First author, year (country)	Design/method MM= Mixed method, QN= Quantitative QL= Qualitative	Aim of the study	Study subject	Percentage (student) caregivers among participants	Intervention	Include learning mechanism(s) Y=yes N=no	Facilitators and barriers of learning + facilitator - barrier
Alamgir, 2011 (Canada)	Pre-post survey, QN	Evaluate the effectiveness of the peer-coaching program	Injury prevention by use ceiling lifts	Pre 79% Post 92%	Peer-coaches 1 year available on workplace, coaching and bedside teaching	Y	n.a.
Anvik, 2020 (Norway)	Participant observation, conversations and research interviews, QL	Investigate conditions under which learning, and innovation occur within nursing homes	Observation of daily life	80%	Not applicable (n.a.)	Y	+ Formal, planned learning situations, managers in collaboration with staff institutionalized and developed/ implemented incremental innovations; informal, everyday learning practices; conditions for interplay between formal, planned learning and informal, everyday learning practices, development of a "joint enterprise", encouragement of reflexive practices; appropriate spaces where learning can take place
Augustsson, 2013 (Sweden)	Cross-sectional survey, interviews, MM	Evaluate outcomes of workplace learning intervention	Palliative care	Intervention 90% Control 87%	Seven 2-hour study circle sessions alternated with three 6-hour cross-professional workshops	Y	+ learning from co-workers - learning climate, felt responsibilities for change, lack of incitement for continuous s organizational learning by managers, lack of manpower, lack of time, hindering managers
Buljac, 2012 (The Netherlands)	Cross-sectional survey, QN	Examine the impact of team member stability, team coaching, and a team's error orientation on team safety and innovation	Learning from errors, safety, team coaching	51%	n.a.	N	+ team coaches, problem solving approach towards errors, team coaches help team members improve interpersonal relationships, facilitate openly sharing, discussing, and analyzing errors. - blaming approach towards errors, unstable teams
Colón-Emeric, 2013 (USA)	Focus groups, QL	Evaluate CONNECT	Staff connection, communication,	Interv: 63% Control 76%	12 weak social learning program, including	Y	n.a.

	intervention	problem solving			storytelling, role-playing, discussions, interaction mapping, shadowing, mentoring		
Dahl, 2018 (Norway)	Participant observation, formal and informal interviews, notes, QL	Evaluate an intervention to promote person-centred care + influencers	Reducing restraint	89%	2-day seminar, five 1-hour facilitation sessions over 6-month period and 1-day seminar communication skills	Y	+ motivation to learn, willingness to express thoughts in groups, connecting with residents in meaningful way - uncomfort to express thoughts in groups, institutional barriers (no time to reinforce new knowledge and skills), demands of care work, fluctuating responses older persons
Douglas, 2021 (USA)	Pre-post questions and observation, MM	Investigate whether a coaching strategy resulted in positive changes in self-perceived knowledge and efficacy (SPKE) and positive communication behaviors in certified nursing assistants (CNA) working dementia care	Positive communication behaviors when communicating with people with dementia	50%	6 sessions collaborative coaching over 6 weeks; sessions on the job ≤ 15 min	Y	n.a
Dyck, 2018 (USA)	Cross-sectional survey, QN	Determine the continuing education needs for nursing home nurses, facilitators and barriers	Continuing Education	59%	n.a.	N	+ easy access to continuing education: geographically and online access, organizational issues like time.
Farrington, 2014 (UK)	Pre-post questionnaires, interviews, document analysis, observation, MM	Examine a blended e-learning program can generate change in delivering end of life care in care homes and find barriers	Palliative care	Pre-post 73% Questionnaire 27% Interview 67%	E-learning and facilitated workshops	Y	+ discussing and reflecting upon some of the challenging issues, informative and user-friendly online materials - computer-based component, out of hours requirements, lack of post-course discussion, potentially distressing some material, inter-professional barriers

		translating new understandings into practice					carers and nurses
Fiset, 2017 (Canada)	Post-follow up surveys and focus groups, MM	Investigate leadership education needs of nurses in LTC, preferred methods for delivering this learning, evaluate impact using insights	Nursing leadership	Phase 2 36% Phase 3 (unclear)	2-day workshop in classroom, mentorship, follow-up 1 to 3 months	Y	- time constraints, high workloads, no current leadership initiatives, budget cutbacks
Frey, 2015 (New Zealand)	Cross-sectional survey, QN	Explore care staff's willingness for formal palliative care education	Palliative care	65%	n.a.	N	+ prior experience with palliative care; perception of accessibility of palliative care support - Higher score for burnout
Fringer, 2014 (Switzerland)	Focus groups, QL	Examine experience nursing team's implementation kinesthetics into daily practice; promoting and impeding factors	Kinesthetic movement	Training 63% Focus group: not specified	A 4-day kinesthetics basic training and a 1-day follow-up counselling after 4 months	Y	+ personal motivating factors (readiness, appreciation, time intervals between training units); team promoting factors (share success, team spirit, communication) - resident-related factors; nurses' attitudes towards training; time; organizational factors (e.g. failure to share knowledge with the night shift); negative attitude new concepts; lack the time to repeat and practice knowledge
Gallagher, 2017 (UK)	Focus groups, QL	Evaluating impact immersive simulation experience	Daily life of care-recipients	63%	24 hours simulation suite, take part in ethical reflection sessions	Y	+ making time and space to reflect on epiphanies
Gillham, 2018 (Australia)	Interviews and focus groups, QL	Identify staff learning needs cross-cultural communication, improve team cohesion, identify preferred learning approaches to meet	Cross-cultural communication	34%	n.a.	N	+ purpose, payment, time - language, computer skills

		learning needs					
Gleason, 2019 (USA)	Pre-post surveys, QN	Present pilot testing of telementoring to provide interdisciplinary geriatrics education, measure impact on self-efficacy and barriers to making changes	Interdisciplinary geriatrics education	68%	Weekly 1-hour sessions didactic, participant presentations 2 cases facilitated by geriatrics expert team, 10/12 lectures over 10/12 weeks	Y	- the time pressures of caring for complex geriatric patients; staff available to assist with social support needs of older adults
Goller, 2019 (Germany)	Semi-structured Interviews, QL	Investigating learning and development processes of newly employed nurse aides	Novice nurse aide daily work	100%	n.a.	Y	+ open for feedback, novice agency - missing knowledge about residents to understand work structures, deviations; excluding novice from shift handover; prior knowledge misfit context; staff shortages; time pressures; abstract and not directly observable knowledge; rare use of highly specific application of technology
Goodenough, 2020 (Australia)	Feedback survey (cross-sectional) QN	Examine the Knowledge Translation (KT) outcomes for a short online course about support at night for people living with dementia	Night support for people with dementia	32%	3 modules online course of 2 hours about sleep and tips for nightshift workers to maintain their own well-being	Y	n.a.
Grealish, 2014 (Australia)	Pre-post survey, journals and focus groups, MM	Evaluate effect of educational program on social behaviors and relationships and explore what forms of learning activity are generated	Social behavior and relations	Not specified	Over 6-month period 8 two-hour sessions (workshop activities, role play, buddies, reflections), facilitated by external consultant	Y	+ holistic style of facilitation - a task-focused style of facilitation
Habes, 2020 (The	Pre-post, focus groups,	Investigate effect of Serioussoap.nl on	Geriatric knowledge	50%	Students playing Serioussoap.nl in class.,	Y	+ combination of video-based and tutor-based learning, length, relevant

Netherlands)	interviews, observation, MM	geriatric knowledge of nursing students and evaluate usability			circa 15 minutes/ 7 chapters		questions, some appreciated interactive elements, challenging questions and instant feedback, clear and relevant questions. - obstacles to progression, slow performance, information technology errors, some difficult vocabulary, some frustration about independently exploring how it worked
Häggström, 2009 (Sweden)	Interviews QL	Describe attitude towards education, support and supervision in the care of older people	Attitude towards education	100%	n.a.	N	+ education during working hours, satisfaction with training, motivation, opportunity to influence, freedom of choice, increased needs, attractive workplace - lack of time and personnel, feel too old, unsure computer skills, education not followed through, concerns community money
Halabisky, 2010 (Canada)	Pre-post-follow up surveys, focus groups, interviews, MM	Evaluation of the Working Together learning resource	Interprofessional (IP) collaboration	<37%, not specified	Online Working Together learning resource: 8 modules, 4 sections collaborative practice, text-based information, online activities, clips, team meetings, 82 hours	Y	+ flexibility and convenience of resource, motivating interactive components - collaborators schedules to meet as teams to complete group or meet in person
Lee, 2020 (Taiwan)	Pre-post questionnaires, QN	Examine effectiveness of multiple, face-to-face, brief training sessions	Providing late-life depression care	41%	three 30-min face-to-face sessions on late-life depression	Y	n.a.
Leicher, 2013 (Germany)	Cross-sectional survey, QN	Investigate elder care nurses' engagement in social learning activities (ESLA) after errors at work.	Learning from errors	100%	n.a.	N	+ the estimation of an error as being relevant for learning and the tendency to cover up an error predict nurses' ESLA - the perception of a safe team climate predicts the tendency of covering up errors
Leicher, 2016 (Germany)	Cross-sectional survey, QN	Determine whether nurses engage in	Influence knowledge	80%	n.a.	N	+ reflection on the process influences teams' reflection on task in a

		knowledge sharing and reflection, influence on team's performance, if teams investigate relation safe climate and learning activities	sharing				significantly positive way, which influences knowledge sharing, safe team climate positively influences reflection on processes, safe team climate has indirect positive effect on knowledge sharing
Lichtwarck, 2019 (Norway)	Focus groups, QL	Explore staff's experiences with TIME model and how it meets challenges when dealing with complexity of neuropsychiatric symptoms (NPS)	Neuropsychiatric symptoms in dementia	38%	2-hour lecture covering dementia and NPS, and 3-hour training, including role play following the steps in the manual.	Y	+ a structure in work, using learned process repeatedly, using personal history resident as starting point, concept of emotions and own reactions, systematic reflection - lack of formal education about factors that contribute to NPS
Molinari, 2017 (USA)	Pre-post testing, MM	Describe results of online Certified Nursing Assistants (CNA) training care of people with serious mental illness (SMI) living in NHs, and satisfaction	Serious mental illness	100%	2 SMI modules, 2 to 3 hours to complete, video interviews and interactive video clips.	Y	+ convenience of training, delivery format, real-life examples, increased knowledge, ease of use, content - length, technical considerations, more comprehensive coverage of materials needed, delivery format, ease of use, content
Pitts, 2015 (UK)	Notes and focus groups, MM	Evaluations of mobile device and reflection app	Reflect during care people with dementia	50%	Training how to use device and apps. ½ -day workshop experiment app features.	Y	n.a.
Snoeren, 2016 (The Netherlands)	Focus groups, QL	Gain insight into care innovation unit (CIU) as learning environment student perspective, deepen understandings conditions facilitate learning	CIU as learning environment	60%	Students' different years clinical placement 20-22 weeks CIU, beginning supernumerary, later included workforce, mentor and co-working staff members	Y	+ staff and students together in care situations, change projects and action research; different levels of education and experiences; students challenged to integrate practical and theoretical insights; being given responsibilities and independence; experienced freedom to learn and make mistakes; supportive and recognizable learning structures;

							constructive feedback; questioning - time constraints, perceived workload
Söderlund, 2013 (Sweden)	Questionnaire and individual interview, MM	Explore nurses' experiences attending a validation method (VM) training and describe work climate before-after program	Validation method	Interview 92% Quest. Pre 85% Quest. Post 86%	1-year program: 10 days theoretical VM training with supervision once a month, practical VM training, 2 to 3 times/ week, reflections; videos viewed by all, individual feedback, certification.	Y	+ sharing experiences, seeing oneself on video and getting feedback, various approaches, help distressed residents - demanding and stressful, especially in addition to the ordinary work: experiencing demands from colleagues; requires willingness to learn
Tompkins, 2020 (USA)	Pre-post tests, MM	Explored the impact of the Mason Music & Memory Initiative (M3I), a web based, micro-learning training for direct care workers	Music and memory	56%	Micro-learning online training, 4 modules, time for each individual learning activity: between 1 and 9 minutes.	Y	n.a.
Törmä, 2021 (Sweden)	Pre-post questionnaire, QN	Examined impact of two implementations, one external facilitation (EF) and educational outreach visits (EOVs), on context and individual factors when implementing nutritional guidelines.	Nutritional guidelines	87%	EF: 1-year, multifaceted (including support, guidance, a practice audit and feedback) intervention EOV: 3-hour lecture about the nutritional guidelines	Y	+ A long-term, active and flexible implementation strategy - a more passive, educational approach
Tornøe, 2015 (Norway)	focus group, QL	illuminate pioneering mobile hospice nurse teaching team's experience with teaching and training care workers in spiritual	Palliative care	100%	mobile teaching team provides on-the-job-support and supervision anxious and uncertain care workers about engaging in care for dying patients	Y	+situated bedside teaching, demonstrating, reflective dialogues, courage and competency -fear (e.g., being with dying), uncertainty, personal insecurity, insufficient communication and listening skills

		and existential care for the dying					
Van der Dam, 2013 (The Netherlands)	Individual and group interviews, observation, QL	Evaluate process of implementation of moral case deliberation (MCD) focusing on learning experiences	Moral case deliberation	Not specified	Implementation of 4 steps: intro, implementation on wards, MCD sessions on the wards, training MCD facilitators	Y	-experience no moral problems, stick to agreements in care plan, reluctance and prejudice: deliberation not believed to match with hands-on nursing staff, heavy workload, no energy, takes time to get to know mixed group, create safe atmosphere to open up, show doubts, insecurities and vulnerability, keep thinking in existing ways, grasping moral dimension, (not) engaging in dialog, (not) valuing input of various perspectives
Westergren, 2012 (Sweden)	Questionnaires and focus groups, MM	Explore nursing home staffs' views of participating in action-oriented study circles (AOSC), to compare and to describe goals set by study circle participants	Nutritional health of residents	Study circles 82% AOSC n.a. Focus group 42%	65 AOSC 3 meetings 3 hours each, knowledge customized to context	Y	+Together and from the same workplace makes easier to put lessons learned into practice
Zulch, 2016 (Australia)	Questionnaires, MM	Evaluate impact of aged care facility-based service-learning program on VET student perceptions of aged care	Impact daily care	100%	15 weeks classroom learning and 3-week clinical placement	Y	n.a.