 482 лекара, учесника у анкети, било је више жена (64,1%) него мушкараца, већина је била узроста од 45 до 60 година, 411 (85,3%) је било запослено у установама

у јавној својини, а већина су били специјалисти. Учесници су информисани о водичима на састанцима (30,9%), из литературе (16,3%), из оба ова извора (17,5%), током студија (20%), а 7% није до тада информисано о водичима. Готово сви учесници (452) сагласни су да су водичи корисни; 150 користи националне, 76 интернационалне, а 213 и једне и друге водиче. Током претходне године 101 (21%) учесник није користио ниједан водич. Као главни разлог некористишења навели су необавештеност и неприступачност водича.

Закључак Лекари, учесници анкете, сматрају да су водичи корисни у пракси. Као главне узроке некористишења водича навели су недовољно обавештавање о новим водичима и неприступачност водича. То обавезује на континуирану израду водича и редовно обавештавање лекара о њима.

Кључне речи: водичи добре клиничке праксе; анкета; став лекара; препреке