

INPLASY PROTOCOL

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Conflicts of interest:
None declared.

Influencing Factors of Nurses' Practice during the Bedside Handover: A Qualitative Evidence Synthesis Protocol

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Review question / Objective: Nurses could have inconsistent practice during the Nursing Bedside Handover (NBH) implementation (Clari et al., 2021; Malfait et al., 2019; Whitty et al., 2017). During almost two decades, this inconsistency in nurses' practices has been explained by the strategy of implementation followed at the wards and the resistance behaviors of nurses (Burston et al., 2015; Evans et al., 2012; Kassean & Jagoo, 2005; Malfait et al., 2020; Sand-Jecklin & Sherman, 2013, 2014). Recently, this explanation has come to consider the possibility of nurses' practices be a practice individualized, flexible, and adaptive (McCloskey et al., 2019; Schirm et al., 2018; Tobiano et al., 2018). Based on these supplementary explanations, we formulated the following review question: - What are the factors perceived by nurses that influence inconsistency of practice during NBH? The purpose of this synthesis of the qualitative evidence is to review and synthesize nurses' perceptions and experiences about the factors that, in their perspective, influence the practice of NBH.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 03 November 2022 and was last updated on 03 November 2022 (registration number INPLASY2022110013).

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INTRODUCTION

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wards and the resistance behaviors of nurses (Burston et al., 2015; Evans et al., 2012; Kassean & Jagoo, 2005; Malfait et al., 2020; Sand-Jecklin & Sherman, 2013, 2014). Recently, this explanation has come to consider the possibility of nurses' practices be a practice individualized, flexible, and adaptive (McCloskey et al., 2019; Schirm et al., 2018; Tobiano et al., 2018). Based on these supplementary explanations, we formulated the following review question: - What are the factors perceived by nurses that influence inconsistency of practice during NBH? The purpose of this synthesis of the qualitative evidence is to review and synthesize nurses' perceptions and experiences about the factors that, in their perspective, influence the practice of NBH.

Rationale: To date, no qualitative evidence review was further directed solely at the nurses' experiences to explore the factors that, in their point of view, influence NBH practices.

Condition being studied: The NBH is a term that describes a common communication practice of nurses during shift changes performed next to patients, which is characterized by the variability of patient engagement by nurses. The concept of NBH has been described in the literature by a variety of names including 1) Nursing Bedside Handover; 2) Nursing Bedside Handoff; 3) Bedside Handover; 4) "Bedside handoff; 5) Shift-to-shift Bedside Handover; 6) Shif-to-shift Bedside Handoff; 7) Bedside Nurse-to-Nurse Handover; 8) Bedside Nurse-to-Nurse Handoff, and 9) Nurse Bedside Shift Report.

METHODS

Participant or population: Nurses, independently their professional qualifications (registered nurses, licensed nurses, nursing assistants, or advanced practice nurses). It will be considered all clinical settings of hospital and community healthcare organizations where nurses have been exposed to NBH, including long-term care units, emergency rooms, intensive care units, palliative care units, operating rooms, and labor and delivery.

Limits of geographical locations are not relevant to this study.

Intervention: Not applicable.

Comparator: Not applicable.

Study designs to be included: Primary empirical studies with qualitative or mixed designs, and projects of quality improvement, both published in English and in journals with peer review.

Eligibility criteria: The inclusion criteria will be: 1) articles focused on NBH implementation; 2) that involve nurses as participants, isolated or together with patients, patients' relatives, and other healthcare workers. It will be excluded the articles with the following characteristics: 1) secondary research studies, theses and dissertations, literature reviews, and editorial articles; 2) primary research studies with quantitative design and 3) studies not published in journals or published in other languages and in journals without information of peer review. Grey literature will also be excluded as it may be difficult to retrieve and because studies are not peer-reviewed.

Information sources: The search literature will be conducted using the following electronic databases: 1) Medline; 2) Cumulative Index to Nursing and Allied Health Literature (CINAHL), 3) Web of Science, and 4) Scopus.

Main outcome(s): The main outcome of the study is nurses' perceptions, and experiences related to the reasons or factors for inconsistent practices in NBH. The inconsistent NBH practice was defined as any deviation that makes it difficult or impossible to perform NBH at the patient's bedside or his/her involvement in the communication of nursing handover.

Data management: The records of retrieved articles will be managed using the bibliographic reference manager Mendeley (Elsevier, USA) and duplicated references will be removed. Titles and abstracts will be screened by two independent reviewers

(P.C. and G.T.) considering the review's inclusion and exclusion criteria. Studies that meet the inclusion criteria will be retrieved in full text for eligibility assessment. The included and excluded articles at each screening stage will be collected in different files. The same reviewers will independently analyse the full-text articles to identify those that meet the inclusion criteria and those that do not. Studies that do not meet the inclusion criteria will be excluded and the reasons will be reported. If reviewers have doubts about the eligibility of a study considering the title and abstract, the full article will be retrieved. Lack of agreement between reviewers will be resolved through discussion or based on a third-party reviewer (F. G.). The results of the screening, search and selection of studies will be reported using the flowchart of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021). In this flowchart, we will present the number and reasons for the exclusion of articles.

Quality assessment / Risk of bias analysis: To assess the methodological quality of selected articles, we will use the Critical Appraisal Skills Programme Appraisal Tool for Qualitative Research (CASP) Tool (CASP, 2018). This tool was elected once it allows to systematically assess ten elements of the studies to ensure that the themes identified are from valid and reliable sources. These elements will be checked on the selected articles by two independent researchers (P.C. and P.L.). A third reviewer will be consulted to decide when classifications do not agree (F.G.). The results of the methodological quality assessment will be reported in a table, indicating, if applicable, the articles that were excluded and the corresponding reasons.

Strategy of data synthesis: We will follow the Thomas & Harden methodology (Thomas & Harden, 2008) in the thematic synthesis. In the first stage, we will analyze the results section of each study, including the line-by-line coding of the results directly related to the nurses' perceptions

of the factors influencing the NBH. Secondly, those codes will be compared with each other, identifying similarities and differences that make possible their combination into a two-level hierarchical tree structure. Lastly, new codes will be created to cluster the initial codes and based on inductive reasoning, the analytical themes will be generated from the previous codes.

Subgroup analysis: Themes will be analyzed considering three subgroups of factors influencing the inconsistency of nurses' practices: 1) factors related to patients; 2) factors related to nurses and 3) factors related to the care setting.

Sensitivity analysis: Not applicable.

Country(ies) involved: Portugal (Nursing Research, Innovation and Development Centre of Lisbon - CIDNUR).

Other relevant information: This study was conceived within the Handovers4Safecare research project at Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Nursing School of Lisbon.

Keywords: change management; management; nursing; organizational innovation; patient-centred care; patient handoff; patient safety; quality improvement; qualitative research; qualitative evidence synthesis.

Dissemination plans: The final report and completed manuscript will be published in a peer-review journal. Furthermore, the results will be presented at national and international nursing conferences, and lectures for master's and doctoral students.

Contributions of each author:

Author 1 - Paulo Cruchinho – drafted the manuscript and study protocol. Is responsible with the author 2 for study searching, screening/selection, and data extraction, with the author 3, for quality assessment.

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Author 4 - Filomena Gaspar - is the scientific supervisor of this study. In case of disagreements at study selection, data extraction, and quality assessment the issues will be discussed with the author 4.

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