

## REVIEW

# The needs of older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care: An integrative review

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**Abstract**

**Aims and Objectives:** To synthesise information about the needs of older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care from the perspectives of the residents, families and care staff.

**Background:** Older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care have care needs that are complex. Identifying these needs is critical to ensure quality care is delivered.

**Design:** An integrative review of literature.

**Methods:** Five databases were searched for relevant articles: APA PsychINFO, CINAHL, MEDLINE, Scopus and Google Scholar. The search and screening were guided by PRISMA guidelines and Whitemore and Knaf's five-step framework.

**Results:** Fifteen papers were included in this review consisting of 4 quantitative, 9 qualitative and 2 mixed method studies. Two themes described the needs of older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care. The first was related to culture-specific needs, and the second was related to dementia-specific care needs. Culture-specific needs comprised of three subthemes: (a) common language, (b) traditional food, and (c) social and spiritual requirements. Dementia-specific needs comprised of (a) focusing on comfort in addition to clinical requirements and (b) individualised care that addresses behavioural symptoms of dementia.

**Conclusions:** Identifying and meeting the needs of older people with dementia from culturally and linguistically diverse backgrounds will improve quality care delivery in addition to increased caregiving satisfaction among residents, families and care staff, and the management of behaviours that characterise dementia.

**Registration:** This review has been registered with the International Prospective Register of Systematic Reviews (PROSPERO) CRD42021231785. Link: <https://www.crd.york.ac.uk/prospero/#myprospero>

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**Relevance to Clinical Practice:** Care needs of older people with dementia from culturally and linguistically diverse backgrounds living in the residential setting can be complex. Education and training of care staff including nurses must be considered so that provision of care is inclusive of the cultural and dementia needs for older people in residential aged care.

**KEYWORDS**

care needs, culturally and linguistically diverse, dementia, residential aged care

## 1 | INTRODUCTION

Dementia encompasses a group of disorders affecting the individual's ability to think, behave and perform routine tasks (Alzheimer's Disease International, 2020). Globally, the number of people living with dementia is projected to increase from 57.4 million in 2019 to an estimate of 152.8 million in 2050 (Livingston et al., 2020), and will be one of the major causes of disability and dependency among older people worldwide (World Health Organization, 2021). In addition, dementia has a significant economic impact, accounting for an estimated global cost of US\$1.3 trillion in 2019 and projected to surpass US\$2.8 trillion by 2030 (World Health Organization, 2021). Thus, dementia poses a significant public health concern worldwide. Globalisation and migration to developed countries have increased cultural and linguistic diversity (CALD), including among older people, requiring providers to plan for their care and cater for the needs of these population groups. For example, in Australia, one in three older adults over the age of 65 years is from a CALD background (Australian Bureau of Statistics, 2017).

Among culturally and linguistically diverse older people without dementia living in Residential Aged Care Facilities (RACFs), there is evidence that they are likely to experience unmet psychosocial care needs, lack of cross-cultural communication and social engagement that eventuate in general poor health outcomes (Mauldin et al., 2020; Xiao et al., 2016). This health disparity between CALD older people and the older host population was apparent in studies which highlighted significantly lower quality of life among CALD residents when compared with residents from the host culture (Moriarty & Butt, 2004; Shippee et al., 2020). It is likely that residents' diverse cultural backgrounds serve as a barrier to the delivery of quality care and requires service providers to consider culture in enhancing clinical care and social well-being of residents especially those at risk of and those already with dementia.

The prevalence of dementia among older CALD population is expected to increase more than threefold, from 25,000 in 2005 to 84,000 in 2050 (Access Economics, 2009). This projected increase underscores the importance of understanding and improving the healthcare needs of people from CALD backgrounds living with dementia. As health declines and needs become more complex, appropriate care and support including residential aged care services may be required.

Older people with dementia constitutes a large percentage of those living in residential care globally. For example, in Norway, 80%

### What does this paper contribute to the wider global community?

- The absence of a common spoken language between residents with dementia and care staff was the most challenging need identified causing frustration, agitation and adverse behaviour among residents.
- Serving traditional foods engaged residents with dementia and helped them identify with their culture, increasing food intake and improving dementia care.
- Focusing on the comfort of residents with dementia from culturally and linguistically diverse backgrounds is a way of meeting their needs.

of nursing home residents have a dementia diagnosis (Norwegian Institute of Public Health, 2019), while in the UK, 35% of care home residents have some form of dementia (Prince et al., 2014). Similarly, in Australia, over 50% of those living in residential care have dementia (AIHW, 2020). Given the prevalence of dementia in residential aged care and the projected increase of older people from CALD backgrounds, it is important to consider the capacity of residential aged care facilities and staff to meet their care needs.

The primary goal of RACFs is to provide care that maintains the health and well-being of residents (Department of Health, 2021). Care provision inclusive of the multidimensional nature of needs is ideal; however, among dementia residents, these can remain unrecognised (Cohen-Mansfield & Mintzer, 2005) and unmet (Orrell et al., 2008). Some of the needs identified relate to sensory deprivation, lack of social interactions and meaningful activities, maintaining previous roles, and support for grief and loss (Cohen-Mansfield & Mintzer, 2005; Shiells et al., 2020). Having an accurate understanding and appropriate response to these needs are important because they have the potential to improve quality of life and lessen disruptive behaviour (Nikmat et al., 2015). Disruptive behaviours can lead to negative feelings in care staff which can impact the quality of care delivered to residents (Holst & Skär, 2017).

While most of the studies mentioned above looked at the needs of older people with dementia living in residential care, there is a lack of focus on their needs from the context of CALD. As Low and LoGiudice (2018) suggested, residents of aged care facilities from

Key concepts	Keywords used in database searching
Culturally and linguistically diverse	"Culturally and linguistically diverse" OR "non-English speaking background OR "NESB" OR "multicultural*" OR "cultural diversity" OR "non-English speakers" OR "English as a second language" OR "multilingualism" OR "minority groups" OR "ethnic groups" OR "refugees" OR "immigrants" OR "transients and migrants" OR "migrants"
Residential aged care	"Residential care" OR "residential facilities" OR "nursing home" OR "residential aged care facility" OR "long term care" OR "care home"
Dementia	"dementia"

TABLE 1 Search terms used in this review

CALD backgrounds have complex care needs that may require culturally sensitive care (Federation of Ethnic Communities' Councils of Australia, 2015). Identifying these care requirements is therefore necessary.

## 2 | AIM

The aim of this review is to synthesise current literature about the needs of residents with dementia from culturally and linguistically diverse backgrounds. A comprehensive understanding of these needs can facilitate the delivery of culturally sensitive care by nurses and other healthcare providers, and in making recommendations for aged care practice and future research.

## 3 | METHODS

The methodology described by Whittemore and Knafl (2005) was utilised to guide this integrative review. Integrative review was chosen because it acknowledges the inclusion of diverse methodologies to generate a comprehensive understanding of a topic (Cronin & George, 2020). It is a useful approach that synthesises existing information (Chalmers et al., 2014) and identify gaps in current research to develop new perspectives in advancing knowledge and extending research (Elsbach & Knipperberg, 2020) regarding phenomenon on interest, in this case the needs of dementia residents with CALD backgrounds in residential care. The five-step method developed by Whittemore and Knafl (2005) consisting of five steps, namely problem identification, systematic literature searching, data evaluation, data analysis and presentation (Whittemore & Knafl, 2005) guided the review process. This study has been registered in the International Prospective Register of Systematic Reviews (PROSPERO) CRD42021231785.

### 3.1 | Problem identification

The problem that was addressed in this review was what are the care needs of older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care?

## 3.2 | Literature search

### 3.2.1 | Inclusion/exclusion criteria

The following criteria were used to determine eligibility of studies: (a) conducted in RACFs; (b) full-text articles published in English or has a retrievable English version; (c) published from 2000 to the present to reflect current research; (d) published as empirical studies in academic, peer-reviewed journals; and (e) focused on residents, families and care staff from a caregiving perspective. Exclusion criteria included studies: (a) conducted in the community or hospitals; (b) focused on interventions; and (c) not specific to residents with CALD backgrounds.

### 3.2.2 | Search strategy

A systematic search in APA PsychINFO, CINAHL, MEDLINE, Scopus and Google Scholar were conducted with the guidance of an academic librarian in January 2022. Initially, the concept of care needs was included in the search; however, it resulted in very limited articles. It was therefore excluded in the final search to expand the results. The search terms included key concepts of culturally and linguistically diverse, residential aged care and dementia. Alternative key words were used for database searching as shown below. As there was no particular interest in a specific type of dementia, no alternative term has been used for this concept. Table 1 shows the search terms used in this review. An example of a search in a database and its corresponding result can be found in Table A1 in the Appendix.

### 3.2.3 | Search outcomes

The initial search generated 1341 articles. After duplicates were removed, a total of 1124 articles remained. All titles and abstracts were reviewed reducing the articles for full-text review to 66. After full-text review, 13 articles were assessed as meeting the inclusion criteria. Two additional articles were added from forward and backward searches resulting in a total of 15 articles included in this review. An overview of the search findings is in Figure 1 and is in

accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA guidelines; Page et al., 2021; see Appendices S1 and S2). Two reviewers (CC and JM) independently reviewed the articles, analysed the titles and abstract, and examined the full text of articles deemed to meet the inclusion criteria of the review. Consensus was reached on the final papers to be included in this review after discussions between reviewers.

### 3.3 | Data evaluation

The Mixed Method Appraisal Tool (MMAT; Hong et al., 2018) was used to appraise the methodological quality of the studies in this review. MMAT is composed of two parts which are applied when appraising mixed method studies. The first part has two screening questions to determine whether a study used empirical data. In the second part, a rating is made based on choosing one of the categories of study. Two reviewers (CC and JM) independently appraised each article to determine methodological quality of the studies. When appraisals differed, a discussion was conducted between the two reviewers until a consensus was reached. The appraisal tool can be found as Table A2 in the Appendix.

### 3.4 | Data analysis

Extracted data were analysed using the framework provided by Whittemore and Knafel (2005) and performed independently by two reviewers (CC and JM) as outlined in the following: in the first phase, data were extracted using a table with the following headings: study design, aim, settings, sample characteristics and study findings. This stage also involved coding of data while at the same time remaining open to possible themes that may emerge from the data. In the second phase, data were displayed in a conceptual map to show patterns and relationships to start the process of interpretation. The care needs of the older person with dementia were classified according to which perspective they were derived from. The setting of each study was reported as mainstream or ethno-specific facility. The third phase involved data comparison whereby an iterative process of comparing and contrasting different needs was conducted. Similar themes were grouped together, and regrouping of themes were done as necessary. In the final phase, a summary of the specific care needs was generated and then verified with the primary sources for accuracy. Two reviewers (CC and JM) performed independently the data analysis of the selected studies and discussed contradicting results until a consensus was reached.

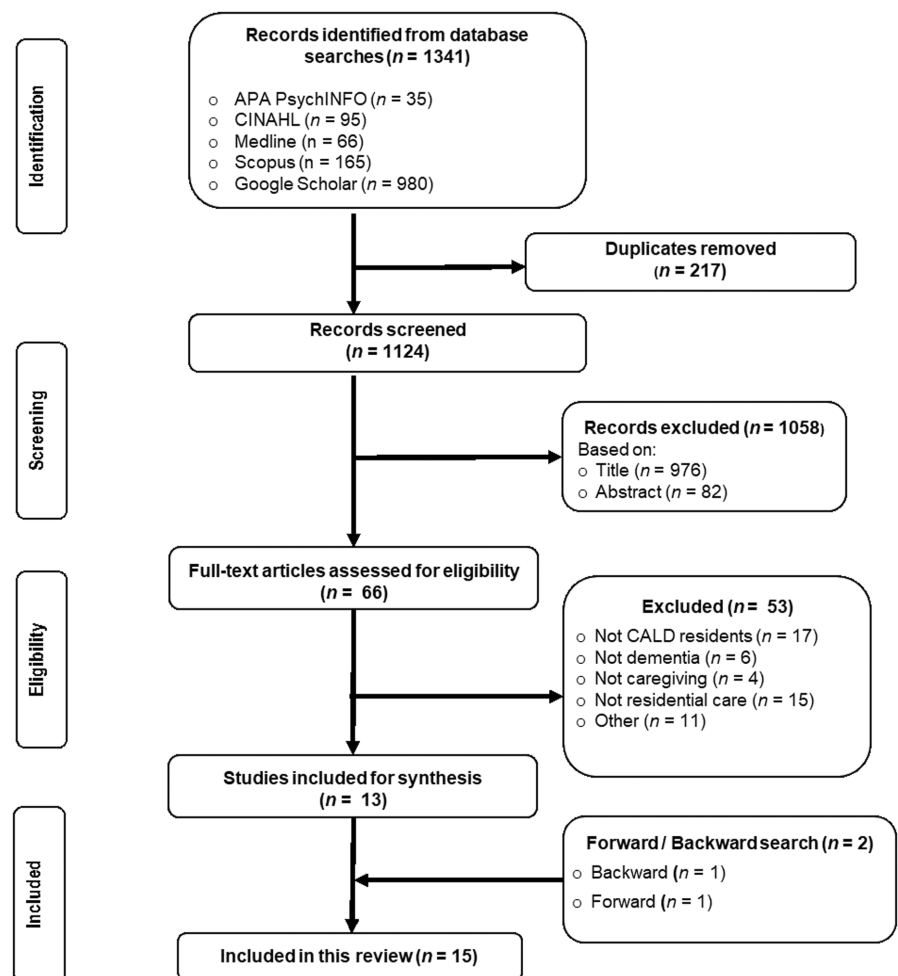


FIGURE 1 PRISMA flowchart, adapted from Moher et al. (2009)

### 3.5 | Presentation

Table 2 summarised the characteristics of all studies: author, year, country, aim, type of residential care facility, study design and sample, and key findings relevant to the needs of older person with dementia.

## 4 | RESULTS

### 4.1 | Overview of included studies

A total of 15 studies were included in this integrative review. Four studies used quantitative method (Kim et al., 2014; Runci et al., 2005, 2012, 2014); nine studies used qualitative method (Chin et al., 2019; du Toit et al., 2020; Kokorelias et al., 2017; Kong et al., 2010; MacKinlay, 2009; Rosendahl et al., 2016; Söderman et al., 2018; Söderman & Rosendahl, 2016; Strandroos & Antelius, 2017); and another two studies used mixed methods design (Cooper et al., 2018; du Toit & Buchanan, 2018). The studies in this review were conducted from different countries, Australia ( $n = 4$ ), Sweden ( $n = 4$ ), the United States of America ( $n = 2$ ), Canada ( $n = 1$ ), England ( $n = 1$ ), Singapore ( $n = 1$ ) and South Africa ( $n = 1$ ). One study was conducted in four different countries, the United Kingdom, New Zealand, South Africa and Australia. Studies were published between 2005–2020, with nine of the studies published in the last 4 years (2016–2020). Five studies were undertaken in mainstream facilities, one study was in ethno-specific facility, six studies were a combination of mainstream and ethno-specific facilities, and three studies did not specify the category of residential care.

Participants of the selected studies were residents with dementia, families of residents and care staff such as registered nurses, assistant nurses and a few leadership staff employed in residential care. The participants came from diverse cultural and ethnic backgrounds which included the following: African, Arabic, Estonian, Filipino, Finnish, Greek, Hungarian, Indian, Italian, Korean, Latvian, Malaysian and Swedish. Only a small portion of participants were from English-speaking backgrounds.

### 4.2 | Themes

Review of the selected studies revealed two major themes that identified the needs of residents with dementia from culturally and linguistically diverse backgrounds. These needs were framed from the collective perspectives of residents, families and care staff that constitute the participants of all studies included.

The first theme was about culture-specific needs, and the second theme refers to dementia-specific needs. From the perspectives of participants, addressing culture-specific needs were considered as an acknowledgement of the individual resident's cultural identity. This highlighted the need for care staff to be aware of cultural factors relevant to an increasing diverse group of older people living

with dementia. Culture-specific needs comprised of the following subthemes: common language, traditional food, and social and spiritual requirements.

The second theme refers to dementia-specific needs. The two subthemes identified were providing comfort in addition to clinical requirements and individualised care that addresses behavioural symptoms of dementia. Themes and subthemes are presented in Table 3.

#### 4.2.1 | Theme 1. Culture-specific needs

##### *Common language*

The language diversity within the residential facility highlighted the need for a common language between residents and more importantly, between residents and staff. Out of the 15 studies included in the review, 13 studies acknowledged that communication is an important part of caring and can best be achieved through sharing of a common language. Many family members acknowledged that the absence of a common language was the most problematic of all issues they encountered (Kong et al., 2010; Rosendahl et al., 2016). Referring to the absence of shared language between residents and staff, one family commented, 'she couldn't understand what the nurses were saying...and the nurse doesn't understand her...' (Kong et al., 2010). Without a shared language, the potential for social isolation and the risks for residents to receive inappropriate care increased (Rosendahl et al., 2016; Runci et al., 2012, 2014; Söderman & Rosendahl, 2016). On the contrary, having a common language enabled staff to assess and deliver individualised care which had been shown to decrease behavioural symptoms (Kong et al., 2010; Runci et al., 2012; Söderman et al., 2018). For example, a nursing staff made this observation regarding a Finnish-speaking resident who was transferred from a Swedish-speaking facility: '...she was very aggressive there (Swedish-speaking facility)...she did not, in fact, understand what they said...she was very angry...and threw stuff like that, but when she moved here (Finish-speaking facility), she was happy and spirited and talked a lot and laughed a lot...' (Söderman & Rosendahl, 2016). One study extended the concept of shared language suggesting that although it was advantageous, it may not always be enough to meet the residents' needs (Strandroos & Antelius, 2017). Other resources could be utilised such as the use of physical instructions instead of verbal ones, considering the physical environment like how a table was set and how people were situated around it and the importance of continuity and familiarity of interpersonal relations (Strandroos & Antelius, 2017).

##### *Traditional food*

Serving traditional food was a way to engage with residents (du Toit & Buchanan, 2018), to honour their tradition (Rosendahl et al., 2016) and to provide a tangible sign of supporting residents' cultural needs. Staff expressed that knowing each resident's cultural background, including food, was a way to 'find out who they were and what they experienced in the past...' (du Toit & Buchanan, 2018). In one study,

TABLE 2 Characteristics of included studies

Author, year and country	Research aim	Type of residential care facility	Study design and sample	Findings (specific to needs of older person with dementia)
1 Chin et al. (2019) Singapore	To explore the experiences of nursing staff communicating with Singaporean Chinese with dementia in Singapore	Mainstream care	<i>Study design</i> Qualitative design <i>Sample size</i> n = 19 nursing staff	Staff acknowledged difficulties in communicating with the person with dementia
2 Cooper et al. (2018) England	Test hypotheses that care home residents with dementia speaking English as a second language experience more agitation and overall neuropsychiatric symptoms To explore qualitatively how staff consider that residents' language, ethnicity and culture might impact on how they manage agitation	Not specified	<i>Study design</i> Mixed methods <i>Sample size</i> n = 25 staff in 6 care homes (for qualitative interviews) not mentioned in quantitative measures	Language barriers increase resident's agitation and staff and resident's distress Difficulties in meeting resident's cultural needs due to cultural incompatibility between staff and residents Overcoming barriers – finding shared language and understanding
3 du Toit et al. (2020) UK, New Zealand, South Africa, Australia	To explore how residential care leadership staff understood person-centred care for residents with dementia from CALD backgrounds	Mainstream care	<i>Study design</i> Qualitative design Delphi Round 1 n = 18 staff Delphi Rounds 2 and 3 n = 8 staff	Need to engage residents meaningfully through culturally specific food, social events, opportunities to engage in religious practices Overcome language barriers by practical means (providing cards with pictures, family as translators)
4 du Toit and Buchanan (2018) South Africa	To identify best-practice scenarios for supporting older adults with moderate to advanced dementia from culturally and linguistically diverse backgrounds who lived in care facilities	Mainstream care	<i>Study design</i> Mixed method design <i>Sample size</i> AI workshop n = 20 staff, relatives, volunteers, residents Adapted Delphi Process n = 5 leadership staff	Staff, residents and families identified that being involved (in the care), doing together (opportunities for residents and families to socialise) and being part of a community were valuable
5 Kim et al. (2014) USA	To explore the relationship between non-Korean nursing assistants' communication style and behavioural symptoms of dementia in Korean-American (KA) nursing home residents with dementia	Ethno-specific nursing home	<i>Study design</i> Quantitative design <i>Sample size</i> n = 28 nursing assistants n = 20 KA residents	Addressing the resident appropriately and occasional eye contact, using casual rather than polite speech when speaking Korean, providing a gentle pace of care, using simple words of phrases when interacting with residents
6 Kokorelias et al. (2017) Canada	To explore the use of bilinguals' languages who had begun to regress to mother language	Mainstream and ethno-specific	<i>Study Design</i> Qualitative design <i>Sample size</i> n = 5 residents	Dementia care should include more opportunities for residents to speak English in non-English facilities otherwise this will contribute to language regression
7 Kong et al. (2010) USA	To describe Korean immigrant caregivers' experiences regarding American nursing home placement of their non-English-speaking older relatives with dementia	Mainstream nursing home	<i>Study design</i> Qualitative method <i>Sample size</i> n = 10 Korean immigrant family caregivers	Communication is the greatest barrier encountered by families, and they served as translators for their relatives Families identified the second barrier related to maintaining Korean culture as food, sleeping behaviour and bathing (Continues)

TABLE 2 (Continued)

Author, year and country	Research aim	Type of residential care facility	Study design and sample	Findings (specific to needs of older person with dementia)
8 MacKinlay (2009) Australia	To address spiritual and cultural needs of a small group of older Latvian NH residents with dementia To examine where the participants found meaning in the experience of dementia and how these people will be supported through this process	Not specified	<i>Study design</i> Mixed method study using grounded theory, but this article only reports the qualitative analysis of data <i>Sample size</i> n = 3 Latvian residents	Participants' experiences of grief, loneliness, language difficulties and isolation highlighted their need for relationship and connectedness Participants also highlighted their need for emotional and spiritual support
9 Rosendahl et al. (2016) Sweden	To explore and describe the experiences of family members and professional caregivers regarding the care provided to immigrants with dementia in group homes in Sweden	Not specified	<i>Study design</i> Qualitative design <i>Sample size</i> n = 9 professional CGs n = 5 family members	Having a common language in everyday life and work is important for communication
10 Runci et al. (2012) Australia	To compare verbal communication and prescribed psychiatric medication of Greek and Italian residents with dementia in ethno-specific and mainstream residential care	mainstream and ethno-specific nursing homes	<i>Study design</i> Quantitative method <i>Sample size</i> n = 82 Greek or Italian residents	The observed rate of resident-to-resident verbal communication was higher in the ethno-specific facilities
11 Runci et al. (2014) Australia	To identify the specific aspects that increase satisfaction of family members, with the overarching aim of informing providers and policy makers, to improve the quality of care provided	mainstream and ethno-specific nursing home	<i>Study design</i> Quantitative method <i>Sample size</i> n = 83 family members	Ethno-specific care met the resident's language and cultural needs, social/leisure activities, and the food provided than the relatives in mainstream care The presence of a bilingual staff member and perceived reduction in family caregiver stress upon admission were associated with higher satisfaction
12 Runci et al. (2005) Australia	To compare language use of older Italian-background persons with dementia who were residing in mainstream with those in Italian-specific care	mainstream and ethno-specific facilities	<i>Study design</i> Quantitative design <i>Sample size</i> n = 39 Italian-background residents	Participants in mainstream facilities engaged in less communication with co-residents than in ethno-specific facilities Staff in mainstream facilities were attending to Italian-speaking residents and making efforts to communicate with them, despite language differences
13 Söderman et al. (2018) Sweden	To explore caring and uncaring encounters between assistant nurses and immigrants in two group homes for persons with dementia symptoms in Sweden: a Finnish-speaking as well as a Swedish-speaking context	ethno-specific and mainstream group home	<i>Study design</i> Qualitative design <i>Sample size</i> n = 28 assistant nurses n = 17 residents	Assistant nurses acknowledged residents by making eye contact, body language and warm tone of voice Caring encounters occurred more in the Finnish-speaking context than in Swedish context

TABLE 2 (Continued)

Author, year and country	Research aim	Type of residential care facility	Study design and sample	Findings (specific to needs of older person with dementia)
14 Söderman and Rosendahl (2016) Sweden	To explore and describe the nursing staff's experiences of caring for non-Swedish speaking persons living with dementia in a Finnish speaking group home and a Swedish speaking group home in Sweden	ethno-specific and mainstream group home	Study design Qualitative design Sample size n = 27 nursing staff	Staff highlighted the importance of verbal and non-verbal communication, and the importance of shared language Staff considered it meaningful to serve traditional food and to offer opportunities for traditional music and media (radio, TV, newspaper in their language)
15 Strandroos and Antelius (2017) Sweden	To investigate care and interactional practices, that is, the organisation of communicative encounters between residents and care staff, who are of diverse linguistic and cultural backgrounds, at a Swedish residential dementia care facility	Mainstream residential care	Study design Qualitative method Sample size n = 19 residents n = 7 permanent care staff + substitutes and trainees	Having a shared spoken language between staff and residents was advantageous but was not always enough in some situations Communicative resources other than common language could create common ground or understanding between staff and residents for example, body language, tone of voice, embodiment and artefacts, physical environment, time and familiarity

serving traditional food resulted in increased food intake as these foods were recognised by residents (Söderman & Rosendahl, 2016). Staff reported that their work became more meaningful (Rosendahl, 2016) and that the families had increased satisfaction in the care provided when the residents were given traditional food. Sometimes providing traditional food meant that families had to bring them in and as shown in one study in which a family member expressed, '... my mother-in-law didn't like American food at all...so I used to bring Korean food...' (Kong et al., 2010). The need for traditional food was regarded by families as highly important and when this was not met by the residential facility, they were willing to supply this themselves.

#### *Social and spiritual requirements*

Although few studies explored the social and spiritual needs of residents with dementia, they consistently suggested that these needs emanated from a deeper necessity for relationship, connection and meaningful engagement (du Toit et al., 2020; MacKinlay, 2009; Söderman & Rosendahl, 2016). One family member made this statement about social activities for residents: 'Enjoying music and singing along creates an appreciation for different cultures - fellow residents joined in a sing-along and dancing when a Hebrew song was played for a Jewish resident', (du Toit & Buchanan, 2018). As for the spiritual need, one resident shared his image of God and the importance of God's place in his life like this: 'God is everything involved with daily life...it is very, very deep...' (MacKinlay, 2009). Experiencing dementia in different culture was isolating and brought about a need for social and spiritual expression.

#### 4.2.2 | Theme 2. Dementia-specific needs

##### *Comfort in addition to clinical requirements*

It was noted in the studies reviewed that to sufficiently meet the need of residents, care provision is inclusive of dementia care needs. On many occasions, this means providing for residents' comfort in addition to clinical care requirements. One study pointed out that even if there was a common language shared between residents and staff, this was not always enough to result in a common understanding unless the dementia context was considered (Strandroos & Antelius, 2017). For example, a care staff who spoke the same language as the resident may still not have a meaningful interaction due to the loss of language and cognitive skills attributed to dementia (Rosendahl et al., 2016). Staff needed to look for alternative ways to connect with the residents and demonstrate flexible, compassionate and responsive care that was dementia sensitive. In one study, staff observed that interaction during family visits was beneficial in the final stages of dementia even if it did not cause linguistic stimulation because it provided comfort to the resident and made her happy, '...of course, visiting her, and she is so happy when he (husband) comes' (Rosendahl et al., 2016). Other studies indicated that staff needed to be more understanding and accepting of the behaviours (Chin et al., 2019), while others used simple language, non-verbal gestures, miming (Rosendahl et al., 2016), and cards with pictures



TABLE 3 Themes and subthemes

Themes	Subthemes
Theme 1: Culture-specific needs	Common language Traditional food Social and spiritual requirements
Theme 2: Dementia-specific needs	Comfort in addition to clinical requirements Individualised care that addresses behavioural symptoms of dementia

or words in the residents' language (du Toit et al., 2020). Another example of providing comfort to residents with dementia refers to what was previously mentioned about food. Serving traditional food was considered a cultural need (Runci et al., 2014); however, in some instances, it was done so that it would evoke pleasure, happiness and comfort with minimal consideration, if any, towards clinical benefits (Rosendahl et al., 2016).

#### *Individualised care that addresses behavioural symptoms of dementia*

Within the studies included, the construct of individualised care and its potential to reduce behavioural symptoms was evident. Challenging behaviours that characterise the progressive nature of dementia were averted when staff served traditional food, spoke congruent language and considered cultural practices (Chin et al., 2019; Kim et al., 2014; Kong et al., 2010; Rosendahl et al., 2016), all of which demonstrated the practice of individualised care. When this type of care was missing, residents felt threatened and displayed aggression. Kong et al. (2010) gave an example of a resident who hit a nurse when the nurse assisted in taking off the resident's clothing during bath time, explaining that it was uncommon in the Korean tradition to take off clothing in front of people. Another aspect of providing individualised care focused on knowing each resident over time that enabled care staff to learn about how they typically expressed themselves and what they wanted (Strandroos & Antelius, 2017). This level of familiarity made residents more secure and comfortable with care staff therefore minimising negative behavioural symptoms. This was elaborated in an observation that things could go wrong easily when casual staff worked, not because of their poor job performance but because they did not know the residents well enough to provide individualised care (Strandroos & Antelius, 2017).

## 5 | DISCUSSION

The findings of this review suggest that the needs of residents with dementia from CALD backgrounds relate to firstly, culture-specific needs and secondly, to dementia-specific care needs. When interpreting findings from all the articles, it is evident that these needs are not disparate but complementary. It is proposed that meeting the cultural needs of residents can only be adequately addressed when delivered in conjunction with the resident's dementia needs. For example, providing traditional food, sharing language and observing other cultural practices can only

be relevant if presented by speaking slowly, pacing the instructions so that there is ample time to digest and reflect on the information and ask questions if required, using repetition, modulated tone of voice and utilising non-verbal strategies until a common understanding is derived especially when there is regression or loss of verbal capacity due to dementia (Edberg et al., 1995; Williams & Herman, 2011; Wilson et al., 2013). It is in this way that care can be relevant to residents.

This review identified *common language* as a major need. Being able to communicate is important in the caring process in order to receive and deliver appropriate care. Without a shared language between residents themselves and between staff and residents, negative care outcomes had been reported (Cooper et al., 2018; Kong et al., 2010; Rosendahl et al., 2018; Söderman & Rosendahl, 2016). Additionally, it is noted in this review that the majority of the care staff were from diverse culture and language backgrounds. Nursing workforce is becoming increasingly multicultural which can pose a challenge in communication (Bennett et al., 2015; Nichols et al., 2015). However as shown in this review, despite the language differences staff took the initiative of overcoming this barrier. Examples of initiatives include providing cards with pictures, using simple language and a lot of non-verbal gestures and providing media (newspaper, TV, radio) in the residents' language (du Toit et al., 2020; Söderman & Rosendahl, 2016; Strandroos & Antelius, 2017). Staff versatility in adapting different communication strategies to accommodate residents' linguistic diversity has been reported in the study of Xiao et al. (2018) who claim that aged care staff are capable of initiating approaches to improve communication between cultures. This underscores the awareness of staff regarding the importance of communication in the caring process.

The need for *traditional food* was concerning due to the frequency of it being overlooked in the care provision. Food preferences developed early in life and embedded in their life history which could have happy associations with their country and culture of origin and therefore particularly relevant to residents from CALD backgrounds (Milte et al., 2017; Ventura & Worobey, 2013). This was apparent in the articles reviewed where residents who migrated for more than 50 years did not transition completely to the food choices of the host culture (Kong et al., 2010; Rosendahl et al., 2016). The importance of traditional food to residents is consistent with other studies (Crogan et al., 2004; Hanssen & Kuven, 2016), which showed that food could bring back memories of childhood that reflected usual practices and traditions which continue to influence current preferences.

Regarding *social and spiritual need*, this review suggested that this was related to acquiring a meaningful connection with either another

person or something spiritual. An important point to consider is how this need was linked with communication and identity needs. Not having a shared language could predispose residents to social and spiritual isolation due to the inability to participate in events, celebrations and spiritual practices. In a study by Odbher et al. (2014), care staff in the nursing homes were unsure of appropriately dealing with spiritual needs and were somewhat uncomfortable about openly discussing religious questions with residents. This can be compounded with the difficulty for residents with dementia to talk about spirituality because of limited cognition. Results of other studies (Odbher et al., 2015; Powers & Watson, 2011) therefore suggest that there is a need among care staff to expand knowledge and skills to assess and provide for the spiritual needs particularly for dementia residents.

The *need for comfort* in addition to clinical requirements was an unexpected finding in this review. This need was not explicitly expressed by care staff, families or residents, unlike the other needs. However, if need is conceptualised as the required support to any health-related aspect of the older person in order to maintain well-being (AIHW, 2020), then this is a legitimate need. Although it is beyond the objectives of this review to determine whether care staff were aware of this, they showed a strong understanding of the individualised care approach which covers more than just the physical needs of residents and extended that into a scope of comfort. Comfort in dementia care is a component of subjective well-being that transcends beyond the physical aspect (Kaufman & Engel, 2016). In the review, examples of providing comfort include offering traditional language and food and addressing spiritual needs which made residents happy and appreciative (du Toit et al., 2020; Rosendahl et al., 2016). This is consistent with previous studies (Hanssen & Kuven, 2016; Keller, 2016; Milte et al., 2017; Powers & Watson, 2011; Small et al., 2015) which suggested that the influence of food, language and spirituality could bring immense comfort and alleviation of behavioural symptoms among dementia residents.

Finally, the *need for individualised care* related to providing care specific to the needs that matter to the residents. Addressing this need has a positive impact in the management of challenging behaviours that characterise dementia. Similar findings had been reported by Travers et al. (2016) in their systematic review, which indicated that providing individualised care for residents with dementia was effective in managing a range of behavioural and psychological symptoms of dementia, including agitation, depression and anxiety. In addition, this review showed that there was a time component in providing individualised care. This meant that knowing each resident over a period of time enabled care staff to learn about how residents would usually express themselves and what they needed (Strandroos & Antelius, 2017). This familiarity made residents feel secure and comfortable which minimised behavioural symptoms.

Identifying and responding to the needs of dementia residents from CALD backgrounds are of great importance because unmet needs are known to reduce quality of life and increased behavioural symptoms (Cohen-Mansfield et al., 2015; Hoe et al., 2006; Travers et al., 2016). The presence of dementia in addition to ageing adds

to the complexity of responding to these needs (Dewing, 2013). However, a salient feature related to meeting these needs is recognising the individuality of the person despite declining cognitive abilities. This means including the person's attributes such as age, interests, preferences, life experiences, families, social relationships, which in essence summarises Kitwood's (Kitwood & Bredin, 1992) proposition of seeing the person, not the disease (dementia). Personhood is a fundamental right of every person and maintaining it is particularly important in dementia care (Kitwood, 1997; Smeybe & Kirkevold, 2013).

## 5.1 | Limitations

A limitation of this review is the restriction to articles in English. This may have omitted important evidence available in other languages. It may also have implications on the generalisations drawn in the results, since the perception of dementia care needs may exist in other cultures. Furthermore, articles were not analysed specifically on the type of settings because similar needs occurred in both ethno-specific and mainstream facilities, and therefore, it is assumed that care needs exist irrespective of the residential aged care type. It merits some attention that care staff in both facility types were aware of the cultural needs of residents and utilised various ways in meeting the needs. Although it is beyond the scope of this review to compare how the care needs are met in ethno-specific with mainstream facilities, there is an indication from about a third of the included studies that there was higher family satisfaction in ethno-specific facilities as majority of the residents in these facilities spoke the same language and were likely to have staff who share the residents' language, contributing to more interactions and less social isolation.

## 6 | CONCLUSION

This integrative review aimed to synthesise information about the needs of residents with dementia from culturally and linguistically diverse backgrounds. Culture-specific needs have to be considered alongside dementia-specific needs to maximise their relevance to the care of dementia residents. These findings can serve as a basis to develop programs and initiatives that integrate culture-specific needs in a care package that acknowledges individual characteristics irrespective of gender, age, personality, cognition, health, life-history and ability to participate in the caring process. This acknowledgement of the person's individuality is in alignment with Kitwood's advocacy of personhood which values the person with dementia regardless of their cognitive abilities. The promotion of personhood in dementia care lies primarily with aged care staff, and an understanding of the care needs will help them to this end. Of note is the limited representation of residents with dementia in the studies included. The voice from these residents will be highly valuable considering the increasing diversity of older population worldwide.

## 7 | RELEVANCE TO CLINICAL PRACTICE

The implications of the findings in this review highlight the involvement of the different stakeholders to optimise care of dementia residents from CALD backgrounds living in the residential setting. For example, at the institutional level care staff must have culture-competent skills based on the evolving needs of older people with dementia from culturally and linguistically diverse backgrounds. An example for this would be accommodating cultural habits such as keeping clothes on during shower time. Additionally, organisational leaders must consider education and training of care staff, including nurses, in the provision of culturally sensitive care. Suggestions to recruit staff who speak the same language as residents or providing alternative services to facilitate the gap when common language is absent are potential strategies that could improve care for CALD residents with dementia. Governing bodies in aged care must consider the identified needs in this review at the planning and developmental stages of frameworks, services and policies so that equitable care can be available to a group that represents a significant portion of residents in aged care facilities.

## AUTHOR CONTRIBUTIONS

CC, YS, ST and JM were responsible for study conceptualisation and design. CC and JM retrieved, extracted and analysed the data. CC and JM were responsible for drafting the manuscript. YS, ST and DM made critical revisions to the paper for important intellectual content.

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## CONFLICT OF INTEREST

None.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## PATIENT OR PUBLIC CONTRIBUTION

No patients, families, service providers or members of the public were involved in this study.

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## REFERENCES

- Access Economics. (2009). *Keeping dementia front of mind: incidence and prevalence 2009–2050*. [https://www.dementia.org.au/sites/default/files/20090800\\_Nat\\_AE\\_FullKeepDemFrontMind.pdf](https://www.dementia.org.au/sites/default/files/20090800_Nat_AE_FullKeepDemFrontMind.pdf)
- AIHW. (2020). *Dementia*. <https://www.aihw.gov.au/reports/australias-health/dementia>
- Alzheimer's Disease International. (2020). *About Alzheimer's & dementia*. <https://www.alzint.org/about/>
- Australian Bureau of Statistics. (2017). *Census reveals a fast changing, culturally diverse nation*. <https://www.abs.gov.au/ausstats/abs@nsf/lookup/media%20release3>
- Bennett, M., Ward, E., Scarinci, N., & Waite, M. (2015). Service providers' perceptions of working in residential aged care: A qualitative cross-sectional analysis. *Ageing and Society*, 35(10), 2257. <https://doi.org/10.1017/S0144686X14001019>
- Chalmers, I., Bracken, M., Djulbegovic, B., Garattini, S., Grant, J., Gülmezoglu, A. M., Howells, D. W., Ioannidis, J., & Oliver, S. (2014). How to increase value and reduce waste when research priorities are set. *Lancet*, 383, 156–165. [https://doi.org/10.1016/S0140-6736\(13\)62229-1](https://doi.org/10.1016/S0140-6736(13)62229-1)
- Chin, S.-Y., Lopez, V., Goh, Y.-S., & Tan, M.-L. (2019). "I would like to be heard." communicating with Singaporean Chinese patients with dementia: A focused ethnography study. *Journal of Transcultural Nursing*, 30(4), 331–339. <https://doi.org/10.1177/1043659618800535>
- Cohen-Mansfield, J., Dakheel-Ali, M., Marx, M. S., Thein, K., & Regier, N. (2015). Which unmet needs contribute to behavior problems in persons with advanced dementia? *Psychiatry Research*, 228(1), 59–64. <https://doi.org/10.1016/j.psychres.2015.03.043>
- Cohen-Mansfield, J., & Mintzer, J. E. (2005). Time for change: The role of nonpharmacological interventions in treating behavior problems in nursing home residents with dementia. *Alzheimer Disease and Associated Disorders*, 19(1), 37–40. <https://doi.org/10.1097/01.wad.0000155066.39184.61>
- Cooper, C., Rapaport, P., Robertson, S., Marston, L., Barber, J., Manela, M., & Livingston, G. (2018). Relationship between speaking English as a second language and agitation in people with dementia living in care homes: Results from the MARQUE (Managing Agitation and Raising Quality of life) English national care home survey. *International Journal of Geriatric Psychiatry*, 33(3), 504–509. <https://doi.org/10.1002/gps.4786>
- Crogan, N., Evans, B., Severtsen, B., & Shultz, J. (2004). Improving nursing home food service: Uncovering the meaning of food through residents' stories. *Journal of Gerontological Nursing*, 30(2), 29–36.
- Cronin, M., & George, E. (2020). The why and how of the integrative review. *Organizational Research Methods*, 1–25, 168–192. <https://doi.org/10.1177/1094428120935507>
- Department of Health. (2021). *About residential aged care*. <https://www.health.gov.au/initiatives-and-programs/residential-aged-care/about-residential-aged-care>
- Dewing, J. (2013). Special observation and older persons with dementia/delirium: A disappointing literature review. *International Journal of Older People Nursing*, 8(1), 19–28. <https://doi.org/10.1111/j.1748-3743.2011.00304.x>
- du Toit, S. H. J., Baldassar, L., Raber, C. L., Millard, A. M., Etherton-Beer, C. D., Buchanan, H. A., du Toit, D. S., Collier, L. J., Cheung, G., Peri, K., Webb, E. A., & Lovarini, M. (2020). Embracing cultural diversity

- Leadership perspectives on championing meaningful engagement for residents living with advanced dementia. *Journal of Cross-Cultural Gerontology*, 35(1), 49–67. <https://doi.org/10.1007/s10823-019-09387-3>
- du Toit, S. H. J., & Buchanan, H. (2018). Embracing cultural diversity: Meaningful engagement for older adults with advanced dementia in a residential care setting. *American Journal of Occupational Therapy*, 72(6), 1–8. <https://doi.org/10.5014/ajot.2018.027292>
- Ederberg, A., Sandgren, A., & Hallberg, I. (1995). Initiating and terminating verbal interaction between nurses and severely demented patients regarded as vocally disruptive. *Journal of Psychiatric and Mental Health Nursing*, 2(3), 159–167. <https://doi.org/10.1111/j.1365-2850.1995.tb00051.x>
- Elsbach, K. D., & Knipperberg, D. V. (2020). Creating high-impact literature reviews: An argument for “integrative reviews”. *Journal of Management Studies*, 57(6), 1277–1289. <https://doi.org/10.1111/joms.12581>
- Federation of Ethnic Communities' Councils of Australia. (2015). *Review of Australian research on older people from culturally and linguistically diverse backgrounds*. Curtin ACT.
- Hanssen, I., & Kuven, B. M. (2016). Moments of joy and delight: The meaning of traditional food in dementia care. *Journal of Clinical Nursing*, 25(5–6), 866–874. <https://doi.org/10.1111/jocn.13163>
- Hoe, J., Hancock, G., Livingston, G., & Orrell, M. (2006). Quality of life of people with dementia in residential care homes. *British Journal of Psychiatry*, 188(5), 460–464. <https://doi.org/10.1192/bjp.bp.104.007658>
- Holst, A., & Skär, L. (2017). Formal caregivers' experiences of aggressive behaviour in older people living with dementia in nursing homes: A systematic review. *International Journal of Older People Nursing*, 12(4), e12158-n/a. <https://doi.org/10.1111/opn.12158>
- Hong, Q. N., Pluye, P., Fabregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O’Cathain, A., Rousseau, M.-C., & Vedel, I. (2018). *Mixed methods appraisal tool version 2018*. Department of Family Medicine. [http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/attach/127916259/MMAT\\_2018\\_criteria-manual\\_2018-08-01\\_ENG.pdf](http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/attach/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf)
- Kaufman, E., & Engel, S. (2016). Dementia and well-being: A conceptual framework based on ton Kitwood's model of needs. *Dementia*, 15(4), 774–788. <https://doi.org/10.1177/1471301214539690>
- Keller, H. H. (2016). Improving food intake in persons living with dementia: Food intake and dementia. *Annals of the New York Academy of Sciences*, 1367(1), 3–11. <https://doi.org/10.1111/nyas.12997>
- Kim, H., Woods, D. L., Mentis, J. C., Martin, J. L., Moon, A., & Phillips, L. R. (2014). The nursing assistants' communication style and the behavioral symptoms of dementia in Korean-American nursing home residents. *Geriatric Nursing (New York)*, 35(2), S11–S16. <https://doi.org/10.1016/j.gerinurse.2014.02.016>
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Open University Press.
- Kitwood, T., & Bredin, K. (1992). Towards a theory of dementia care: Personhood and well-being. *Ageing and Society*, 12(3), 269–287. <https://doi.org/10.1017/S0144686X0000502X>
- Kokorelias, K. M., Ryan, E. B., & Elliot, G. (2017). Innovative practice: Conversational use of English in bilingual adults with dementia. *Dementia*, 16(2), 233–242. <https://doi.org/10.1177/1471301216635827>
- Kong, E., Deatrack, J. A., & Evans, L. K. (2010). The experiences of Korean immigrant caregivers of non-English-speaking older relatives with dementia in American nursing homes. *Qualitative Health Research*, 20(3), 319–329. <https://doi.org/10.1177/1049732309354279>
- Livingston, G., Huntley, J., Sommerlad, A., Ames, D., Ballard, C., Banerjee, S., Brayne, C., Burns, A., Cohen-Mansfield, J., Cooper, C., Costafreda, S. G., Dias, A., Fox, N., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Ogunniyi, A., ... Mukadam, N. (2020). Dementia prevention, intervention, and care: 2020 report of the lancet commission. *The Lancet (British Edition)*, 396(10248), 413–446. [https://doi.org/10.1016/S0140-6736\(20\)30367-6](https://doi.org/10.1016/S0140-6736(20)30367-6)
- Low, L., & LoGiudice, D. (2018). Residents from non-English-speaking countries of birth in Australian aged care facilities. *Australasian Journal on Ageing*, 37(3), E85–E90. <https://doi.org/10.1111/ajag.12527>
- MacKinlay, E. (2009). Using spiritual reminiscence with a small group of Latvian residents with dementia in a nursing home: A multifaceted and multicultural perspective. *Journal of Religion, Spirituality & Aging*, 21(4), 318–329. <https://doi.org/10.1080/15528030903030003>
- Mauldin, R., Lee, K., Tang, W., Herrera, S., & Williams, A. (2020). Supports and gaps in federal policy for addressing racial and ethnic disparities among long-term care facility residents. *Journal of Gerontological Social Work*, 63(4), 354–370. <https://doi.org/10.1080/01634372.2020.1758270>
- Milte, R., Shulver, W., Killington, M., Bradley, C., Miller, M., & Crotty, M. (2017). Struggling to maintain individuality – Describing the experience of food in nursing homes for people with dementia. *Archives of Gerontology and Geriatrics*, 72, 52–58. <https://doi.org/10.1016/j.archger.2017.05.002>
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, G. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *British Medical Journal*, 339(7716), 332–336. <https://doi.org/10.1136/bmj.b2535>
- Moriarty, J., & Butt, J. (2004). Inequalities in quality of life among older people from different ethnic groups. *Ageing & Society*, 24(5), 729–753. <https://doi.org/10.1017/S0144686X04002521>
- Nichols, P., Horner, B., & Fyfe, K. (2015). Understanding and improving communication processes in an increasingly multicultural aged care workforce. *Journal of Ageing Studies*, 32, 23–32. <https://doi.org/10.1016/j.jaging.2014.12.003>
- Nikmat, A. W., Hawthorne, G., & Al-Mashoor, S. H. (2015). The comparison of quality of life among people with mild dementia in nursing home and home care—A preliminary report. *Dementia (London, England)*, 14(1), 114–125. <https://doi.org/10.1177/1471301213494509>
- Norwegian Institute of Public Health. (2019). *Dementia in Norway*. <https://www.fhi.no/en/op/hin/health-disease/dementia-in-norway/>
- Odbehr, L., Kvigne, K., Hauge, S., & Danbolt, L. (2015). Spiritual care to persons with dementia in nursing homes; a qualitative study of nurses and care workers experiences. *BMC Nursing*, 14, 70. <https://doi.org/10.1186/s12912-015-0122-6>
- Odbher, L., Kvigne, K., Hauge, S., & Danbolt, L. (2014). Nurses' and care workers' experiences of spiritual needs in residents with dementia in nursing homes: A qualitative study. *BMC Nursing*, 13(1), 12. <http://www.biomedcentral.com/1472-6955/13/12>
- Orrell, M., Hancock, G. A., Liyanage, K. C. G., Woods, B., Challis, D., & Hoe, J. (2008). The needs of people with dementia in care homes: The perspectives of users, staff and family caregivers. *International Psychogeriatrics*, 20(5), 941–951. <https://doi.org/10.1017/S1041610208007266>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ: British Medical Journal (Online)*, 372, 1–9. <https://doi.org/10.1136/bmj.n71>
- Powers, B., & Watson, N. (2011). Spiritual nurturance and support for nursing home residents with dementia. *Dementia*, 10(1), 59–80. <https://doi.org/10.1177/1471301210392980>
- Prince, M., Knapp, M., Guerchet, M., McCrone, P., Prina, M., Comas-Herrera, A., Wittenberg, R., Adelaja, B., Hu, B., King, D., Rehill, A., & Salimkumar, D. (2014). Dementia UK: Update. Alzheimer's Society. [https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia\\_uk\\_update.pdf](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_uk_update.pdf)

- Rosendahl, S. P., Söderman, M., & Mazaheri, M. (2016). Immigrants with dementia in Swedish residential care: An exploratory study of the experiences of their family members and nursing staff. *BMC Geriatrics*, 16, 1–12. <https://doi.org/10.1186/s12877-016-0200-y>
- Runci, S. J., Eppingstall, B. J., O'Connor, D. W., Runci, S. J., Eppingstall, B. J., & O'Connor, D. W. (2012). A comparison of verbal communication and psychiatric medication use by Greek and Italian residents with dementia in Australian ethno-specific and mainstream aged care facilities. *International Psychogeriatrics*, 24(5), 733–741. <https://doi.org/10.1017/S1041610211002134>
- Runci, S. J., Eppingstall, B. J., van der Ploeg, E. S., & O'Connor, D. W. (2014). Comparison of family satisfaction in Australian ethno-specific and mainstream aged care facilities. *Journal of Gerontological Nursing*, 40(4), 54–63. <https://doi.org/10.3928/00989134-20131219-01>
- Runci, S. J., Redman, J. R., O'Connor, D. W., Runci, S. J., Redman, J. R., & O'Connor, D. W. (2005). Language use of older Italian-background persons with dementia in mainstream and ethno-specific residential care. *International Psychogeriatrics*, 17(4), 699–708. <https://doi.org/10.1017/s1041610205002309>
- Shiells, K., Pivodic, L., Holmerová, I., & Van den Block, L. (2020). Self-reported needs and experiences of people with dementia living in nursing homes: A scoping review. *Aging & Mental Health*, 24(10), 1553–1568. <https://doi.org/10.1080/13607863.2019.1625303>
- Shippee, T., Ng, W., Bowblis, J., & Degenholtz, H. (2020). Does living in a higher proportion minority facility improve quality of life for racial/ethnic minority residents in nursing homes? *Innovation in Aging*, 4(3), 1–9. <https://doi.org/10.1093/geroni/igaa014>
- Small, J., Chan, S., Drance, E., Globerman, J., Hulko, W., O'Connor, D., Perry, J., Stern, L., & Ho, L. (2015). Verbal and nonverbal indicators of quality of communication between care staff and residents in ethnoculturally and linguistically diverse long-term care settings. *Journal of Cross-Cultural Gerontology*, 30(3), 285–304. <https://doi.org/10.21832/9781783097678-008>
- Smeybe, K., & Kirkevold, M. (2013). The influence of relationships on personhood in dementia care: A qualitative, hermeneutic study. *BMC Nursing*, 12(1), 12–29. <https://doi.org/10.1186/1472-6955-12-29>
- Söderman, M., Rosendahl, S., & Sällström, C. (2018). Caring and uncaring encounters between assistant nurses and immigrants with dementia symptoms in two group homes in Sweden – an observational study. *Journal of Cross-Cultural Gerontology*, 33(3), 299–317. <https://doi.org/10.1007/s10823-018-9351-y>
- Söderman, M., & Rosendahl, S. P. (2016). Caring for ethnic older people living with dementia – Experiences of nursing staff. *Journal of Cross-Cultural Gerontology*, 31(3), 311–326. <https://doi.org/10.1007/s10823-016-9293-1>
- Strandroos, L., & Antelius, E. (2017). Interaction and common ground in dementia: Communication across linguistic and cultural diversity in a residential dementia care setting. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine*, 21(5), 538–554. <https://doi.org/10.1177/1363459316677626>
- Travers, C., Brooks, D., Hines, S., O'Reilly, M., McMaster, M., He, W., MacAndrew, M., Fielding, E., Karlsson, L., & Beattie, E. (2016). Effectiveness of meaningful occupation interventions for people living with dementia in residential aged care: A systematic review. *JBI Database of Systematic Reviews and Implementation Reports*, 14(12), 163–225. <https://doi.org/10.11124/JBISRIR-2016-003230>
- Ventura, A., & Worobey, J. (2013). Early influences on the development of food preferences. *Current Biology*, 23(9), R401–R408. <https://doi.org/10.1016/j.cub.2013.02.037>
- Whittemore, R., & Knaf, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>
- Williams, K., & Herman, R. (2011). Linking resident behavior to dementia care communication: Effects of emotional tone. *Behavior Therapy*, 4(1), 42–46. <https://doi.org/10.1016/j.beth.2010.03.003>
- Wilson, R., Rochon, E., Mihailidis, A., & Leonard, C. (2013). Quantitative analysis of formal caregivers' use of communication strategies while assisting individuals with moderate and severe Alzheimer's disease during oral care. *Journal of Communication Disorders*, 46(3), 249–263. <https://doi.org/10.1016/j.jcomdis.2013.01.004>
- World Health Organization. (2021). *Dementia*. <https://www.who.int/en/news-room/fact-sheets/detail/dementia>
- Xiao, L., Willis, E., Harrington, A., Gillman, D., De Bellis, A., Morey, W., & Jeffers, L. (2018). Improving socially constructed cross-cultural communication in aged care homes: A critical perspective. *Nursing Inquiry*, 25(1), e12208. <https://doi.org/10.1111/nin.12208>
- Xiao, L., Willis, E., Harrington, A., Gillman, D., De Bellis, A., Morey, W., Morey, W., & Jeffers, L. (2016). Resident and family member perceptions of cultural diversity in aged care homes. *Nursing and Health Sciences*, 19(1), 59–65. <https://doi.org/10.1111/nhs.12302>

## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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## APPENDIX 1

TABLE A1 Sample search in CINAHL database

#	Query	Results
26	S13 AND S16 AND S25	95
25	S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24	70,338
24	"care home"	3305
23	"Long term care"	36,379
22	"residential aged care facilities"	703
21	(MH "Nursing Homes")	25,667
20	"nursing homes"	30,936
19	(MH "Residential Facilities")	5080
18	(MH "Residential Care")	7018
17	residential aged care	1703
16	S14 OR S15	71,562
15	"Dementia"	71,562
14	(MH "Dementia")	43,824
13	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12	93,386
12	CALD OR "culturally and linguistically diverse" OR NESB OR "Non-english speaking background"	867
11	multicultural*	3900
10	(MH "Cultural Diversity")	14,749
9	"Non-english speakers"	134
8	(MH "Multilingualism")	4133
7	(MH "English as a Second Language")	2423
6	(MH "Minority Groups")	13,372
5	(MH "Ethnic Groups")	30,866
4	(MH "Refugees")	8337
3	Immigrants OR refugee	30,088
2	(MH "Transients and Migrants")	5465
1	migrants	9840

TABLE A2 Quality evaluation of selected articles using Mixed Method Appraisal Tool (Hong et al., 2018)

Article type/Study quantitative	Questions							Is the statistical analysis appropriate to answer the research question?
	Are there clear research questions?	Do the collected data allow to address the research questions?	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is there coherence between qualitative data sources, collection, analysis and interpretation?	
Kim et al. (2014)	✓	✓	✓	✓	✓	✓	✓	✓
Runci et al. (2012)	✓	✓	✓	✓	✓	✓	✓	✓
Runci et al. (2005)	✓	✓	✓	✓	✓	✓	✓	✓
Runci et al. (2014)	✓	✓	✓	✓	✓	✓	✓	✓
<b>Qualitative</b>	<b>Are there clear research questions?</b>	<b>Do the collected data allow to address the research questions?</b>	<b>Is the qualitative approach appropriate to answer the research question?</b>	<b>Are the qualitative data collection methods adequate to address the research question?</b>	<b>Are the findings adequately derived from the data?</b>	<b>Is the interpretation of results sufficiently substantiated by data?</b>	<b>Is there coherence between qualitative data sources, collection, analysis and interpretation?</b>	
Chin et al. (2019)	✓	✓	✓	✓	✓	✓	✓	✓
du Toit et al. (2020)	✓	✓	✓	✓	✓	✓	✓	✓
Kokorelias et al. (2017)	✓	✓	✓	✓	✓	✓	✓	✓
Kong et al. (2010)	✓	✓	✓	✓	✓	✓	✓	✓
Mackinlay (2009)	✓	✓	✓	✓	✓	✓	✓	✓
Rosendahl et al. (2016)	✓	✓	✓	✓	✓	✓	✓	✓
Söderman et al. (2018)	✓	✓	✓	✓	✓	✓	✓	✓
Söderman and Rosendahl (2016)	✓	✓	✓	✓	✓	✓	✓	✓
Strandroos and Antelius (2017)	✓	✓	✓	✓	✓	✓	✓	✓
<b>Mixed methods</b>	<b>Are there clear research questions?</b>	<b>Do the collected data allow to address the research questions?</b>	<b>Is there an adequate rationale for using a mixed methods design to address the research question?</b>	<b>Are the different components of the study effectively integrated to answer the research question?</b>	<b>Are the outputs of the integration of qualitative and quantitative results adequately interpreted?</b>	<b>Are divergences and inconsistencies between quantitative results adequately addressed?</b>	<b>Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?</b>	
Cooper et al. (2017)	✓	✓	✓	✓	✓	✓	✓	✓
du Toit and Buchanan (2018)	✓	✓	✓	✓	✓	✓	✓	✓