International Platform of Registered Systematic Review and Meta-analysis Protocols

INPLASY

End-of-Life Care for Older Adults in Residential Aged Care Facilities in the Asia-Pacific Region: A Rapid Review Protocol

INPLASY2025100061
doi: 10.37766/inplasy2025.10.0061
Received: 17 October 2025
Published: 17 October 2025

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ADMINISTRATIVE INFORMATION

Support - NA.

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2025100061

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 October 2025 and was last updated on 17 October 2025.

INTRODUCTION

Review question / Objective Summary: As the global population continues to age, health systems and services are facing an increasing burden, with a growing demand for residential aged care facilities (RACFs) and corresponding end-of-life and palliative care services. This review will focus on palliative care practices in RACFs across Asia-Pacific countries, specifically addressing the needs of residents aged 80 years and above. It aims to evaluate how physical, psychological, and emotional needs are met during the end-of-life stage, while also examining ethical challenges faced by RACF staff and the role of families in advance care directives and shared decision-making. A comprehensive search will be conducted in MEDLINE, Web of Science, Scopus, and CINAHL Ultimate, employing a rapid review approach. The findings will provide valuable insights for policymakers, practitioners, and educators to strengthen evidence-based, patient-centred palliative care in aged care settings. Ultimately, this research seeks to inform the development of compassionate, person-centred models of end-of-life care within RACFs.

Review Questions: The review aims to examine how end-of-life care is implemented in aged care facilities for older adults across Asia-Pacific countries, with a particular focus on physical, emotional, and psychosocial outcomes. It seeks to identify the systemic and organisational barriers faced by staff in delivering high-quality end-of-life care within these settings. In addition, the review explores the ethical dimensions of care, including family involvement, shared decision-making, and the use of advance care directives. By synthesising existing evidence from Asia-Pacific countries, this review aims to generate insights that can inform

future research, policy development, and best practices in aged care and palliative care delivery.

Background The demand for comprehensive palliative care for older adults is rising significantly due to the increasing prevalence of chronic and terminal illnesses, alongside improvements in healthcare services. Residential aged care facilities (RACFs) often serve as the final home for many individuals reaching advanced age, rendering them particularly vulnerable during end-of-life (EOL) stages. Although residents are generally supported by trained RACF staff, there remains a shortage of experienced personnel with specialist expertise in EOL care, essential for alleviating symptoms and optimising comfort for dying residents. As Ding et al. (2021) note, the existing RACF environment often falls short of providing comprehensive frameworks to meet the complex physical, emotional, and psychosocial needs of older adults in their final days.

While governments have introduced various initiatives to strengthen the quality of palliative care services, the implementation and consistency of such services differ considerably across facilities and regions. Older people in RACFs frequently experience gaps in care, including neglect or suboptimal support due to workforce shortages and insufficient training in palliative and EOL care. This review aims to identify gaps in service delivery and to examine the experiences of residents, with particular attention to the perspectives of families involved in care provision.

According to the World Health Organization (2024), the global population aged 80 years and above is projected to nearly double by 2050, resulting in a substantial rise in the demand for palliative and EOL care. Despite the presence of policy frameworks supporting palliative care, significant discrepancies persist in practice. Barriers such as inadequate staffing levels, limited specialist training, and insufficient integration of family involvement contribute to inconsistent quality of care (Disler et al., 2023).

Strick (2024) highlights that home-based palliative care is often associated with more individualised and person-centred approaches, whereas RACFs continue to face challenges in achieving similar standards of care. Evans et al. (2021) demonstrate that multidisciplinary collaboration, tailored pain management, and psychosocial interventions can effectively reduce symptom burden and improve residents' quality of life. Although RACFs have the potential to deliver effective palliative care, variation in quality remains substantial. Comparative analyses between home-based and institutional care indicate that providing holistic, person-centred care in RACFs can be difficult to sustain (Ding et al., 2021).

Enhancing the quality and extent of palliative care within RACFs not only improves symptom management but also upholds dignity, emotional well-being, and satisfaction among both families and staff during EOL transitions. Despite supportive policy frameworks, practical implementation continues to be constrained by resource limitations, workforce shortages, and inadequate training opportunities (Bennett et al., 2021). These challenges contribute to inconsistent service delivery, leading in some cases to the neglect of older adults and avoidable suffering at the end of life.

This rapid review seeks to identify gaps in the effectiveness of palliative care for older adults in RACFs, with the goal of reducing EOL symptom burden and addressing the challenges faced by staff in providing compassionate, person-centred care at the end of life.

Rationale There is an urgent need to strengthen palliative and end-of-life (EOL) care practices in residential aged care facilities (RACFs), particularly for older adults living with dementia and other chronic health conditions that require specialised and compassionate interventions. Despite growing awareness of the importance of quality EOL care, palliative services for older residents remain underdeveloped and inconsistently implemented across the Asia-Pacific region. This review seeks to address these gaps by synthesising existing evidence through a mixed methods review approach to identify effective strategies and barriers to delivering person-centred, ethical, and evidence-based palliative care. Ethical considerations such as advance care planning, family involvement, and shared decision-making are integral to high-quality care but are often insufficiently embedded in practice (Shale et al., 2025). Furthermore, a lack of awareness of complex geriatric conditions, workforce shortages, limited specialist training, and inadequate engagement of families in EOL decision-making contribute to care disparities. Drawing on recent work by Mitchell et al. (2024), the study also recognises that the use of population-level EOL care indicators can assist in assessing quality and guiding improvements. By addressing these issues, the review aims to generate insights that support RACFs in delivering more compassionate, patient-centred, and ethically grounded palliative care for older adults. The synthesis of existing

evidence in an effective way is suitable for practice in RACFs, which will be done using a mixed methods review approach. The aged residents, especially those with dementia, and chronic disease conditions requires special palliative care interventions. The rationale of this study is to shed some light on often-neglected, palliative care in elderly. The high-quality care also involves ethical dimensions, such as advance care planning, family involvement, and joint decision-making (Shale et al., 2025). This research will be used to emphasise the effective strategies and determine the barriers, which will eventually help to have the RACFs improve to provide patient-centred and compassionate EOL care (Liu et al., 2024). In this study, the researcher will try to find the potential gaps in palliative care, which include a lack of awareness of complex diseases in elderly, shortage of specialist staff to provide EOL interventions, lack of studies on palliative care on elderly patients, and involvement of family in the EOL decision making. According to a review analysis (Mitchell et al., 2024), clinically appropriate population-level end-of-life care indicators can help identify care quality and areas for quality improvement.

METHODS

Strategy of data synthesis The literature search will be conducted across four major databases: Ovid MEDLINE, Web of Science, Scopus, and CINAHL Ultimate. These databases were selected for their comprehensive coverage of peer-reviewed research in healthcare, nursing, and bioethics (Bernardi et al., 2023). The main Medical Subject Headings (MeSH) and keywords will include "Residential Aged Care Facilities", "Palliative Care", "Frail Elderly", and "Asia-Pacific Regions." Additional synonyms and related terms will be developed in consultation with the research team and a specialist librarian at Flinders University to ensure the inclusion of diverse terminologies across databases. A mixed methods review approach will be used for data synthesis, integrating qualitative and quantitative findings to provide a comprehensive understanding of palliative care implementation, barriers, and outcomes in RACFs across the Asia–Pacific region.

The Ovid MEDLINE search strategy (example provided) combined four key thematic concepts to capture relevant literature on palliative and end-of-life care for older adults in residential aged care facilities (RACFs) across the Asia–Pacific region. The first theme targeted aged care settings using MeSH terms such as Nursing Homes, Homes for the Aged, and related text words (e.g., "residential aged care facilities," "care homes"), yielding 81,763 records. The second theme focused on the health population, including MeSH terms like Aged, 80 and over and Frail Elderly, which produced 5,641,951 records. The third theme addressed palliative care concepts through terms such as Palliative Care, Hospice Care, and "end-of-life," retrieving 145,861 records. The fourth theme captured geographical coverage, including countries across the Eastern Mediterranean and South-East Asia regions, as well as the Western Pacific, generating 1,224,006 records. When these four themes were combined (Theme 1 AND Theme 2 AND Theme 3 AND Theme 4), the final search yielded 91 records, representing studies relevant to palliative and end-of-life care for older adults in RACFs within the Asia–Pacific region. Below is a search done in one electronic database Ovid Medline - across four themes (aged care homes, health population, palliative care and Asia Pacific region).

Study Selection, Data Extraction, and Analysis

All identified articles will be imported from the four selected databases into Covidence software to facilitate duplicate removal and the generation of a PRISMA flow diagram. Data extraction will be undertaken independently by two researchers within Covidence, with consistency ensured through cross-checking and organisation of extracted data in Microsoft Word. Thematic analysis will be employed to identify recurring patterns related to the effectiveness of palliative care, challenges faced by staff, family involvement in decision-making, and ethical considerations in residential aged care facilities (RACFs). Findings will be categorised into overarching themes and subthemes, allowing for comparative synthesis across diverse contexts. This systematic and integrative approach will enable the identification of knowledge gaps and highlight best practices to enhance the delivery of palliative and end-of-life (EOL) care in RACFs.

Staff Challenges and Barriers

RACFs present several challenges for healthcare professionals involved in providing palliative care. Salehi et al. (2023) reported that many nurses lack sufficient knowledge and experience in managing EOL needs, which limits their ability to deliver high-quality care. Similarly, Velaga et al. (2023) identified persistent workforce shortages, limited access to continuing education, and inadequate palliative care training as key barriers to quality improvement. Gebel et al. (2024) further emphasised that staff frequently encounter

difficulties in caring for residents with complex conditions, such as advanced dementia, which require multidisciplinary collaboration and specialist expertise. Collectively, these challenges contribute to inconsistencies in care quality and hinder the effective implementation of palliative care within RACFs.

Family Experiences

Family members play a crucial role in shaping perceptions and outcomes of palliative care in RACFs. Frey et al. (2020) found that bereaved families often expressed both positive and negative experiences—appreciating compassionate care while also reporting emotional distress, unmet expectations, and communication breakdowns. Conflicts frequently arise around EOL decision-making and advance care directives, particularly when family preferences diverge from clinical recommendations. Brennan et al. (2025) highlight that family-centred care models—characterised by open communication, shared decision-making, and respect for residents' individual values—can enhance satisfaction and trust. However, ethical tensions persist around advance care planning, informed consent, and balancing resident autonomy with family wishes. Hande, Keefe, and Taylor (2021) observed inconsistencies in the documentation and interpretation of residents' advance directives, often leaving staff to reconcile discrepancies between residents' stated preferences and the expectations of relatives.

Ethical Issues

Cultural diversity further complicates ethical decision-making in palliative care, as differing beliefs about dignity, dying, and appropriate interventions influence family and staff perspectives (Parekh de Campos et al., 2022). These challenges underscore the need for clear communication protocols and robust ethical frameworks that promote family engagement while safeguarding the autonomy and preferences of residents. Establishing transparent policies, ethical training for staff, and culturally sensitive approaches to care can contribute to more equitable and respectful EOL practices in RACFs.

As a process necessary for rapid review, we will include an industy expert for discussion during the synthesis stage to refinie the themes from the review.

Eligibility criteria Inclusion criteria will involve all the articles from peer-reviewed primary studies (qualitative, quantitative, or mixed-methods), studies conducted in RACFs with residents, articles focusing on palliative care, EOLC, family involvement, ethical issues, studies conducted in the Asia-Pacific region (including Eastern Mediterranean), Published between January 2010 and September 2025, studies published in English only. The exclusion criteria for this study will be editorials, letters, reviews, case studies, studies not focussed on RACFs or not related to palliative care or EOL care, studies published outside the targeted geographical regions, and studies published prior to 2010, and any incomplete articles or studies.

Source of evidence screening and selection All retrieved articles from the four databases will be imported into Covidence for conducting the review. Two independent researchers will extract data within Covidence, with consistency verified through cross-checking and organisation in Microsoft Word. A thematic analysis will then be conducted to identify key patterns related to the effectiveness of palliative care, staff challenges, family involvement, and ethical considerations. Findings will be organised into themes and subthemes to enable a comparative synthesis across studies, facilitating the identification of knowledge gaps and best practices to improve palliative and end-of-life care in residential aged care facilities (RACFs).

Data management All articles will be imported from all four databases to covidence software for removal of duplicates and screening process. The extraction of data will be performed by two researchers in the covidence software. Consistency among extracted data will be ensured by organising data in MS Excel.

Reporting results / Analysis of the evidence In this report, thematic analysis will be used to discover common trends associated with the effectiveness of palliative care, challenges faced by staff, family involvement in decision making, and ethical issues. The study will be classified by themes and sub-themes, and these allowed a comparative synthesis of several circumstances. The systematic methodology enabled the discovery of knowledge gaps and the best practices to enhance the delivery of palliative care in RACFs.

Presentation of the results The results of the review will be presented both narratively and in tabular form. A study characteristics table will first summarise key information from all included studies, outlining author details, year of

publication, country, study design, sample size, setting, participant characteristics, and main findings relevant to palliative and end-of-life (EOL) care in residential aged care facilities (RACFs). This table will provide a clear overview of the scope and methodological diversity of the included literature, facilitating transparency and comparability across studies.

Following this, the synthesised findings will be presented thematically, structured around four core areas identified during data extraction: (1) effectiveness of palliative and EOL care practices, (2) staff challenges and barriers to care delivery, (3) family experiences and involvement in decision-making, and (4) ethical issues in care provision. Each theme will include a narrative summary supported by evidence from multiple studies, highlighting patterns, differences, and contextual nuances across regions and care settings. Subthemes will capture recurring topics such as communication, cultural influences, workforce capacity, and organisational support. This approach will allow for an integrative understanding of the current evidence base, while also identifying knowledge gaps and potential strategies to strengthen person-centred, ethical, and culturally sensitive EOL care within RACFs across the Asia–Pacific region.

Language restriction English.

Country(ies) involved Australia.

Keywords palliative care, end of life care, older adults.

Dissemination plans The rapid review paper is planned to be presented in a conference, and published in a scientific journal. A report will also be produced for internal dissemination.

Contributions of each author

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