



Barriers to Healthcare for Elderly Immigrants in Developed Countries

A Literature Review

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Abstract:

Aging immigrants comprise a growing older population, especially in Developed countries. There is a need for better access to healthcare services due to the rise in older immigrants. This literature review looks at the problems experienced by elderly immigrants and highlights nurses' role in resolving these barriers. The study is a literature review containing 25 articles published between 2013 and 2023, selected from bibliographic databases (CINAHL), ProQuest, SpringerLink, and non-academic online search engines, such as Google Scholar and Manual Search. The chosen articles were all subjected to the content analysis method. The findings revealed four significant categories, communication, knowledge and healthcare systems, cultural differences, and economic and social factors as barriers to healthcare access for elderly immigrants. The study also demonstrates nursing roles such as; inclusive healthcare and social support, in trying to solve this problem. Leininger's Theory of Culture Care Diversity and Universality was used in this study since it provides guidelines for nurses in providing culturally congruent healthcare to elderly immigrants. Therefore, the healthcare system must adapt to the medical needs of older immigrants living in Developed countries.

Keywords: Barriers, elderly immigrants, healthcare access, Developed countries

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1 Introduction

Globally, the number of migrants increased in 2017. According to a study by (Holecki et al., 2020), there are now 285 million people residing outside of their countries of birth. With that increase comes a rise in elderly immigrants in high-income (developed) nations. By 2050, the number of 60-year-olds and over will rise to 2.1. billion (Holecki et al., 2020). It has caused a problem worldwide, putting pressure on long-term care growth, especially in the host countries (Kristiansen, 2015).

The stress of migrating into a completely different cultural society and aging factors increase elderly immigrants' health risk. Elderly immigrants may have gone through a traumatic experience hence needing more health support (Finnish institute for health and welfare, 2021). Which they might not obtain as a result of several barriers, including linguistic, cultural, and lack of understanding of the healthcare system for this particular group of people while seeking to access or receive healthcare (Kristiansen et al.,2015).

It is imperative to understand health care needs and requirements for elderly immigrants, the barriers to receiving or providing equitable health care, and how these obstacles can be dealt with to provide equal and culturally congruent holistic care. According to Kristiansen et al. (2015), the healthcare system should at least prepare for an increasing number of elderly immigrants because they are more heterogeneous and face various barriers to accessing healthcare in the host countries. This thesis used inductive content analysis to read, summarize, and interpret previous research on elderly immigrants' experiences in accessing healthcare in developed countries.

2 Background

This chapter includes the background and the central themes defined depending on or based on the theoretical framework used in support of this literature review and some previous research regarding the research topic is also discussed.

2.1 Immigrants

Aging and Migration have been hot topics of discussion globally, especially in industrialized or high-income nations, for a long time. Because aging and Migration are two global trends that continuously change the age and ethnic composition of especially the so-called developed countries and, of course, come with challenges in planning the health care system in host countries (Xu & Halsall, 2017)

To understand what the term "immigrant" means. International Organization for Migration, [IOM], (2023)“*defines a migrant as a person who moves away from his place or across an international border, temporarily or permanently, and for various reasons.*” However, the term immigrant in this thesis will mean a person who has relocated to a foreign country intending to stay for an extended period.

Over the past 50 years, there has been an increase in immigration in 2020, there were about 281 million foreign migrants 2020 (IOM UN migration, 2020). The proportion of foreign-born residents in the European Union (EU)-15 countries increased from 7.9 to 11.2 percent between 2000 and 2010 (Weber, 2015). And the North Rhine Westphalia Country Office for Data Processing and Statistics (LDS NRW) estimated that their numbers would increase from 7 million in 2008 to 15 million in 2015” (European Commission, 2008). Therefore, Migration is a significant factor in the aging of people in Many European countries (Rechel et al., 2013).

Migrant-background adults aged 65 and over in Finland are increasing. However, the population of older immigrants in 2015 comprised only 1.6 percent, up from 1.2 percent in 2000 (Yle.fi, 2017). *Figure 1* shows the age distribution of immigrants in the population in 2020 in Finland.

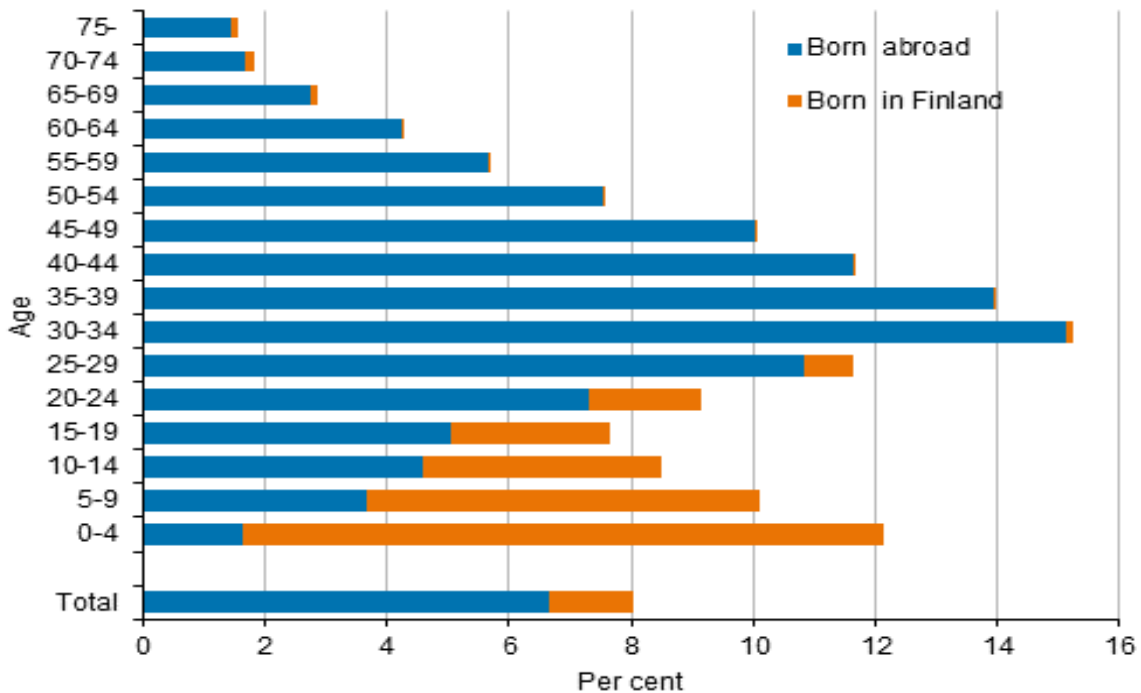


Figure 1. Age-specific percentage of people with immigrant backgrounds in the population in 2020 (stat.fi 2020)

2.2 Elderly Immigrant

A person is considered an elderly immigrant if they move from their home country to another at age 65 or older, usually through a family reunification program, or if they moved in the past and were displaced by conflict at age 65 or older and reached retirement age while displaced (Migration Data Portal, 2022). Definition of "older person" is associated with age at which one begins to receive pension benefits" (Migration Data Portal, 2022). The words "older adults" and "elderly immigrants" will refer to the same age group in this study. Which is that those above the age of 50 are considered older adults, and people over the age of 65 are considered elderly or older (Gautam et al., 2018).

The number of elderly immigrants is increasing. In 2019, 74% of the international migrant were of working age, and by 2000 the number of elderly immigrants at 65 years of age and over was at 12% (IOM UN Migration, 2020) Similar trends have been seen among immigrants aged 50 to 64, also known as "future older immigrants," who have grown significantly in number (Jiang et al, 2021).

A *developed country* is defined as a country that has a strong economy, advanced technology, sophisticated infrastructure, and citizens who enjoy higher living standards, higher literacy rates, and longer life expectancies (World Population Review, 2023).

According to Global Compact on Refugees, (2022) several factors influence whether or not a country is developed; one of them is the composite index Human Development Index (HDI), which evaluates a nation's average performance in the three main areas of health, Education, and income. The second one is Gross Domestic Product (GDP) per capita: This statistic represents a nation's average income per person and political stability. Examples of developed countries include the United States, Canada, Australia, Japan, and many European countries such as; the United Kingdom, Germany, and France.

2.3 Elderly Immigrants and Health

According to the world Health Organization (2023) health is a *"state of physical, mental and social well-being and not merely the absence of disease or infirmity."* Understanding health care and one's well-being requires cultural knowledge. Healthcare access is unequal due to socioeconomic differences and a need for health knowledge, and basic requirements, such as food availability, clean water, and social support, must always be satisfied for any community to thrive (World Health Organization [WHO], 2023)

Immigrants' good health during migration depreciates as they spend more time in their host countries. Low social and economic status, language barriers, low literacy levels, and discrimination cause these health risks (Goettler, 2021).

The low economic status and high illiteracy levels result in a lack of health awareness (Jacobsen et al., 2023), which grows with them until elderly age. Also, elderly immigrants have different values, beliefs, and religions and come from different cultural backgrounds. So, of course, their views on health differ entirely from those of the native-born elderly residents. In developed countries, immigrant groups use health care differently due to a lack of acculturation, disparities in cultural backgrounds, religious views, and linguistic differences, which are essential to understand for proper and effective Communication between elderly immigrants and nurses (Denktaş et al., 2010).

According to Finnish law, all patients' residents of Finland have the right to good healthcare:
Act of status and right of patients (785/1992)

"Every patient has a right to high-quality medical health care which must be planned in a way that his privacy, convictions and human dignity are respected while taking into account his native tongue and cultural needs to receive holistic health care." (Finlex.fi)

Addressing the health and social needs of elderly immigrants is critical, especially given the global increase in the number of elderly immigrants. The health situation of elderly immigrants is a complicated issue that requires attention (Jacobsen et al., 2023). It takes coordinated and cooperative effort from healthcare professionals' policymakers, and community organizations to improve the health and social outcomes of elderly immigrants., so healthcare providers and policymakers should collaborate to enhance elderly immigrants' access to healthcare services (Wang & Kwak, 2015).

3 Theoretical Framework

The theoretical framework is a foundation or collection of rules. In nursing, theories were developed as guidelines and practices to provide patients with high-quality nursing care. It is a direction and base for the study's methodological and analytical framework. It provides the structure for describing your overall strategy for the dissertation from a philosophical, epistemological, methodological, and analytical standpoint. It also acts as the foundation for developing and supporting your study (Grant & Osanloo, 2014). The theoretical framework used in this study is Madelaine Leininger's Theory of Transcultural Theory, also known as the culture care theory.

3.1 Culture Care Diversity and Universality

Madeleine Leininger developed the transcultural Theory as a nurse caring for children in the 1950s when she noticed a need for more cultural knowledge and sensitivity when caring for patients. She developed this Theory through nursing and anthropology, specifically culture and care, where she discovered a missing link or component for therapeutic care and the well-being of patients who are best able to determine what is best for them when cared for based on their cultural beliefs. Leininger's main point was to focus on something other than the medical aspects, disease symptoms, and nursing knowledge but to focus nursing attention on the holistic care for the patient through cultural sensitivity (Austyn, et al,2010).

Leininger predicted that nurses would use this Theory to discover different perspectives, differences, and similarities in caring for diverse patients using culturally based data to guide nursing care practice (McFarland & Wehbe-Alamah, 2019). This culture focuses on broad yet holistic phenomena and is the center of care inquiry (McFarland & Wehbe-Alamah, 2019).

Nursing is a profession influenced by many factors, such as social structure, culture, environment, and ethnohistory. The differences in background, culture, and values between elderly immigrants and the Nurses, whether immigrants or natives, made Leininger's culture care diversity and universality theory an ethical theory to investigate and answer the author's research question in this study simply because it emphasizes culture care research findings to provide cultural care evidence in nursing education hence improving cultural competence (McFarland & Wehbe-Alamah, 2019).

3.2 Goal of Theory

The goal of the culture care theory is to use cultural and diverse care that can be applied in research and Education, which results and evidence to show and educate nurses on how to improve patients' well-being through cultural and universal care. So, it promotes cultural, high-quality, and meaningful healthcare awareness in nurses when caring for them. Patients the goal of the transcultural framework, according to Leininger, is to ensure that patients receive holistic and congruent high-quality care, which means "Nursing care that is both culturally orientated and developed in partnership with the patient and maybe the patient's family (Austyn, et al,2010).

"Leininger also predicted that nurses would use the theory to discover diverse perspectives on care and differences and similarities in caring for clients using culturally based data to guide nursing care practices" (McFarland & Wehbe-Alamah, 2019). The of Leininger's theory was to discover and document, know, and explain the independence of care and cultural phenomena with differences and similarities between cultures. Knowledge is meant to be essential for current and future nurses and other healthcare professionals (McFarland & Wehbe-Alamah.,2019).

3.3 Theory Concepts and Definitions

Due to the difference in definitions of different terms in different cultures, some of these, such as congruent concepts are culture, care, culture care, cultural care diversity, culturally congruent care, cultural care universality is defined in Leininger's care, and cultural Theory to guide scholars and nurses to avoid drawing their own viewpoints.

Culture is a major concept in the culture care theory and is defined as learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular culture that guides actions and decision-making (McFarland et al., 2012).

Cultural congruent care provides nursing with supportive and facilitative decisions that are purposefully made to fit with the individual group, patient, or institutional cultural values and beliefs to provide meaningful and satisfying healthcare and well-being to the patients (McFarland et al., 2012).

Health is a state of well-being that is culturally defined and reflects an individual's ability to be able to perform daily activities as culturally desired (McFarland et al., 2012).

Cultural care universality refers to uniform care nursing, symbols, values, or beliefs that may manifest among many cultures and reflect assistive, supportive, facilitative, or enabling ways to help people, and cultural care diversity indicates differences in meanings, and values, beliefs, symbols, and lifeways within collectives related to assistive, supportive, or enabling human care expressions (McFarland et al., 2012).

Cultural care diversity indicates the variabilities and/or differences in meanings, patterns, values, lifeways, or symbols of care within or between collectives related to assistive, supportive, or enabling human care expressions (Mcfarland & wehbe-Alamah ,2019).

Care: These are those supportive, sensitive, and enabling experiences towards others hence caring attitudes and practices towards the well-being of others (Mcfarland & wehbe-Alamah ,2019).

Ethnohistory, which Leininger derived from anthropology, meaning previous experiences, facts, events, culture, knowledge, human beings, and groups that occur in a particular context and serve as evidence or guide to interpret the past and present lifestyle about cultural care influence of health (Mcfarland & wehbe-Alamah ,2019).

Worldview is the way people look at and understand the world around them as a picture of their life (Mcfarland & wehbe-Alamah ,2019).

Nursing is defined as a learned humanistic and scientific profession and discipline which focuses on human care and phenomena and activities in order to assist, support, facilitate, or enable individuals or groups of people to maintain or regain their well-being and health in a culturally meaningful and beneficial manner (Mcfarland & wehbe-Alamah ,2019).

The construct **Emic and Etic** are also major parts of the Theory. Leininger wanted to identify differences and similarities among cultures hence the desire to know what is universal(common) or different among cultures. Emic refers to local or inside cultural knowledge, while etic refers to outsiders' and health professionals' views (Mcfarland & wehbe-Alamah,2019).

3.4 Action Modes and Theory Assumptions

Leininger predicted three major models that would guide health professionals in providing culturally congruent nursing care. Based on previous research, these modes are essential in caring for clients/patients and are to be used with specific research data discovered with the Theory. These modes of the culture care theory were defined below by Madeleine M. Leininger, (2006).

Culture care preservation and or maintenance refers to those assistive, supportive, facilitative, or enabling professional acts or decisions that help culture to retain and preserve cultural values and beliefs to be able to face the disabled at the time of death through providing congruent cultural care (Leininger and Mcfarland 2006).

Cultural care accommodation and-or negotiation are assistive, accommodative, facilitative, and enabling care providers' decisions that help to adapt to different cultures so as to be able to provide effective and safe congruent cultural care for health, well-being, and in illness or death (Leininger and Mcfarland 2006).

Culture care repatterning and or restructuring. These are professional actions or decisions that would help people reorder or restructure their lifestyles and institutions for better and beneficial healthcare patterns or practices (Leininger and Mcfarland 2006).

3.5 Sunrise Model

Due to major hurdles for nurses to discover cultural care, Leininger developed the Sunrise model (See *Figure 2*) to guide nurses because she realized that this model depicts factors influencing care such as politics, religion, cultural values, history, language, economics, and worldview. So, the idea was that through this model, nurses use it to realize or discover factors related to cultural stress, racial bias, pain, and destructive acts hence improving cultural care practices. And since nurses are one of the largest professional groups, adopting the Sunrise model together with the cultural care theory would greatly help them acquire more knowledge and skills on how to provide congruent cultural care for their clients (McFarland et al., 2012).

Madeleine Leininger's Transcultural Nursing

The Sunrise Enabler to Discover Culture Care Sunrise Model

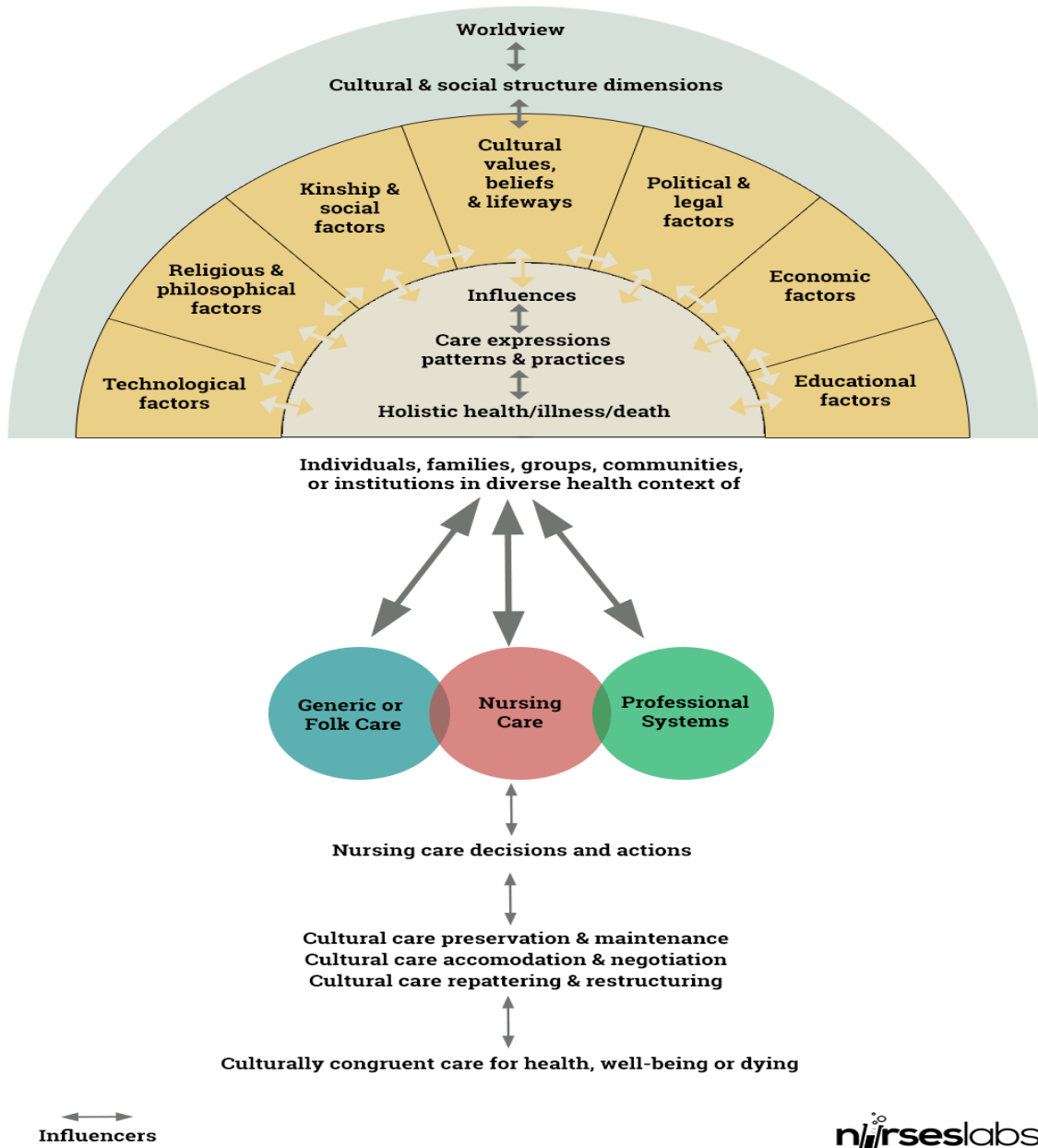


Figure 2: the Sunrise Model (Nurseslabs, 2023)

4 Aim and Research Questions

The aim of this study is to create awareness of the barriers that elderly immigrants face when accessing health care in Developed countries or high-income countries. And to explore the roles of nurses in addressing healthcare accessibility barriers for elderly immigrants.

The research questions are:

1. What barriers do elderly immigrants face when trying to access healthcare in developed countries?
2. How can nurses improve healthcare accessibility for elderly immigrants in Developed countries?

5 Methodology

A literature review was chosen as an appropriate method for these research question. Relevant literature is essential for all research. In reviewing the literature, the researcher tries to identify previous research studies on the topic. By comparing, analyzing, and summarizing their focus, methodologies, and findings, the researcher can come to some conclusion on the state of research in this area (Kader, 2014). Obtainable literature greatly contributes to the literature review as this is a central component of all research and is aimed at a specific topic (Alan, 2016). To have a proper research methodology, proper steps must be followed and action taken to ensure the review is accurate, precise, and trustworthy. The value of an academic review depends on what was done and found and the clarity of reporting (Snyder, 2019).

According to Offredy and Vickers (2010), a literature review requires a systemic methodology and upholds a widespread summary to explore the relevance of the research question. They further pointed out that literature review requires an organized and systemic approach, so it is important to keep detailed records of the searches and the information found. This process will examine the literature from previous research surrounding whether challenges are being faced by elderly immigrants when trying to access healthcare in developed countries and what nurses can do to ensure equal access to healthcare for the elderly immigrants.

In this study, the focus will be on the United States, Canada, and Australia, as well as several European countries such as Finland, the United Kingdom, Norway, Denmark, Sweden, the Netherlands, Belgium, Switzerland, and Cyprus.

5.1 Data Collection

For the purpose of this study, data were gathered from multiple academic research databases, such as Academic Search CINAHL, ProQuest, SpringerLink, and non-academic online search engines, such as Google Scholar and also snowballing search. The search terms used were "barriers, or obstacles, or challenges," "healthcare access," "elderly immigrants," developed countries or high-income countries with logical operators such as "AND" OR."

The search terms used in CINAHL, databases were "barriers or obstacles or challenges, AND "Healthcare access," AND "Elderly Immigrants" AND, ""developed countries or high-income countries (53) and after applying the criteria (33hits). The same search terms were used for

SpringerLink "barrier obstacles, or challenges, AND "Healthcare access" AND "Elderly Immigrants" AND "developed countries or high-income countries" (3,031 hits), after applying criteria (English language articles and the articles written between 2013-2023), (288 hits). For ProQuest, the keywords used were "barriers or obstacles or challenges, AND "Healthcare access," AND "Elderly Immigrants," AND, "developed countries or high-income countries" (hits 464); after applying criteria (language English articles, full text, the articles written between 2013-2023), (hits 245).

For Google Scholar, using the same key terms and advanced research (559 hits). However, the research engine cannot interpret all terms or terminology appropriately. First, 16300 hits were discovered without using the specific phrase "elderly immigrants." Search keywords like "barriers, challenges, obstacles, healthcare access, elderly immigrants, developed countries or high-income countries" " and with the exact phrase "elderly immigrants" (559 results) to find more information.

Manual search or snowballing was done by going through the reference lists of journal articles. First the title was searched in the reference list, looking at the same key words, after applying criteria (English language articles and the articles written between 2013-2023), the abstract of the referenced was read, then looked at the full-text and finally four manual articles were chosen, because there was not enough research on this topic, and one systematic review article was added because it was relevant to this study and provided answers to the research questions (See *Table 1*).

Note: List of chosen articles to be found in the Appendix

Table 1: Data Collection and Selection Process

Databases	Keywords	Hits	Applying criteria	Hits	After screening full article and literature were read	Article was chosen
CINAHL	were "barriers, or obstacles, or challenges," "healthcare access," "elderly immigrants," developed countries or high-income countries with logical operators such as "AND2, "OR."	5 3	2013-2023	Hits 33	Full-text articles were read	14
SpringerLink	were "barriers, or obstacles, or challenges," "healthcare access," "elderly immigrants," developed countries or high-income countries with logical operators such as "AND2, "OR."	3,031	2013-2013	288	Full-text articles were read	3
ProQuest	were "barriers, or obstacles, or challenges," "healthcare access," "elderly immigrants," developed countries or high-income countries with logical operators such as "AND2, "OR."	464	2013-2023	245	Full-text articles were read	2
Google Scholar	were "barriers, or obstacles, or challenges," "healthcare access," "elderly immigrants," developed countries or high-income countries with logical operators such as "AND2, "OR."	16,300 After Specific word 559	2013-2023	150	Full-text articles were read	2
Manual research	Snowballing		2013-2023		Full-text articles were read	4

5.2 Inclusion and Exclusion Criteria

The criteria for inclusion and exclusion were applied. The inclusion criteria were as follows: articles of a scientific nature, free of charge. To save time, articles are written in English rather than other languages. Furthermore, recent reports from 2013 to 2023 and Reviewed articles in academic databases were included. The exclusion criteria, on the other hand, were that non-health related articles, those that lacked full written texts and were difficult to access, those studies on which research was done outside developed countries, and those published before 2013 and reviewed articles not found in databases were all excluded from our study to create relevance, transferability, and credibility in our research. The following table (*Table 2*) illustrates the inclusion and exclusion criteria that were applied.

Table 2. Inclusion and Exclusion criteria

Inclusion criteria	Exclusion criteria
1. The articles of a scientific nature	1 Elderly immigrants' articles that are not health-related
2 Free of charge	2. Non-full-text written articles and not easily accessible
3 The articles published between 2013–2023	3. Articles published before 2013
4 English language	4. Immigrant studies are not done in developed countries.
5 The articles answer the research question	5. The articles that did not include any nursing health intervention

5.3 Data Analysis

Data analysis is a research method that is used to analyze data in a systematic manner. It explains why certain words or concepts were used in qualitative research data. According to Elo & Kyngäs (2008), "content analysis as a research method is a systematic and objective

means of describing and quantifying a phenomenon." The purpose of data analysis in this study was to organize and make it possible to identify relationships and patterns in the literature to answer our research question. This data could be in electronic form, from newspapers, books, magazines, or recorded interviews.

Content analysis can be used as an inductive or deductive method in both qualitative and quantitative research methods. Both inductive and deductive analysis processes are divided into three stages: preparation, organization, and reporting (Elo & Kyngäs 2008).

This review study was analyzed using inductive content analysis coding methods. Although there has been previous research on this topic, there was insufficient data to support our study, implying that there is a gap that needs to be filled, so the inductive method was the next logical step. The inductive principle was used in analyzing data. The content Analysis method was used because it allows for the theoretical issues to enhance understanding of the data (Elo & kyngäs, 2008).

In the preparation phase, articles were collected; according to Elo & Kyngäs (2008), "The preparation phase starts with selecting the unit of analysis." Several articles were collected from various academic databases during the preparation phase, with an emphasis on titles and abstracts to choose articles related to the study question. Articles were re-read several times during the organization phase, and relevant words and concepts were highlighted and grouped into different themes to draw a relationship or patterns through coding. This was done by putting labels on words and sentences to help analyze the results of the study.

Finally, in the reporting phase, known themes relevant to the study were chosen and grouped during the organization phase. When reporting the analysis process, it is critical to fully describe the meaning unit so that readers can assess the analysis's credibility (Elo et al., 2014). All themes were based on the authors' research questions. At the same time, categories and sub-categories were identified through coding from prior research on the research question. Categories according to the elderly immigrant's perspective, such as communication, cultural differences, economic and social factors, while those according to the nurses' perspectives, categories such are inclusive health care and social support. The study question led to the division of the findings into two themes (See Table 2). In developed nations, it might be difficult for elderly immigrants to get health care. The table below illustrates the two themes identified from the content analysis of the chosen articles.

Table 3: the process of analysis

Theme	Barriers to Healthcare				Nursing roles	
Main Category	Communication	Economic and social factors	knowledge and the Healthcare system	Cultural differences	Inclusive healthcare	Social support
Sub-category	Interpreters,	The lack of social support, social capital,	The unfamiliarity with the Healthcare system, Low literacy levels,	Cultural Norms, Religious Differences. Cultural values	Cultural competence, Culture sensitivity, Communication skill Government policies and regulation	Community support
Unit of analysis	3, 7,11, 14, 15	1.2.6.10,13,16,18,19,23	8,9,11, 21,24, 25	9, 20, 22,	4,5, 13, 15, 17,18,20, 22, 23,	3,12, 13, 7

5.4 Ethical Considerations

The Finish National Board of Research Integrity (TENK), in collaboration with all finish universities, universities of applied sciences, and research institutes, demands that all researchers use appropriate research methods, such as proper citation and references, to give credit to other people's work to avoid plagiarism, including preventing the manipulation of previous research. There are guidelines established by (RCR) that have been developed by TENK, which has been appointed by the Finish Ministry of Education and Culture to promote responsible conduct of research and spread information on research integrity in Finland (TENK.fi).

The research question was accepted by Arcada University of applied sciences supervisors, and another ethical consideration in this thesis was that we considered the relevance of the evidence presented. According to Zawacki-Richter et al., (2020) to ensure an ethical review, systematic reviewers must consider the quality and relevance of evidence reported in primary research reports in relation to the review purpose. This will be done in our report thesis by reading and comparing different articles and clearly organizing and analyzing the data.

All in all, the writers of this research report will make sure they are not biased when comparing the different literature to make sure the research question is correctly answered and previous literature is not misinterpreted to avoid misunderstanding of the research. Furthermore, superficial reading does not allow you to evaluate the quality of someone else's work. Hence, ethically it is important to properly read, analyze and interpret the literature when doing a research review (Kara H, 2023).

6 Findings

This chapter presents the findings from the studies under consideration. The results are divided into themes, categories, and subcategories to address the study questions. The data was given in a way that responds to the research questions and is derived from past studies examined for the categories and subcategories. To address the research questions, the results are also presented.

6.1 Barriers to Healthcare

Elderly immigrants in developed countries face many obstacles when trying to access health care. The articles collected identified a couple of obstacles, some of which are communication barriers, Literacy problems or lack of knowledge or unfamiliarity with the healthcare system, cultural differences (values, beliefs, religion, and family), and social and economic factors as major barriers hindering health care access for the elderly immigrants.

6.1.1 Communication

Communication has been identified as a major challenge between elderly immigrants and healthcare professionals in healthcare settings to providing adjusted care [15]. It is one of the biggest challenges because it can create misunderstandings and misdiagnosis or late diagnosis. Miscommunication between health providers and patients leads to mistrust of health professionals [7]. Language and communication have been identified as the biggest aspects in receiving and understanding information [16] hence elderly immigrants are more likely to be reluctant to go in search of health care due to insufficient language skills. For example, elderly immigrants in Norway have been found to have lower and poor levels of self-reported health and increased chronic diseases due to linguistic barriers [11].

The creation of oral bilingual programs and printing out important health information for elderly immigrants on pamphlets or sheets of paper in different languages could also solve the language barrier [16]. Elderly immigrants live in fear due to language barriers because they are unable to communicate with other members of the community or public service providers such as health professionals [3]. It is important to keep good and continuous communication between the patient and the health professional. It is important to support each client's freedom and choices in the means of language and communication [14].

To bridge the communication gap, both health professionals on behalf of the governments and elderly immigrants try to solve the problem by use of **interpreters** who may be professionals or family members used occasionally to translate. [14, 19]. Interpreter is a person who translates languages word by word. Hence when interpreters aren't available, family members are occasionally called upon to step in at the last minute [19]. Health personnel describes different ways to handle the language barrier, such as the use of "Google translate" and tablet computers or other nurses in the nursing home to translate for the patients, which might help come down the patients, especially those with dementia tend to act out when they feel like the nurse does not understand them [15].

However, some studies reveal that despite the employment of interpreters, they might need to be more adequate in resolving the communication issue; as a result, it is necessary to train doctors and include immigrants in creating competent programs [21]. In addition, some clients pointed out how unsafe or uncomfortable they felt reporting their illnesses and problems to doctors through interpreters [3].

An interpreter always be utilized when the situation calls for it to best ease communication and ensure that information is understood, according to a study on elderly immigrants in Norway that looked at the recommendations for interpreters in health services. However, due to financial constraints, the use of interpreters in long-term or homecare situations is neglected [15]. Some research revealed that most elderly immigrants preferred seeing medical professionals of the same ethnicity because they understood their culture and communication language. This is due to cultural differences and the need to address cultural communication and language barriers [25], and employing ethnic community health workers as a liaison between patients and medical professionals will enhance the health of elderly immigrants [12].

6.1.2 Knowledge and the Healthcare system

Many of the chosen articles identified that Elderly immigrants lack information regarding what kind of health system their host countries may have [19, 11, 22, 23, 25]. **The unfamiliarity with the Healthcare system** Many of the selected articles mentioned the unfamiliarity of the host nation's healthcare system and a lack of knowledge of the services offered [19, 11]. A study about elderly Korean immigrants in Canada found that many older immigrants struggle to understand how the country's healthcare system operates, are unaware of their legal entitlements to certain health services, the role those medical professionals are supposed to

play in their care, or even just schedule appointments at specific medical facilities. Thus, they may end up using emergency services for any situation, even for those that don't require emergency care which is a waste of resources for the health care system [23].

The lack of health knowledge also makes elderly immigrants unable to use those preventive health measures such as cancer screening services [23]. One study suggested that patterns of family caregiving for elderly immigrant patients are shaped by a lack of knowledge of the available public services [1]. In a study done by Eigil Boll Hansen in Denmark about elderly immigrants, he writes that due to a lack of knowledge of the Danish welfare system, older immigrants are more likely to be cared for by relatives than the native older Dens who will use formal healthcare services [25].

Low health literacy levels make it challenging for older immigrants who lack basic literacy skills to acquire written health information [21]. Low health literacy due to low levels of Education was also identified as contributing barrier to health access for elderly immigrants [11]. Health literacy is defined as the extent to which people can access, process, and comprehend basic health information and services needed to make sensible health decisions [21]. The difficulty in obtaining health care for elderly immigrants is also related to their lack of or poor levels of education. Another study showed that individuals with low health literacy might struggle to comprehend health information, even if written in their native tongue because they are illiterate and unable to read [21].

Regarding media and new technology, it was found that older immigrants with low reading levels had a very low or nonexistent use of web technology to get healthcare information. According to the Bureau of Statistics in Australia, despite a rise in the use of digital technology, older immigrants are still more likely to follow the law, which is closely correlated with educational attainment. As the health systems are rapidly expanding and advancing systems or healthcare information to online services, this puts elderly immigrants at a higher risk of being unable to access good healthcare information [24]. However, there is also pressure in that not only are they affected by the lack of Education but also the deteriorating health levels in their old age that deters or makes it difficult for elderly immigrants to use online services to access health care information. One study points out how elderly immigrants find it so hard to use the internet and also find it unsafe to use. The internet is so hard to use [8].

6.1.3 Cultural differences

The bulk of articles claims that because of cultural differences, getting healthcare for elderly immigrants may be challenging. Senior immigrants and native nurses have different ideas about what constitutes health, illness, or disease, which is a serious issue for both parties and leads to miscommunication in healthcare settings. People's cultural concepts, attitudes, values, and religious opinions can influence how they understand and explain sickness, which can then influence how they decide to treat it [9]. Older Adults' attitudes to mental health were considered as barriers to health care [20].

Due to different **cultural norms**, Immigrants also have such a strong identification and solidarity with the family and involve strong normative feelings of responsibility to be able to take care of one's parents and be involved in their decision-making, so dementia could be caused by a lack of family social relations. These increased unmet health needs of elderly immigrants are due to cultural differences among this minority group, not only when it comes to food habits or different customs but also concepts such as filial piety [15]. The ideas of disloyalty in immigrant societies are greatly influenced by cultural beliefs. There is a stigma and constant shaming of children who don't care for their parents. An example is in Pakistani culture, where society believes that good children are those that don't send their parents to nursing homes but live with and care for them [2].

Older immigrants are considered a vulnerable group in society due to the struggle in adapting to new culture hence experiencing mental problems due to anxiety which is detrimental to their health and well-being [.20,22].

A study of senior Chinese immigrants in Canada found that they preferred to approach or ask for help from a Chinese community worker before seeking out professional medical attention. Therefore, holistic or cultural treatment would be regarded as the first or primary approach to healthcare before formal treatment approaches from their host countries. This emphasizes the concept of cultural perceptions or, depending on how society views it, personal humiliation. For instance, older immigrants may choose not to seek Western medical care for their mental health to preserve their social status, which affects their mental condition and health [9]. However, the lack of cultural knowledge on the part of nurses regarding their clients also hinders elderly immigrants from accessing healthcare [23].

In light of **religious differences**, views of elderly immigrants on accessing healthcare are significantly influenced by religious convictions and cultural variations. For instance, according to a study by Mölsä et al. (2017), just 21% of senior Finns prefer formal Finnish healthcare, while 70% of elderly Somalis prefer informal care and would, therefore, rather see a religious healer. While most elderly Somalis preferred informal care for mental health treatment; 5.5% visited a traditional Saar healer [5]. Older Adults' attitudes to mental health were considered barriers to health care [5].

Due to potential conflicts between personal values, particularly those of senior immigrants and healthcare professionals, **cultural values** can be a significant barrier for minority elderly immigrants seeking healthcare. Most elderly immigrants choose to receive informal care rather than formal care in their new countries because they do not want to be perceived as needy people [19]. There is a stigma rooted deep down within elderly immigrants; for example, a study done on Nepalese elderly women contributes to low rates of diagnosis simply because this minority group of people would rather seek social treatment from informal healers or relatives rather than professional help [3]. For the Chinese, cultural values of, for example, Buddhism are a strong influence on seeking help for mental health treatment [20].

6.1.4 Economic and Social capital factors

Migration itself has been recognized as a social barrier to healthcare access for elderly immigrants in addition to other economic factors. Immigrant elders face more health risks. And self-perceived health is worse among elderly immigrants [4]. There is a clear difference in the social-economic status of the immigrants and non-immigrants in developed countries [11].

Studies show that one of the most frequent obstacles to elderly immigrants accessing healthcare was **lack of social support and isolation**. Being able to rely on one's family, friends, or community for assistance was conceptualized as social support, which is a broad notion, and that lack of social support is a strong predictor of depression amongst elderly immigrants [10]. Studies demonstrated that social isolation is worsened by language barriers whereby elderly immigrants lack language skills to communicate with health professions and to overcome this, study participants noted that they used informal means such as friends or church members but keeps them isolated [23]. Elderly immigrants with declining health, especially those with mental health or cognitive issues, are more likely to experience isolation and depression. This is especially true for those who lack technological skills or have mobility issues, which prevents

them from accessing health services on time or communicating with family members online [8].

Regarding **social capital** one of the main factors identified as a barrier to health care access for older immigrants was economic/financial concerns. Even though industrialized countries have fully supported health care systems, these issues have emerged as a lack of transportation to seek healthcare, a lack of social security, or a lack of access to health information. A Canadian study shows that, despite having a publicly funded healthcare system, elderly immigrants still have trouble getting access to care since, for example, provincial insurance only pays for medically necessary hospital and physician services. Some services may require private individuals to pay a health premium [6].

Research into the expenditures associated with the health care industry, particularly when dealing with translators, has been motivated by the rising number of elderly immigrants. The expense of interpreting and translating has led to research being done in the languages of elderly immigrants, which favors their voices being heard [19].

A study demonstrated distress of elderly immigrants over working yet low returns in terms of income hence financial constraints [20]. It, in this instance, prevents them from paying for health insurance and results in their having less access to healthcare due to lack of enough finances. According to a study on Kurdish immigrants in London, 83% of them over 60 had poor education levels, which helps to explain the extent of lack of social security and poverty among Kurds hence a barrier to accessing health care for this minority group of people [1].

6.2 Nursing Roles

The role of nursing has been highlighted in most of the studies, and the results of the studies review indicate that nurses play a crucial role in providing easy access to healthcare for elderly immigrants. Several studies suggest that nurses can advocate for elderly immigrants by providing cultural competence care, health education, and care coordination.

6.2.1 Inclusive healthcare

The study emphasizes the need for an inclusive healthcare setting where person-centered and bilingual approaches are used and real connections between patients and providers are made [14]. Healthcare and social assistance should be provided to older migrants through a

comprehensive assessment of social relationships and referrals to volunteers and organizations. Healthcare and social services should be customized to the specific needs of older immigrants to provide a culturally and linguistically comfortable environment [6].

Immigrants may have different healthcare needs and preferences based on their cultural background, language skills, and migration history [5]. Many studies suggest that healthcare providers must be **culturally competent** to create trust and rapport with immigrant patients and provide services sensitive to their needs and preferences [5,13,15,18,20]. To provide appropriate care for elderly immigrants, creating and implementing culturally competent services, such as providing culturally and linguistically competent translators [1]. And getting to know each patient and their family on a cultural and individual level is important [15]. Culturally relevant interventions tailored to the specific needs and histories of the persons and communities receiving the intervention are required [18].

The finding shows that culturally competent mental health professionals who understand and value their patients' cultural differences can provide optimal care. Older immigrants are more likely to seek out mental health specialists who are culturally and linguistically similar to them [20].

To provide quality healthcare services, healthcare providers need to understand and respect the different cultural beliefs, values, and traditions of immigrants [15]. A study conducted in Finland found that due to **cultural insensitivity** and cultural perceptions, immigrants in Finland lack access to preventive and specialized healthcare services. Cultural insensitivity among health professionals and attitudes toward prevention among Somalis are significant factors in this problem [5]. The study suggests a comprehensive healthcare system that is accessible, acceptable, and appropriate for users from migrant backgrounds is required [5]. Ethnic minorities should have equal access to healthcare [5]. And a study in the Netherlands used a participatory approach involving community members, healthcare staff, and researchers to establish a culturally sensitive intervention program for elderly immigrants to utilize the Dutch healthcare system. The program used ethnic community health professionals who were trusted and appreciated by the community and spoke the same language as them. The study's findings revealed that the intervention program enhanced healthcare access and delivery for older immigrants, empowering them to participate actively in their own care. The study also emphasizes the significance of culturally competent care in improving healthcare access and delivery for elderly immigrants [12].

An examination study on **communication skill** as a barrier highlights the importance of addressing healthcare communication challenges encountered by elderly Chinese immigrants. This study suggests utilizing lay health workers and digital technology to deliver culturally and linguistically appropriate multimedia health information. To overcome language barriers, healthcare providers should collaborate with Chinese immigrants to design and implement culturally relevant programs that cater to their oral and written Communication [21]. A study in Norway showed that to overcome the language barrier, they employ "Google Translate" (a tablet computer in the ward) or colleagues who speak the person's language [15].

An Australian study identified 31 discrete information sources, the six most essential of which were their doctor, adult children, local English language television, their spouse, and local English language newspapers and radio. Fixed-line telephones were favored over mobile phones due to their lower costs and greater simplicity of use. Ethno-specific service providers and health experts were also familiar sources of knowledge [24].

According to the findings of the study, elderly Greek immigrants in a migrant community preferred getting written information in their own language, even if it was just a few lines long [19]. They felt their needs were not being met when letters were sent in English [19].

Studies demonstrated the **poor government policies and regulations**. The lack of migrant-specific healthcare services in almost all European countries may result in the denial of adequate care to a growing population [17]. The study found that few European countries have national dementia policies that specifically address the needs of people with a history of Migration and dementia [17]. Only a few countries highlight the accessibility of this group's healthcare services [17].

The study suggested that all European nations create policies and specify services that cater to the unique, linguistic, and cultural requirements of people with dementia with a history of migration [17] The other thing is that Elderly immigrants' needs should also be properly projected in the public planning of health care services by the host government [4].

6.2.2 Social support

The study on older Korean immigrants highlighted the need to ask about family and friend support. This shows that social support is crucial when developing strategies to increase

immigrant populations' access to healthcare. According to the study, prevention and intervention programs aimed at immigrant families may encourage healthy aging, suggesting that social support may be crucial in advancing immigrant communities' health and well-being [23].

This study suggests designing strategies to improve the accessibility of essential healthcare services for older Korean immigrants. These include acknowledging the need to inquire about, rather than assume, the lack of support from family and friends among older Korean immigrants, forming alliances with government-funded organizations and programs for older Korean immigrants, and assisting the Korean Canadian community in developing services for older Korean immigrants. In addition, to determine the needs of older Korean immigrants, the provincial government should consult with community and religious leaders.

The Korean Canadian community must provide Korean-language health materials, activities must be planned to encourage Korean elders to engage in community health programs, and the number of Korean interpreters and staff in community health centers and neighborhoods must be increased [23].

In the other study, older Korean immigrants shared various culturally essential leisure activities. The study emphasizes the need for social support for older Korean immigrants, especially regarding culturally significant activities. They discovered that participating in such actions resulted in greater psychological well-being, more pleasant emotions and feelings, and the development of social bonds with others. Furthermore, culturally meaningful events allowed older Korean immigrants to interact with people of other ethnicities and to obtain social support from the host community. The Korean culture programs were shown in public places and senior centers, where participants had pleasant interracial interactions and made social links with the district. Overall, social support is essential for developing happiness and social integration [22].

Seeking **community support** is essential for access to resources. This community support for issues such as job placement, Education, health information, and language [7].

A study in the United States highlights the role of mosques (religious places) in promoting and educating about health, and culturally specific home-visitation programs are being recommended to assist in managing persistent health problems [7]. The study also emphasizes the significance of culturally appropriate psychosocial therapies addressing chronic diseases and mental health issues such as depression, psychological discomfort, and social isolation integrated into mosques or the community environment [7]. A study in the United Kingdom

showed that the Greenwich community empowerment network offers educational and friendship initiatives to help Nepalese women establish close relationships despite physical distance, such as digital skills training, healthy living, and welfare initiatives. The study supports the effectiveness of befriending programs in reducing isolation [3]. Another study also points to the need for community education, developing community advocates and resources, and providing transitional assistance for refugee families about available services and urging them to use them [13].

7 Discussion

This chapter will present a discussion of the findings, limitations of the literature review, and the conclusion.

7.1 Discussion in Relation to Findings

The main goal of this content analysis literature review study was to recognize and raise awareness of the barriers that elderly immigrants encounter when attempting to access healthcare in developed or high-income countries, as well as the roles played by nurses to try and overcome these barriers. Health professionals, particularly nurses will become more aware of these barriers obtained from the literature. Therefore, as all of the papers cited were from previous research studies or literature reviews, they should be seen as a contribution to health science literature.

Even though there is limited research done on this topic due to differences in definitions and registry policies regarding immigrant backgrounds, the number of elderly immigrants was expected to double from 7 million in 2008 to 15 million in 2015 (European Commission, 2008). Elderly immigrants are heterogeneous groups socially and culturally; hence the healthcare system should get ready, anticipate their needs and plan for them accordingly (Diaz & Kumar, 2014). The major issue this study emphasizes is how crucial it is to comprehend the demands and wants of elderly immigrants, the obstacles to delivering or getting equal healthcare, and how these obstacles can be overcome. As a result, the health care system needs to consider the rising number of elderly immigrants (Kristiansen et al., 2015). The best way to do this is through collaborative efforts, which entails working together with community members, policymakers, and elderly immigrants while making decisions to increase elderly immigrants' access to healthcare (Wang, L., & Jung Kwak b, M, 2015).

Despite this limitation, 25 articles were chosen, and many of them confirmed the numerous challenges faced by elderly immigrants seeking access to high-quality healthcare in developed or high-income countries. Nursing interventions to try and overcome those specific barriers were also discussed. The research found a lack of knowledge gaps brought on by high illiteracy rates, linguistic and cultural barriers, and cultural disparities as the main problems. The findings showed that language and communication barriers, along with cultural differences or just a lack of cultural awareness, could lead to misunderstandings between healthcare workers and elderly

immigrants. This subject was prevalent practically throughout all of the articles that also addressed the use of translators, unfamiliarity with the healthcare system, or simply illiterate high levels that elderly immigrants cannot even read the written health material and a lack of social support and isolation.

Every society has a different healthcare system, and people's beliefs, values, attitudes, and perspectives on health have a big impact on their perception when seeking high-quality medical care (Tieu, Y., & Konnert, C. (2014). In this multicultural society where immigrants are becoming more prevalent, nurses must provide timely, competent, high-quality care for all residents while also taking into account the cultural needs of immigrants from various backgrounds. To provide quality nursing care in today's multicultural societies, nurses must develop a certain set of skills, information, and attitudes.

To understand the previous statement, The Culture Care Diversity and Universality Theory of Leininger was utilized in this study to help explain the findings and address the problems older immigrants face when trying to access health care. According to this paradigm, ensuring that everyone has access to high-quality congruent healthcare calls for a comprehensive strategy, which can only be realized via an appreciation of the many caregiving philosophies, cultural variations, and similarities in the treatment of various patients. An all-encompassing and client-centered approach to care must therefore consider the client's culture, values, beliefs, and religious views (McFarland, 2019).

Leininger's Theory predicts the increase in the multicultural society that a time will come when nurses will have to deal with people from different backgrounds. Therefore, since professional nurses frequently deal with individuals from various backgrounds and cultures, sensitive cultural Education and awareness should be made available so that nurses can acquire the necessary culturally competent skills. Nurses are typically influenced by social structure, environment, culture, and ethnohistory. Leininger developed this Theory to ensure that medical practitioners have direction while making choices that, of course, influence the patient (McFarland, 2019). Transcultural knowledge should constantly be taught to nursing students because one never knows when they will face a patient from a different background and culture. This will help nurses stay current with both the patient's and the environment's shifting cultural norms. And this Theory, in particular, ought to be applied because it simply instructs and guides nurses on the importance of cultural sensitivity in patient care by offering evidence-based nursing.

The Leininger theory's emphasis for this study was on cultural care and health or well-being. The way one's culture, beliefs, or values may affect their perspective on health, illness, or wellness is why the healthcare system needs to continuously practice cultural sensitivity or education (transcultural nursing).

If one wants to receive congruent medical care, the patient-healthcare connection is crucial. The majority of publications that discussed Communication and linguistic challenges also discussed cultural differences as a hindrance for older immigrants. The one-on-one session with the health care professionals is hampered by language and cultural barriers. In order to accurately grasp a patient's health status and the type of assistance they require; professional health workers and patients must communicate effectively. Language and communication are the most significant barriers to providing adjusted care, for example in dementia patients that even an agitated person can either be calmed down in the language they understand or worsen due to inability to communicate. Only then can an accurate diagnosis be made, leading to the provision of congruent high-quality care (Mette et al, 2020).

According to Lood, Q., (2015), it is crucial to promote customers' freedom of choice about their preferred language and mode of Communication. That it's important to promote genuine connections between service providers and patients. And this can only be achieved through a proper understanding of culture and Communication. Understanding the patient's cultural needs is also important to be able to have a good and continuous relationship. What are the patient's values, beliefs, and religion, or what kind of needs does the patient need? These can only be understood through proper Communication and cultural awareness. Understanding and receiving information depends heavily on language and Communication. As a result, a healthcare system that is sensitive to cultural differences and inclusive of all people without prejudice was developed to suit everyone's religious and cultural needs should be created (Hoang, H., 2020).

When there is a knowledge gap, elderly immigrants may find it more difficult to access certain health services, such as mental health care, palliative care, elderly nursing home services, or even preventive health services like cancer screening, due to cultural norms, religious, and values, but it is also possible that they are unaware of the health services that are offered in their host countries (Hansen 2014), for example.(Diaz & Kumar, 2014) All of these factors could cause elderly immigrants to seek out informal care rather than formal healthcare, a problem that could be readily fixed by the establishment of educational systems and training

initiatives, first of all to educate the elderly immigrants on how to access material printed on digital apps or soft wares which they can also translate to their own language but to also train nurses on how to interact with patients with different cultural backgrounds (Sah et al., (2019).

The notion of the use of interpreters as a solution to the language and communication challenge to promote access to healthcare for elderly immigrants has been thoroughly examined in the prior study; as much as there could be an issue with patient-client confidentiality, which is a concern, they are also afraid, or their use is predictable that they need to be scheduled in advance, which keeps patients in line and makes them wait a long time to receive medical attention hence ending up being a problem. The use of family members acting as translators may also be an issue in helping the patient grasp what the nurse is saying, hence a major risk in using relatives as interpreters.

It is important to convey proper information because miscommunication between health providers and patients leads to mistrust (Siddiq et al., (2023). Patients expect to be understood by health professionals; otherwise, wrong diagnoses and wrong medications are prescribed to patients, which could end up also hindering treatment or stressing patients.

What was interesting and newly discovered in this research was that acculturation and enculturation as an intervention can easily include people of different backgrounds in the host country's culture. For instance, in research done in Canada on older Chinese people by Tieu, Y., (2015), the introduction of Canada's multiculturalism policy that was introduced in 1971 and the multiculturalism act of 1988 encourages members of the Canadian society to share preserve and share their heritage and culture with foreigners. This introduced Chinese elderly immigrants to Canadian culture, which gave them an opportunity to also share theirs hence easily integrating into the new society, which enables them to easily deal with the challenges they face while trying to access health care.

7.2 Strengths and Limitations

The research identified quite a number of effective interventions being quite suitable for the research population, which is elderly immigrants. The research demonstrated unifying interventions such as cultural assimilations, for example, in Canadas's acculturation and enculturation policies whereby the Canadian multicultural policy encourages people to preserve and share their heritages hence including elderly immigrants into society and learning

Canadian culture. The other was the employment or cooperation with community workers that already knew the immigrants' cultural values. However, the most important intervention that was discovered in this study is Education. So, the strength of this literature review lies in not only the Education of nurses to be culturally sensitive but also in teaching the elderly immigrants during their visits with the healthcare providers on for instance how to realize symptoms earlier before the problem worsens.

Utilizing these intervention strategies that not only bring together the public and the elderly immigrant population but also the medical community and their patients, in this case, the elderly immigrant population, it may result in the person-centered care holistic approach that Leininger's transcultural framework predicts. Elderly immigrants could readily receive appropriate healthcare in industrialized or high-income countries, improving their overall health. There is not enough evidence to show that these interventions will completely change elderly immigrants' view of health and well-being and how to treat an illness, but at least it's a try at the next big thing, which is trying to improve elderly immigrants' health by providing them equal access to high-quality care like the rest of the native-born elderly in the host countries.

Limitations for this thesis were a paucity of data on senior immigrants living in industrialized nations, particularly a lack of information on the number of immigrants in the nations serving as hosts; as a result, only 25 articles—rather than 30—were used. A few items were also manually searched as a result.

7.3 Recommendations

This study offers light on the difficulties older immigrants face in accessing healthcare. The results show that it is necessary to create plans to make healthcare services more easily accessible to this population. Based on the study's findings, some recommendations have been made to direct the healthcare system to serve older immigrants better.

Culturally Tailored Interventions: Create intervention plans specific to each patient's cultural needs and background. Consider cultural preferences when designing a care plan, offering nutritional recommendations, and making lifestyle adjustments. To develop **cultural competency**, provide extensive training to staff members on recognizing varied cultural backgrounds, addressing biases, and cultivating cultural sensitivity. Perform **cultural**

assessments on individuals and groups to learn about their cultural experiences, beliefs, values, and healthcare practices. **Collaborate** with local organizations, cultural institutions, and religious institutions to learn about distinct cultural traditions, practices, and ideas.

Following these strategies may build an inclusive and culturally sensitive work environment that fits the specific needs and respects the histories of individuals and communities in Finland.

8 Conclusion

Shortly, there will undoubtedly be a rise in the number of elderly immigrants in industrialized countries who use the services of the health care systems. For instance, by 2050, the population is predicted to increase to 2.1 billion, representing 20% of the global population Holecki T. (2020).

Thus, there is pressure on the host nations to develop plans for improving older immigrants' access to healthcare. This study showed that the number of elderly immigrants is rising, and because they are a more vulnerable minority group with more needs, the healthcare system must be ready to accommodate this sizable minority group (Kristiansen, M.,2015); their barriers to health care are related to Communication, culture, social support, and familiarity with the healthcare system of the host country, which should be addressed in order to meet the health care needs of the elderly immigrants in developed countries. (Wang L, Guruge S, and Montana G.,2019).

The findings of this study demonstrate that several barriers exist that hinder elderly immigrants from accessing appropriate medical care, and those same barriers may also prohibit medical personnel from giving this population the care that it needs. The report also emphasizes the approaches being taken by nurses or that governments may come up with to guarantee that everyone has access to equitable healthcare regardless of their background. To advance person-centered, holistic care that considers cultural backgrounds and beliefs, inclusive policies that allow foreigners to participate in the formation of public policy are required. The development of culturally responsive education programs is necessary to teach both nurses about diverse transcultural nursing practices and to teach senior immigrants how to adapt to the new culture in the host countries. Since informal health is so essential to older immigrants, more research should be done on the subject to better understand their cultures, minds, beliefs, and involvement of family members in their care.

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10 Appendices

Summary of the list of articles chosen in the study.

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
1	Oglak & Hussein, (2016)	Active Ageing: Social and Cultural Integration of Older Turkish Alevi Refugees in London,	United Kingdom/ 30participants Kurdish .9 women and 21 males over the age of 55-98	Qualitative study/in-depth interview	Volunteering and leisure activities to deal with social exclusion. Health professionals need to understand the level of isolation amongst the Kurdish people and their needs so as to create innovative practices to build and close these gaps	social contacts improve access to resources; immigrants benefit from other ethnic families in terms of information. Importance of community. Increased mental health, no knowledge of active aging. No, idea how to access health services, and a high level of poverty in the Kurdish community. language barrier
2	Arora et al., (2020)	Renegotiating formal and informal care while aging abroad: Older Pakistani women's healthcare access, preferences, and expectations in Norway	The study has done in Norway, and the participants were older Pakistani women aged between 48 and 81 years. Who is living in Oslo municipality, Norway?	Qualitative interviews, ten family careers between the ages of 23-40 female careers.	Culturally sensitive healthcare. The governments should develop culturally sensitive healthcare systems so that immigrant families can have more care options to choose from instead of relying on family careers to care for their older relatives.	Reduce the burden on family careers and improve quality of life

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
3	Sah et al., (2019)	'Medicine doesn't cure my worries': Understanding the drivers of mental distress in older Nepalese women living in the UK	United Kingdom/ Naples women (60 yrs.) over	Face-to-face interview Narrative approach Thematic approach of analysis Descriptive qualitative data	Training initiatives/programs to instruct elderly immigrants in using digital skills and raising awareness for mental health, as well as information and befriending initiatives that address the issue of isolation and language barrier.	Despite the availability of translators, sometimes clients wait for days in ques to healthcare before the availability a translator; patients also feel uncomfortable reporting their illnesses or problems to Doctors through a translator
4	Diaz & Kumar, (2014)	Differential utilization of primary health care services among older immigrants and Norwegians: a register-based comparative study in Norway	Norway/ 50 years and over with both parents from abroad registered in Norway in 200	Comparative study	Elderly needs for health services should be properly projected when developing public policies	Personal and societal views of illness and health practices plus provider characteristics like skills, attitudes, and barriers related to system characteristics like how the health care system is.
5	Mölsä et al., (2019)	Usage of healthcare services and Preference for Mental Healthcare among older immigrants in Finland	Finland/ 256 men and women. Ages 50-85 yrs Somalis and Finns, 128 Suomalis and 120 Finnish matched pairs.	Questionnaire interviews	Increase health professionals' healthcare cultural knowledge and understanding of immigrant populations' health needs, values, and preferences which also include healing practices.	Cultural and linguistic barriers are a great challenge to healthcare providers in host countries.

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
6	Kristiansen et al., (2015)	Migrants' perceptions of aging in Denmark and attitudes towards remigration: findings from a qualitative study	Denmark/, 29 immigrant women with at least one or more chronic illnesses. (Somalia, Turkey, India, Iran, Pakistan, or Middle Eastern countries)	Semi-structured interviews	Increased cultural and linguistic diversity through the provision of translators and the creation of outreach programs and culturally adaptive services to meet the religious and cultural differences of elderly immigrants.	The existence of chronic diseases amongst the elderly immigrants that need constant medical care and the availability of high-quality care in host countries makes it an important factor to consider when one should remigrate to their birth country or stay in the developing countries.
7	Siddiq et al., (2023)	A Qualitative Inquiry of Older Afghan Refugee Women's Individual and Sociocultural Factors of Health and Health Care Experiences in the United States	United States/ (14 Afghan women over 50 years of age born in Afghanistan)	Semi-structured interview	Seek community resources for support, job placements, language, Education of health information, Worship, and community programmes	Health is a state of well-being motivated by family. Cultural Influences on Afghan Women's Perception of Health Miscommunication with health workers leads to mistrust of health professionals. Needing support to navigate the healthcare system
8	Kouvonen et al., (2022)	Health and self-perceived barriers to internet use among older migrants: a population-based study	Finland/ Over 50-year-old Russians	Survey of community	Modifying software and applications for the elderly Secure non-digital pathways to reach the elderly immigrants who don't use the internet	Older immigrants with depreciating health have more barriers to using the internet. Internet is too hard to use or security/safety barriers. Language and cultural barriers

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
9	Tieu & Konnert, (2014)	Measuring Acculturation and Enculturation among Chinese Canadian Older Adults	Toronto/, among 149 age 55 years and older, Chinese Canadians were born out of Canada and identified as Chinese.	Questionnaire interview	Increased acculturation and multicultural schemes to adapt to foreign or host country's cultures, for instance, Canada s multiculturalism policy Act of 1988 which encourages members to preserve and share their cultural heritage.	People s' Cultural attitudes and beliefs can impact their explanation of an illness and the way they understand it and, in the end, affect the way they choose to treat it.
10	Hawkins et al., (2022)	Barriers and facilitators of health among older adult immigrants in the United States: an integrative review of 20 years of literature	United States of America, 32 different groups of focus. Top 3. The Republic of China, Republic of Korea, Former Soviet Union	The integrative systematic review, Meta-analysis, 148 articles. Eighty-four were quantitative, 44 was qualitative, and 3 were mixed methods	Public health professionals want to truly commit to increasing health equity; we need to understand the various manners in which different factors influence risk differently among specific older adult immigrant groups.	It was discovered that social support, isolation, mental health, activity participation, and health insurance are the most common barriers to healthcare

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
11	Qureshi et al., (2022)	Health Disparities and health behaviors of older immigrants & native Population in Norway	Norway had 5343 participants, 2853 men (913 immigrants) and 2481 women (603 immigrants), aged 45-79 years.	Analysis of two survey data	Intervention could include; increased access to healthcare services, programs for health education and outreach that are culturally appropriate, and community-based efforts to lessen social isolation and strengthen social ties.	In comparison to the native population, older immigrants in Norway have lower levels of physical activity, poorer self-reported health, and more chronic conditions. This may be due to cultural barriers, language barriers, a lack of familiarity with the new system, low levels of Education, and poor health literacy.
12	Verhagen et al., (2013)	Culturally sensitive care for elderly immigrants through ethnic community health workers: design and development of a community-based intervention programme in the Netherlands	Netherlands, Turks, Moroccans, and Moluccans Target group: 194 elderly immigrant participants. 97 for the intervention Group and 97 for the Control	Quasi-experiment design (randomized controlled trial)	Intervention programs include home visits to identify elderly immigrants' problems, community workers cooperating with elderly immigrants and public health providers, and community health workers acting as go-between elderly immigrants and health professionals.	Because they understand their communication language and culture, the employment of ethnic community health workers as a go-between with health professionals will improve the health of elderly immigrants.

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
13	Choi et al., (2015)	Understanding service needs and service utilization among older Kurdish refugees and immigrants in the USA.	United States, 70 Kurdish refugees, and immigrants	Face-to-face interviews	Social workers should develop cultural competency and sensitivity to consider different cultural groups' needs during assessment and intervention.	The older Kurdish participants described a range of service needs, such as limited resources and language skills. Food, housing, transportation, health, and finance have the highest prevalence of service needs.
14	Lood et al., (2015)	Bridging barriers to health promotion: A feasibility pilot study of the 'Promoting Aging Migrants' Capabilities study'.	Sweden, 40 persons aged 70 years and over originally from Finland, Bosnia and Herzegovina, Croatia, Montenegro, or Serbia	Explorative and descriptive randomized controlled design	Creation of person-centered health promotion programmes targeting aging elderly immigrants	It is important to support clients or participants with the freedom of choice in both language and means of Communication. Hence necessary to respond to each person's linguistic preferences and experiences with the use of interpreter
15	Sagbakken et al., (2020)	How to adapt caring services to migration-driven diversity? A qualitative study exploring challenges and possible adjustments in the care of people living with dementia	Norway, 19 single interviews, three-day interviews, and 16 focus groups were conducted with older immigrants above the age of 50 years, relatives of immigrants with dementia, and health professionals.	A qualitative design	To solve the language barrier, they use "Google translate" (tablet computer in the ward) or use colleagues who can speak the person's language	Language and communication barriers are the most important barriers to providing adjusted care; for instance, isolated and agitated patients who are unable to communicate. when the care services providing according to the majority culture, it causes feelings of alienation and exclusion;

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
16	Hoang et al., (2020)	Oral health needs of older migrants with culturally and linguistically diverse backgrounds in developed countries: A systematic review	Developed countries (17 studies in Australia, 12 in the United States, four in Canada, 3 in Sweden, 2 in Germany, and 1 in the UK)	Systematic review/ thematic	Creation of bilingual oral health programs for elderly immigrants and important information printed on sheets of paper	Language and Communication are a big aspect of receiving and understanding information; they play a big role in dental health. Social support and acculturation largely influence how elderly immigrants view social norms after adopting the foreign culture, which solves the isolation problem hence better oral health.
17	Schmachtenberg et al., (2020)	Comparing national dementia plans and strategies in Europe – is there a focus on care for people with dementia from a migration background?	EU and EFTA (European Free Trade Association) (Austria, Switzerland, the Netherlands, Belgium/Flanders, England, Scotland, Wales, Northern Ireland, Norway, and Cyprus)	A qualitative analysis, systematically	Cultural awareness strategies, providing culturally competent care, equal access to health care, and preventing discrimination, specific training self-assessment tools for service providers.	Only Norway, Northern Ireland, and the Netherlands provide healthcare services for people with migration backgrounds, and Migration plays a minor role in national dementia plans across Europe

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
18	Li et al., (2022)	Cultural attributes of suicidal ideation among older immigrants: a qualitative study	United States, 57 older Chinese immigrants in Chicago with self-reported SI in the past	A qualitative semi-structured interview design	To reduce suicidal ideation, prevention and intervention programs could assist older immigrants in becoming more integrated into the receiving community. Immigrant families could be targeted for social services in order to reduce intergenerational conflict, prevents suicide, and promote healthy aging.	Theory of suicide comes from experiences that elderly immigrants faced, such as; social isolation, low social support, low integration into the receiving communities, loneliness, a burden on family, friends, and society, acculturation levels among generations.
19	Hurley et al., (2013)	Access and acceptability of community-based services for older Greek migrants in Australia: user and provider perspectives.	Australia, Adelaide, and Greek elders focus groups, including those using and not using formal services and service providers.	Focused group interviews, Phone interviews with service providers	Promoting formal health services through websites, pamphlets written in bilingual languages, and the use of translators, which is also a problem due to unavailability hence ending up using family members to translate at the last minute.	Due to cultural values, the majority of elderly immigrants don't want to be seen as taking charity and prefer informal to formal assistance. Family members occasionally serve as translators to solve the language and communication barrier. plus, there is a lack of knowledge and literacy of formal services provided

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
20	Chao et al., (2020)	Utilization of Mental Health Services Among Older Chinese Immigrants in New York City.	United States (New your city)/ Identified as Chinese immigrants,60 years and over, able to read Mandarina and Cantonese	Mixed study (quantitative and qualitative)	Collaborative care management between psychiatry and primary health care, together with cultural competence training and service delivery training for health workers, would be a great approach to increasing access to health care by elderly immigrants.	There is a stigma surrounding mental health in Chinese society, so understanding influencing mental health could help health professionals develop early screening tools among elderly immigrants.
21	Tsoh et al., (2016)	Healthcare Communication Barriers and Self-Rated Health in Older Chinese American Immigrants.	America/ 50-75 years self-identified as Chinese Americans	Randomiserad controlled trials	Teaching community members with the same linguistic background as the patients and the use of digital technologies to deliver linguistically tailored health messages to elderly patients could be effective.	Providing patients with medical interpreters may not completely solve the communication problem, so there is a need for clinicians and educators to fully engage immigrants in developing culturally competent programs.
22	Kim et al., (2015)	The importance of culturally meaningful activity for health benefits among older Korean immigrants living in the United States	United stated/ Participants were older immigrants from South Korea, aged 65 years over	Semi-structured in-depth interview	Health professionals should create and value culturally meaningful activities and provide various recreational activities related to their cultures.	Engaging in culturally significant activities is good for immigrants' health and well-being. Older Asian immigrants encounter difficulties adjusting due to cultural differences between their own cultural values and those of the host society, which can be detrimental to their health and well-being

No	Author (s) year	Articles	Country/ Population	Method	Intervention	Results
23	Lim & Lynam, (2015)	An Investigation of Older Korean Immigrants' Perspectives on Accessing Primary Health Care Services.	Canada/ Koreans. Residents of Canada for at least five years, .60 years of age and over. Residing within	Interpretive descriptive approach	Creation of Korean community organizations to help elderly immigrants become aware of the available health services.	Due to communication and language barriers, lack of familiarity with the Canadian healthcare system, changes in social positions over time, isolation, and health professionals' limited knowledge of Korean culture, elderly immigrants face difficulties obtaining primary healthcare.
24	Goodall et al., (2014)	Improving access to health information for older migrants by using grounded Theory and social network analysis to understand their information behavior and digital technology use	Australia/ 14 men and 40 women between the ages of 63 and 94 who had immigrated to Australia from Italy or Greece were interviewed	Qualitative research methods, semi-structured interview	The sources that they used to find information daily were; their spouse, local English-language television, their adult children, their regular doctor, and (equally) local English-language newspapers and radio.	Because participants believed computers to be challenging, usage of computers and the internet was minimal to nonexistent. and also, who had limited or no functional English language abilities needed assistance from an intervention to access information and services.
25	Hansen, (2014)	Older immigrants' use of public home care and residential care	Denmark/a population of over 65s living in the Municipality of Copenhagen	Statistical method	Receiving domestic help or receiving personal care	Because of their poorer language skills and lack of knowledge of the Danish welfare system, older immigrants are more likely to be cared for by relatives than ethnic Danes.