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| **Table 5.** Level of confidence |  |  |  |  |
| **Synthesized findings** | **Type of study** | **Dependability** | **Credibility** | **ConQual score\*** |
| Bedside nursing handover can humanize care and ensure safety, but it may cause stress and feeling of inadequacy | High | Downgrade one level | Unchanged | ●●●○ MODERATE |
| Bedside nursing handover can optimize the organization of care, but may lead to overtime and increase the transmission of redundant information | High | Downgrade one level | Unchanged | ●●●○ MODERATE |
| Bedside nursing handover can led to a lack of confidentiality, but shared decision-making may reduce these concerns in patients | High | Downgrade one level | Unchanged | ●●●○ MODERATE |
| Bedside nursing handover can promote clear, interactive communication, but may also lead to uncertainty and discomfort | High | Downgrade one level | Unchanged | ●●●○ MODERATE |
| Bedside nursing handover can promote professionalism and emotional exchanges among nurses, but may contribute to a decreased sense of collegiality and security | High | Downgrade one level | Unchanged | ●●●○ MODERATE |
| **ConQual procedure**All qualitative primary studies receive a high level of confidence, which can be downgraded based on the dependability of the paper and the credibility of the paper’s findings. Dependability is is based on items ii, iii, iv, vi, and vii of the JBI-QARI critical appraisal tool, and described as the appropriateness of methodology, methods, and their implementation, regardless of paradigm. The credibility addresses whether a finding has been represented correctly. More than 80% of unequivocal findings sufficient to maintain the obtained ranking. |
| \* All studies had a qualitative design assigning a high level of confidence. Dependability downgraded one level, as only 2-3 criteria were positive. Credibility unchanged due to > 80% of unequivocal findings. |