

## Quick summaries: translating open access research into practical insights for aged care teams

Quick summaries share practical insights from open access review articles and show why the findings matter for aged care practice. They support evidence-informed care and connect readers to the full author's article. For more information how we developed the quick summaries visit our [methods](#) section.

ARIIA has developed a set of quick summaries based on the original open access articles. These summaries are designed to support quick scanning of the evidence, but **readers should consult the authors' abstract and full article for exact details.**

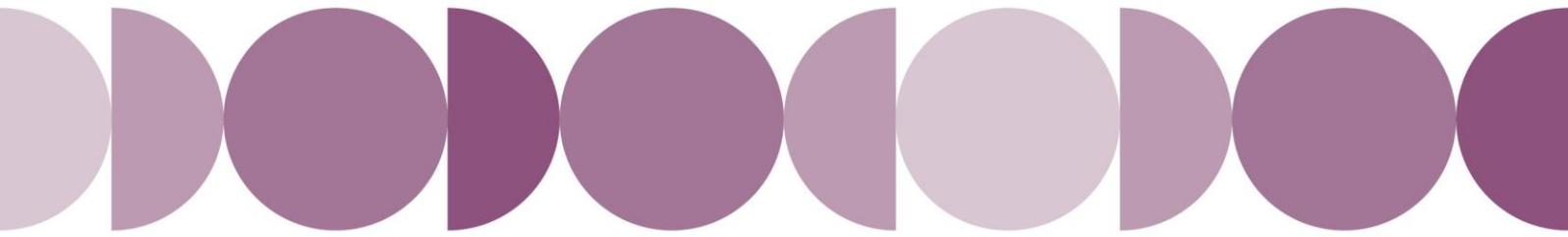
### ARIIA quick summaries (March 2026)

1. [Strategies to improve recruitment, retention, working conditions, and skills among the long-term care workforce: An umbrella review of existing evidence](#)

**Review focus:** Badache et al. conducted an umbrella review to assess strategies aimed at improving recruitment, retention, working conditions and skills development among the formal long-term care workforce.

**Review findings:** The review brought together nineteen systematic reviews and found that continuing professional development and peer-led training were associated with stronger staff competence. The evidence also suggested these approaches could support job satisfaction and help reduce staff turnover. By contrast, evidence on wellbeing programs, organisational change and policy approaches was limited and often drawn from lower-quality reviews.

**Workforce relevance:** For people working in aged care, the review shows that training can help staff feel more capable and satisfied in their work, but it is not clear whether training alone helps people stay in their jobs. For organisations, the review highlights that how training is designed and supported matters, including having a positive workplace culture, tailoring training to different roles and involving employers in planning of CPD programs. The review also shows that many training and workforce programs have not



been well checked to see if they really work, which makes it hard to know what should be expanded or invested in.

Explore related ARIIA topics: [Workforce retention](#)

## 2. [Models of care and interventions to improve person-centred care for older people in long-term care facilities: A mixed methods systematic review](#)

**Review focus:** A systematic review by Udkunta et al. examined models of care and approaches used in long term care facilities to support person-centred care for older people.

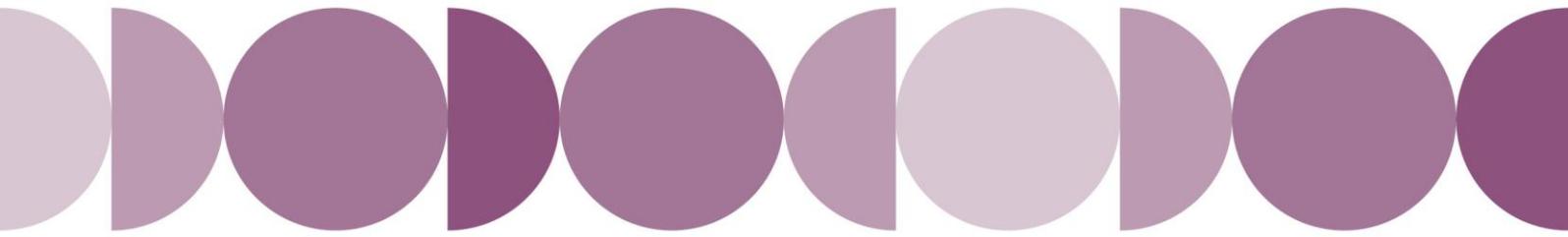
**Review findings:** Thirty studies were included which described key features of person-centred care, including respect for individual preferences, social connection and wellbeing, autonomy and dignity, a home like environment, family involvement, as well as organisational and staff support. Across these studies, person-centred care approaches were linked to better quality of life, greater autonomy, and more individualised care, although results differed between settings.

**Workforce relevance:** For frontline staff, the review shows that person-centred care focuses on knowing the person (their relationships and daily routines) and works best when staff have positive attitudes, work well together and support each other. At an organisational level, the review shows that putting person-centred care into practice depends on strong organisational support, good planning, local champions who promote the care model, experienced coordinators, teamwork, peer support and having enough staff. The review also found that staff shortages and heavy workloads commonly get in the way.

## 3. [Virtual care in residential aged care and primary care settings: a systematic literature review using the SEIPS framework](#)

**Review focus:** A systematic review by Makeham et al. examined barriers, enablers, processes, and outcomes linked to virtual care in residential aged care homes and primary care settings.

**Review findings:** The review included thirteen studies which identified common barriers to virtual care, including low digital literacy, resident sensory and cognitive impairment, poor audio visual quality, limited staff training, workflow disruption, poor system interoperability



and limited organisational or policy support. Key enablers included strong relationships between clinicians, residents and staff, with supporting factors including peer support and remote monitoring tools. Outcomes were mixed. The studies reported better access to care, reduced travel, improved communication, and fewer unnecessary hospital visits, alongside concerns about increased workload and limits to clinical assessment.

**Workforce relevance:** For frontline staff, the review shows that virtual care can improve access, communication, and continuity of care, but works best when used alongside in person care rather than replacing it. At an organisational level, the review shows that effective use of virtual care depends on enough staff, reliable and updated IT systems, fit with everyday work routines, alongside organisational and policy support. Gaps in these areas limit how well virtual care works in practice.

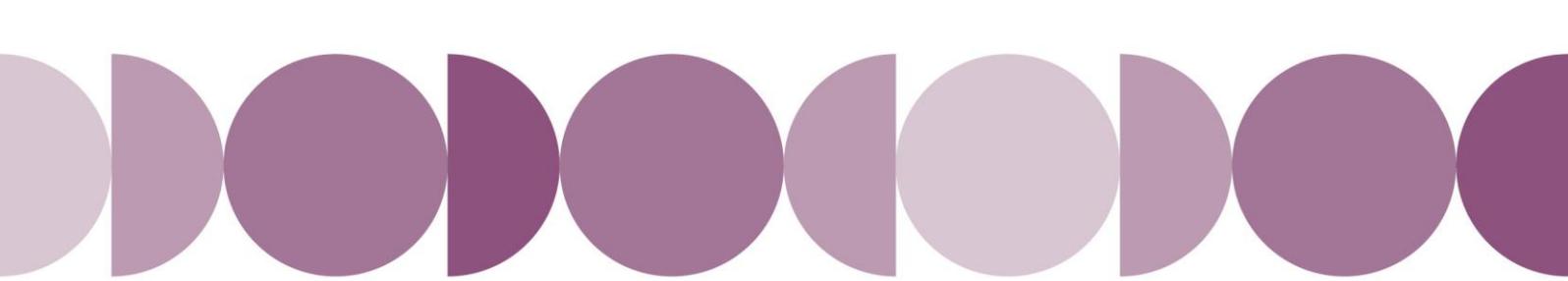
**Explore related ARIIA topics:** [Technology in aged care](#)

#### 4. [Nurse-involved hospital avoidance outreach interventions for aged care home residents: A mixed-method systematic review](#)

**Review focus:** A mixed-method systematic review by Mari et al. examined the impact of nurse-led or nurse-involved hospital avoidance outreach interventions for acutely unwell aged care home residents at risk of hospital presentation.

**Review findings:** Twenty-four studies explored nurse-led or nurse-involved hospital avoidance outreach for aged care home residents. These models were linked to fewer emergency department presentations, fewer repeat presentations and fewer hospital admissions through emergency departments, and some studies also reported cost savings. Key enablers included staff support, leadership, rapid response outreach, technological infrastructure and outreach team expertise, while barriers included inconsistent guidelines, limited service hours and technology challenges.

**Workforce relevance:** For frontline aged care home staff, the review suggests outreach models are most effective when staff can access timely support from geriatric clinicians, general practitioners and other health professionals. Telehealth, clear case coordination with strong communication can help staff respond to deterioration, support transitions of care and manage palliative needs with greater confidence. For clinical and organisational leadership, the findings highlight the importance of strong local leadership, rapid outreach pathways, alongside teams with the right geriatric, communication and system-navigation



skills. Together, these factors can strengthen collaboration across aged care and hospital settings and help reduce avoidable hospital transfers.

Explore related ARIIA topics: [Clinical Governance](#)

5. [Family Members' Experiences of Long-Term Home Care for Older Adults Provided by Live-In Migrant Caregivers: A Meta-Synthesis of Qualitative Studies](#)

**Review focus:** A meta-synthesis by Aliaga-Castellanos et al. examined family members' experiences of long-term home care for older adults provided by live-in migrant caregivers.

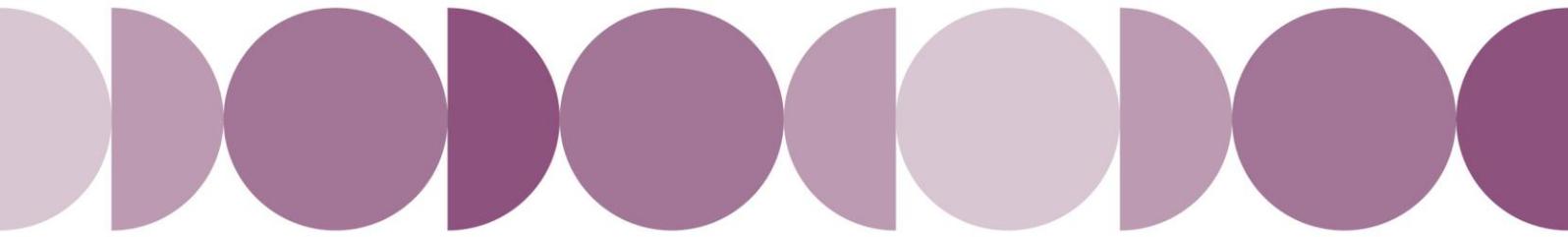
**Review findings:** Eleven papers explored how families experienced hiring and living with live-in migrant caregivers for older adults at home. Four main themes emerged: deciding to hire a caregiver, living with a stranger at the centre of family life, managing cultural and relationship challenges, and improving integration through trust, negotiation, training and continuity of care.

**Workforce relevance:** The review found that good long-term home care depended not only on the caregiver–family relationship, but also on practical support that helped families, older adults and live-in caregivers work together safely and respectfully. Family and community nurses and social workers had an important role in providing training, follow-up and practical guidance on basic care, medication support, hiring processes, respite arrangements and continuity of care.

6. [Exploring and understanding perceptions and definitions of foodservice quality in residential aged care: A scoping review](#)

**Review focus:** A scoping review by Zilujko et al. explored how foodservice quality is understood and defined in residential aged care.

**Review findings:** Thirty-one texts explored perceptions and definitions of foodservice quality in residential aged care. Across the review, there was some agreement that quality was linked to how acceptable food and meals were to residents, but there was no clear consensus on what defined foodservice quality and none of the literature addressed quality across the full foodservice system.



**Workforce relevance:** The review found that foodservice quality in aged care involved more than the food itself. It also depended on mealtimes, dining experiences, resident choice and how services were organised. Evidence about frontline staff perspectives was limited, so managers and key decision-makers need clearer guidance and stronger measures to support a whole-of-system approach to foodservice quality.

**Explore related ARIIA topics:** Themed ICP: [Nutrition](#)

### 7. [Prevalence of delirium among older nursing home residents: a systematic review and meta-analysis](#)

**Review focus:** A systematic review and meta-analysis by Houdelet-Oertel et al. examined the prevalence of delirium among older nursing home residents.

**Review findings:** Nine studies examined delirium prevalence in nursing home residents aged 65 years and over. Delirium prevalence varied widely across study populations, from 1.0% to 57.9%, with a pooled estimate of 18.8%, and cognitive impairment was the factor most consistently linked to delirium prevalence.

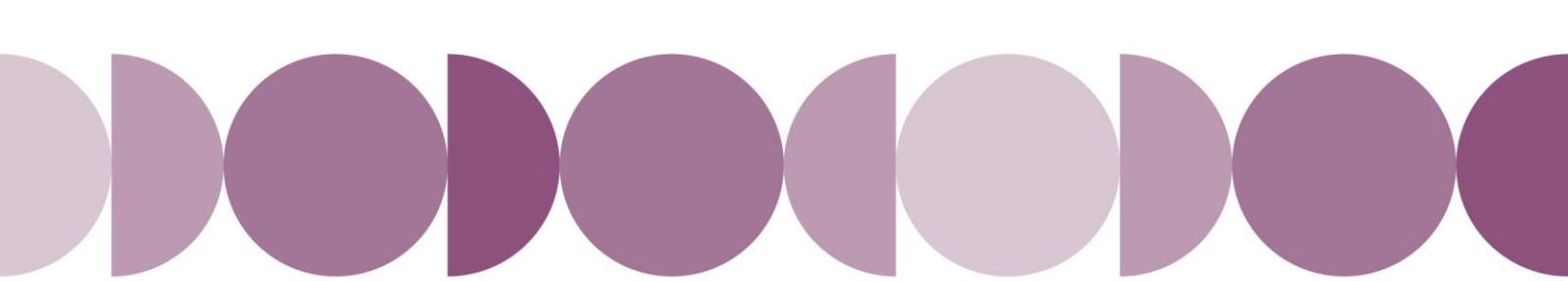
**Workforce relevance:** The review found that delirium was a common and variable issue in nursing homes, which makes early recognition important in day-to-day care. Frontline staff such as nurses and care staff need support to recognise delirium earlier and use detection tools more consistently, especially when caring for residents with dementia or other cognitive impairment.

**Explore related ARIIA topics:** [Mental health and wellbeing](#)

### 8. [Immersive virtual reality for older adults with mild cognitive impairment, dementia, or cognitive frailty: a systematic review and narrative synthesis \(2019–2025\)](#)

**Review focus:** A systematic review and narrative synthesis by Kubota et al. examined immersive and semi-immersive virtual reality interventions for older adults with mild cognitive impairment, dementia or cognitive frailty.

**Review findings:** Thirteen studies explored virtual reality interventions for older adults with mild cognitive impairment, dementia or cognitive frailty. The clearest benefits were in executive function, processing speed, balance and mobility. Evidence for reduced anxiety,



apathy and other behavioural symptoms in residential care was promising but still early, and adverse events were uncommon and usually mild.

**Workforce relevance:** The review found that virtual reality can be a practical supervised activity to support cognition, mobility and engagement in older adults, especially when programs include enough sessions, adaptive challenge and structured support. Successful implementation depended on frontline staff such as nurses and care staff being supported with onboarding, safety screening and supervised delivery, while managers and organisational leaders also needed to address equipment, infection control and service design.

**Explore related ARIIA topics:** [Technology in aged care](#) / [Dementia care](#) / [Mental health and wellbeing](#)

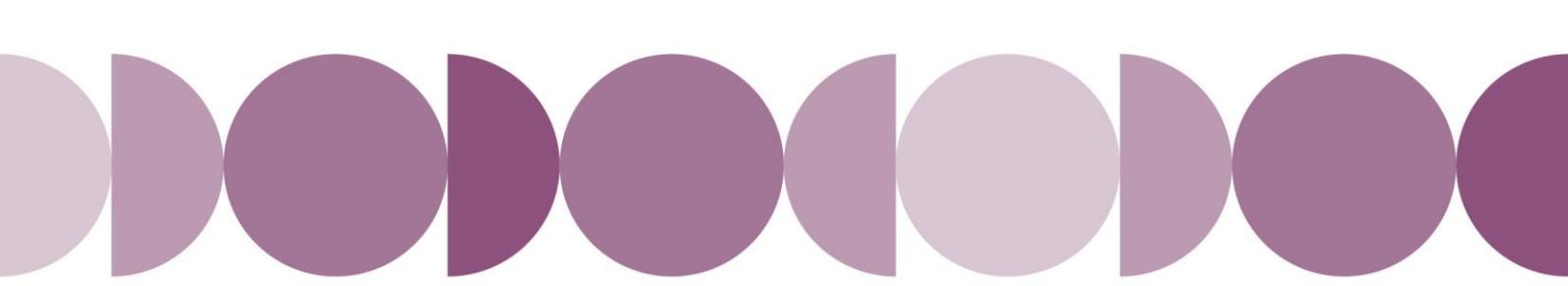
## 9. [Trends in end-of-life hospitalisations of nursing home residents: a systematic review](#)

**Review focus:** A systematic review by Wandscher et al. examined trends in end-of-life hospitalisations among nursing home residents.

**Review findings:** Twelve studies examined trends in in-hospital deaths and hospitalisations in the last month of life for nursing home residents. Studies with higher starting rates of in-hospital deaths generally showed declines over time, while trends in hospitalisations during the last month of life were more mixed. Evidence about differences by age, sex and dementia was limited because only a small number of studies reported these analyses.

**Workforce relevance:** The review found that reducing end-of-life hospital transfers in nursing homes depended on stronger end-of-life care planning and support within the home. This was especially relevant for frontline staff such as nurses and care staff, with managers and organisational leaders also playing an important role in supporting advance care planning, palliative approaches and service systems that help residents remain in their familiar place of care where appropriate.

**Explore related ARIIA topics:** [Palliative care & end of life](#)



## 10. [Interventions to reduce greenhouse gas emissions from health-system solid waste: a systematic review](#)

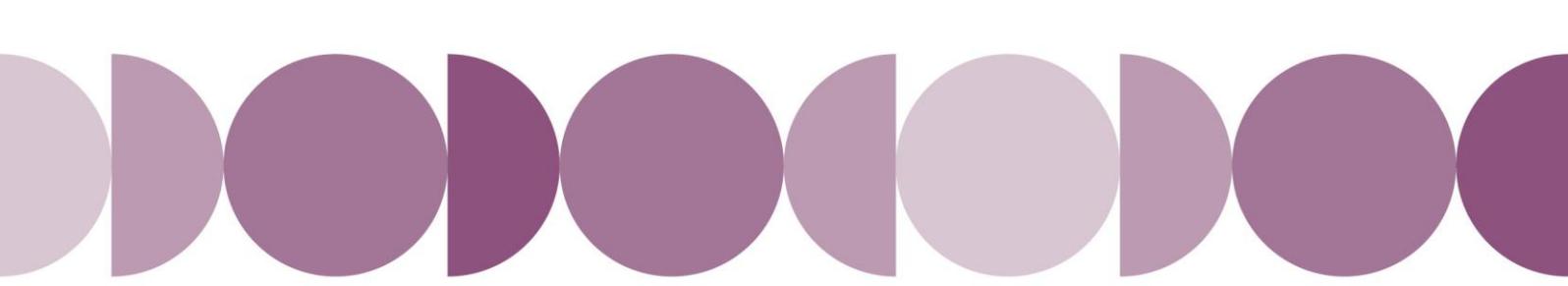
**Review focus:** A systematic review by McGushin et al. examined sustainability principles and interventions used in high-income healthcare and aged-care settings to reduce greenhouse gas emissions from solid waste.

**Review findings:** One hundred and seven studies examined waste-reduction approaches across the health system, with most focused on hospital settings and only a small number on aged care and primary care. Across the review, the strongest priorities were interventions higher in the waste hierarchy: reduce, reuse, reprocess and refurbish. Many studies also reported cost savings, while evidence gaps remained for aged-care settings.

**Workforce relevance:** The review found that reducing waste in health and aged care depended on practical changes in everyday work, including better waste segregation, reuse of appropriate products and simpler systems that help staff reduce unnecessary waste. Success relied on support for the frontline workforce, with clinical leaders and organisational leaders also needing to provide education, clear processes, storage and recycling systems, and leadership across services to sustain change.

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