

Table 1 Characteristics of included studies

Study (year); Country	Study objectives	Participants; Setting	Design; Data collection	Main findings
Sagbakken, et al. ¹⁶ (2018); Norway	Explore and describe the views and experiences of family members and professional caregivers regarding the care provided to immigrants with dementia.	12 family caregivers and 27 health caregivers (GPs, doctors, nurses, and nurse assistants); Homecare, Nursing home, clinics, GP centres.	Qualitative study; In-depth, focus group, and dyad interviews using a semi-structured interview guide.	FCG struggled to find a balance between caregiving roles and personal life. Family conflicts occurred over caregiving decisions. Formal care was considered insecure and inadequate for individualized care. HCW struggled to collaborate with families of OIWD owing to language barriers.
Lawrence, et al. ³¹ (2011); United Kingdom	Examine the subjective reality of living with dementia from the perspective of people with dementia.	30 OIWD aged 67-96 (Black Caribbean, South Asian, White British); Homecare and Dementia specific day centre	Qualitative study; In-depth interviews.	OIWD experienced forgetfulness, lost their ability to do things on their own and became dependent on family support. OIWD were concerned about their condition straining family relationships and couldn't visit places unless there were other OIWD.
Czapka and Sagbakken ³² (2020); Norway	Explore the barriers and facilitators in accessing and using dementia care services by minority ethnic groups in Norway.	8 family caregivers and 11 health caregivers (representatives of immigrants and health professionals); Not specified	Qualitative study; In-depth semi-structured interviews.	FCG experienced a lack of knowledge and awareness of dementia and related services, language barriers and cultural differences in accessing dementia care. Having healthcare personnel in the family facilitated access to dementia care services.
van Wezel, et al. ³³ (2018); Netherlands	Study the insights into the differences and similarities in the explanations for dementia and how freely this illness can be discussed, from the perspectives of female family carers.	41 female family caregivers; Not specified	Qualitative study; Individual interviews and focus group interviews.	FCG experienced not being open about dementia outside their family circle as family members never wanted the wider community to know about their dementia diagnosis. They experienced embarrassment about the behaviours of OIWD.
van Wezel, et al. ³⁴ (2016); Netherlands	Describe the perspectives of female Turkish, Moroccan and Surinamese Creole family carers in the Netherlands about providing family care to a close relative with dementia.	41 female family caregivers; Not specified	Qualitative study; Individual semi-structured interviews and focus group interviews.	FCG experienced caregiving physically and mentally challenging, lack of time for social life and limited freedom of caring options due to community pressure and family expectations. They derived a sense of fulfilment from their caregiving roles and developed a strong relationship with OIWD.

Ahmad, et al. ³⁵ (2020); Netherlands	Elucidate cultural and social dynamics that impede care sharing.	12 female family caregivers; Not specified	Qualitative study; In-depth semi-structured interviews.	FCG found caregiving challenging and had limited time for themselves. They felt proud of their caregiving roles over the non-caregiving family members and experienced conflicts in the family occurring over caregiving decisions.
Antelius and Kiwi ³⁶ (2015); Sweden	Explore how dementia is understood, explained, and experienced among Iranian immigrants working as a care staff at a Persian-oriented dementia care facility.	Health caregivers (nurses, certified nurses, care managers); Residential care and homecare	Qualitative study; Interviews (and observations.	HCW encountered families refusing to accept the dementia diagnosis of their loved ones due to dementia stigma. Family caregiving was considered a filial responsibility and hence formal care was not sought. OIWD were ashamed of using formal care as it indicated the failure of their children to provide care.
Chaouni, et al. ⁴³ (2020); Belgium	Explore how dementia care is provided to these Moroccan older people with dementia, and what challenges do caregivers face in providing care.	12 family caregivers and 13 health caregivers (GP, Psychologist, Neurologist, Nurse, Intercultural mediator); Not specified	Qualitative study; Individual semi-structured interviews.	FCG experienced a lack of dementia knowledge, person-centred care, culturally sensitive care, and high costs of care. Negative experiences with, and discrimination by formal carers prevented them from seeking formal care. HCW experienced collaborating with families difficult, language barriers, fear of being accused of discrimination, and lack of knowledge about other cultures.
Chaouni and De Donder ⁴⁴ (2019); Belgium	Collect in-depth information about the experiences of informal and formal caregivers of older persons of Moroccan origin with dementia.	12 family caregivers and 13 health caregivers (GP, Psychologist, Neurologist, Nurse, Intercultural mediator); Not specified	Qualitative study; Individual semi-structured interviews.	FCG believed dementia as a part of normal ageing, struggled revealing dementia diagnosis to their elders, and had limited knowledge about available dementia services. HCW found a lack of culture-sensitive tools for dementia diagnosis, language issues and cultural differences impeding dementia care.
Lee, et al. ³⁸ (2018); United States	Examine Korean American personal care aides' experience and perspectives concerning dementia caregiving, knowledge and beliefs about dementia, and family caregiving.	10 female health caregivers (Personal Care Aides); Homecare	Qualitative study; Focus group interviews.	HCW reported limited dementia knowledge, difficulty managing BPSD, and encountered conflicts among families of PWD. Stress from families and caregiving role impacted their health. However, caregiving became easier as they learned more about dementia and caring with empathy.
Lee Casado, et al. ³⁷ (2015); United States	Understanding the experiences and concerns among family caregivers of Korean Americans with dementia in their own words.	23 family caregivers; Not specified	Qualitative study; Focus group interviews.	FCG reported caregiving as distress and impacted their health, but filial responsibility kept them going. Experienced conflicts with family members over caregiving duties. Language and cultural barriers hindered them from using dementia care services.

Mazaheri, et al. ¹⁹ (2014); Sweden	Explore the subjective experiences of living with dementia among Iranian immigrants in Sweden.	15 OIWD aged 66-88 years with Iranian background; Homecare and group dwelling for OIWD	Qualitative study; Individual semi-structured interviews.	OIWD experienced forgetfulness and incompetence but felt loved and respected within their families. They felt confident and secure in the community but also worried about their condition causing conflicts in the family.
Monsees, et al. ³⁹ (2020); Germany	Explore caregiving experiences of family carers, identify barriers to using healthcare services and information for dementia patients, and assess recommendations from caregivers of people with dementia.	8 family caregivers; Not specified	Qualitative study; Individual semi-structured interviews. Not specified	FCG experienced caregiving as challenging managing BPSD. They suffered from stress, headaches, physical pain, sleep deprivation, depression, and lack of time for their work. A need for improved access to information and culturally appropriate services was felt.
Söderman and Rosendahl ⁴⁵ (2016); Sweden	Explore and describe the nursing staff's experiences of caring for non-Swedish speaking persons living with dementia in a Finnish speaking group concerning a Swedish speaking group home in Sweden.	27 health caregivers (Nursing staffs); Group homes	Qualitative study; Individual semi-structured interviews.	HCW experienced OIWD becoming aggressive due to communication barriers. Speaking to PWD in their native language lifted their emotions. Speaking slowly, repeating words, and using facial gestures, and eye contact helped OIWD. Traditional foods and music played in their native language helped OIWD.
Sun, et al. ⁴⁶ (2014); United States	Explore the perceptions on service barriers faced by Chinese American family caregivers and the service professionals in Arizona, United States.	6 family caregivers and 6 service professionals; Not specified	Qualitative study; Focus group interviews.	FCG experienced a lack of knowledge about accessing dementia services, lack of culturally appropriate services and bilingual formal caregivers. They experienced dementia stigma and were looked at differently by others.
Kong, et al. ⁴⁷ (2010); United States	Describe Korean immigrant caregivers' experiences regarding American nursing home placement of their non-English-speaking older relatives with dementia.	10 family caregivers; nursing home	Qualitative study; In-depth semi-structured interviews.	FCG experienced OIWD becoming aggressive due to their inability to express their needs because of communication problems. Cultural and language barriers made PWD feel isolated and formal care was considered inadequate.
Neary and Mahoney ⁴⁸ (2005); United States	Explore the phenomenon of dementia caregiving in an ethnically diverse group of Latino caregivers, to identify cultural influences on the caregiving experience.	11 family caregivers; Homecare and nursing home	Qualitative study; in-depth semi-structured interviews.	FCG experienced OIWD doing things that they normally wouldn't do, getting lost in familiar places and not recognizing family members. Experienced stress from managing BPSD, family conflicts, and limited time for themselves. Caregiving was considered a filial obligation. Experienced being discriminated against by health professionals.
Yeo, et al. ⁴⁰ (2002); United States	Elicit conceptions of dementia held by Vietnamese caregivers of elderly with dementia.	9 family caregivers; Not specified	Qualitative study; Individual structured interviews.	FCG experienced their inability to provide full care for OIWD due to their work. They have hidden dementia diagnosis of their elders from the community, and external support was not sought believing it was not in their culture.

Boughtwood, et al. ⁴⁹ (2011); Australia	Provide the first examination of the experiences and perceptions of family carers of the PWD from four Australian CALD communities.	121 family caregivers; Not specified	Qualitative study; Focus group interviews.	FCG experienced difficulties in managing BPSD, embarrassment from behaviours of OIWD and had limited time for themselves. They experienced family conflicts and health impacts from their caregiving role. Communicating with respect and kindness were found helpful for the OIWD.
Bowes and Wilkinson ⁵⁰ (2003); Scotland	Examine the views and experiences of dementia among older South Asian people, as well as their families and carers.	11 health caregivers (GPs, community psychiatric nurses, consultants, voluntary sector providers) and South Asia OIWD family caregivers; Not specified	Qualitative study; Individual semi-structured interviews and case studies.	FCG experienced poor quality of life, stress from managing BPSD, limited time for oneself, lack of dementia knowledge and access to appropriate services. Caregiving was considered an obligation. HCW encountered FCG hiding dementia diagnosis of their families. Lack of dementia knowledge and culturally appropriate diagnostic tools were barriers to dementia care.

FCG: Family caregivers; HCW: Healthcare workers; OIWD: Older immigrants living with dementia
 BPSD: Behavioural and psychological symptoms of dementia; GP: General Practitioners