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| **Table 4.** Synthesised findings, categories and findings extracted from the included studies | | | | | |  |
| **Synthesised finding** | **Facilitators** | **Identified Findings§** | **Illustrative Quotes** | **Barriers** | **Identified Findings§** | **Illustrative Quotes** |
| Bedside nursing handover can humanize care and ensure safety, but it may cause stress and feeling of inadequacy | Patients experienced a humanization of care | A1; A2; A3; C1.3; C4; F2.1; I1; J2; K1.3; N2.1; O1; V1.3; V5.3. | “It’s just nice to hear that the nurses are doing a proper handover and that the next nurse knows what you’re going through and what care you need” [K]. | Patients felt inadequate and reduced their engagement | B1.1\*; B1.4; S3; U2.3; U2.5; W3.4. | “If you’re not in a very good state of mind, you’re probably not going to have a great input or whatever. It might be detrimental. I think that there could be, depending on the state of that person’s mental health. In the early stages of identifying the mental illness, I think that might be detrimental” [U]. |
| Patients and nurses developed a partnership that enhanced confidence in the care | K1.2; L1.3; M2; R3; S1; S2; S3; U2.1; V1.2; V4. | ‘‘If they got anything wrong you could always put them right . . . if they explain that you’re on insulin you can tell them that you’re on two lots of insulin . . . and oh yes, but I’m on Humarsol as well’’ [S]. | Nurses considered patient involvement to be stressful | B1.8\*; M1; P2; P2.1; V5.2; X3. | “Nurses that aren’t cooperating all the time in bedside handover. Nurses that only want to handover at the nurses’ station away from the patient’s bedside” [X]. |
| Nurses and patients perceived the care process to be safer | B1.2\*; B2.2\*; B3\*; D5; E1; G2.3; G2.4; G3.1; G3.3; H1; H2; K1.1; L1.1; L1.2; N3.1; O2; P4; R5; T1; U1; V2; V3; W3.1. | “If you are giving report for 5 patients, you may get your information wrong and the patient is able to correct us. Sometimes, they [patients] tell us new information that we did not know about, so everyone is on the same page” [H]. |
| Bedside nursing handovers can optimize the organization of care, but may lead to overtime and increase the transmission of redundant information | Nurses organized care in a transparent manner | A4; C1.1; C1.2; E3; F4; G4.3; H3; H4; N1.1(a); Q2.1; R1. | “[Bedside reporting] helps you to prioritize your day. Sometimes by just going by the Kardex, you might prioritize your patient care one way, but when you actually physically see the patient, you might have to readjust who you see first” [H]. | Nurses had to work overtime | F1; G4.2; M3; N1.1(c); W2.2. | “It is time consuming. . .you have different nurses to report off to, you have to wait for them, and it used to be you could sit at the desk and get report on your patients in probably 10, 15 minutes and now it can take a half hour to 45 minutes by the time you get into the rooms and. . . report off to three different nurses, so it’s very time- consuming. It kind of gets you a late start with assessments” [F]. |
| Patients were aware of the organizational dynamics of the care staff | B2.3\*; D2; F2.2; N1.1(b)\*; V1.1. | “Bedside report saves time in that if your patient asked for a glass of water or a warm blanket, it doesn’t fall on the next nurse coming on, and the patient doesn’t have to wait 20 minutes or half an hour for the requested items” [F]. | Patients and nurses experienced discontinuity in the provision of care | E4; G2.2; G4.1; J1.2; J1.4; T3; U1.2; W2.1; X2. | “Yeah, so I just think there just seems to be a time when everybody is in the room and there’s no access to it, and you’re on the outside and there might be something that you need” [U]. |
| Patients and nurses had to deal with a redundancy of information | I3; J4; R4. | “To be honest, I think something like that [bedside nurse handover] would probably phase out or disappear over a course of 2 days, because after a day or 2 you’ve heard their bed report, they have heard your bed report” [I]. |
| Bedside nursing handovers can led to a lack of confidentiality, but shared decision-making may reduce these concerns in patients | Patients recognized the importance of confidentiality and were not concerned about privacy violations | E2; O3.1; P3. | “Well, it doesn’t bother me. It might bother other patients when you go and talk about somebody else, but you usually talk about something I know about already so I’m not really taking any of its in. It sorts of goes over you, you know what I mean? You get to learn in hospital to shut things out, you know?” [E]. | Nurses considered it complicated to ensure confidentiality | F5; G1.2; G3.2; J1.6; J1.7; L2.1; N3.2; N3.3; Q4.1; T2; W1.1; X1.  . | “With the bedside handover, it is hard sometimes to work out what not to say with some particular sensitive information” [G]. |
| Nurses implemented specific strategies to maintain confidentiality | G2.1; J1.5; L2.2; M4; U1.1; W3.3. | “We ask the patient if they are alright if we give a handover while they [visitors, family] are there... and if they are not comfortable then we can always say to them ‘‘if you can step out of the room [referring to visitors and family] so I can give handover” [J]. | Patients perceived the continuous exchange of personal information as a violation of confidentiality | K2.1; K2.2; O3.2; U2.4; U2.6; V5.1; W1.2. | “The only thing would be is if you felt uncomfortable during handover. If it took place say in your room, and it’s a shared room, I guess during handover you wouldn’t want any other clients to hear what the nurses are saying; you definitely wouldn’t want” [U]. |
| Bedside nursing handover can promote clear, interactive communication, but may also lead to uncertainty and discomfort | Nurses and patients benefited from interactive communication | B1.5; C3; D4; I2; S4. | “DN: Today she improved. Began to walk on her own. Barely needed analgesic. (Refers to P.): If you continue to improve like this, you’ll be home in 2 days.  P: I wish. From your mouth to God’s ear. I really thank you for everything” [D]. | Nurses were concerned about the level of detail in communication | C5; G2.5; N2.3. | “Sometimes they are so sick and feel everything is cumbersome. Perhaps we sometimes choose not to tell them things, or we feel when it’s not appropriate for us to come in, so we skip it from time to time” [N]. |
| Nurses and patients perceived an increased ease in communication | D1; D3; I1; N2.2; U1.3; U2.2. | “...at least there’s a possibility for the patients to feel involved and get information you know. For example, they get to know that we keep track of what they eat and drink and become aware of these things. Without person-centered handover the staff used to just re- cord the patients’ calorie intake without actually telling them” [N]. | Patients experienced discomfort due to their restricted comprehension | B1.6\*; J3; O4; P2.2. | “Bit more information [about terms and language]. Sometimes, I can’t understand what it [language used during the handover] means” [O]. |
| Nurses found the transmission of information to be clearer due to the structured nature of the handover method | G1.1; G6; J1.1; Q4.2; R2. | “...It helps them get involved, interact with others, helps their communication and confidence” [R]. |
| Bedside nursing handover can promote professionalism and emotional exchanges among nurses, but may contribute to a decreased sense of collegiality and security | Nurses could demonstrate their professionalism when dealing with patients and students | A5; B1.3\*; B1.7; C2; P1. | “It is precisely this professional growth that, let’s say, also encourages you to see you well, to explain well, to find the right words even in front of the sick person, to demonstrate your professionality...” [C]. | Nurses experienced decreased collegiality, and threatened to replicate previous, non-patient-centred handover methods | F3; J1.3; Q1; Q2.2; Q3; X4\* | “The overlap between the early shift and the late shift is the social moment of the day. It has always been this way. It will be very difficult for us to abandon this behavior and not to fall in old habits...It will certainly be missed” [Q]. |
| Nurses could have mutual professional and emotional exchanges with staff members | B2.1; G5; N1.2; N1.4. | “The nurse looking after the man who was dying opposite me looked relieved to pass on the patient to the next shift. The report signalled an end to her traumatic shift” [B]. | Nurses felt uncertain and distressed due to possible judgement from patients and colleagues | B2.4; N1.3; W1.3; W3.2. | “Sometimes we like giggle you know when we pass report ... or maybe the body posture, the way we stand also can affect how they see us” [W]. |
| **§** Findings were labelled with an alphanumeric code comprising a letter corresponding to the article, as reported in Table 3, and a number corresponding to the progressive finding identified  \* credible | | | | | | |