ABSTRACT

Introduction Worldwide, our societies are characterised by increasing diversity, which is greatly contributed to by people who have migrated from one country to another. To provide person-centred care, healthcare staff need to consider the personal background, biography and preferences of people with care needs. Little is known about the care preferences of older migrants and minority ethnic groups. The purpose of this planned scoping review is to explore and systematically investigate current research addressing the care preferences of older migrants and minority ethnic groups. In addition, gaps requiring further research will be identified. To the best of our knowledge, this scoping review will be the first to synthesise the literature regarding the preferences in nursing care of older migrants and minority ethnic groups.

Methods A scoping review will be conducted to identify and analyse the care preferences of older migrants and minority ethnic groups (population 60 years or older with various care needs). Based on the research aim, we will systematically search the electronic databases MEDLINE (via PubMed), CINAHL (via EBSCO) and PsycINFO (via EBSCO). We will include literature published in English and German with no restrictions regarding the publication date. The identified records will be independently screened (title/abstract and full text) by two reviewers. Data from the included studies will be extracted by one and verified by a second researcher. We will analyse the identified preferences with an inductive content analysis and will narratively present the review results in the form of tables.

Ethics and dissemination There are no ethical concerns related to conducting this study. We will discuss our results with practitioners in the field of nursing care of older people with migration backgrounds. We will present our results and make them available to the public at (inter) national conferences and in the form of peer-reviewed and practice articles.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The strength of this scoping review will be its methodological quality and its broad approach to identifying care preferences of older migrants and people from minority ethnic groups with various care needs.
⇒ In addition, this will be the first time that the identified care preferences of the study population will be presented in a systematically structured way and we will identify knowledge gaps, and therefore, generate possible future research topics.
⇒ It is expected that a wide range of different populations with a migration background and from minority ethnic groups with various care needs in their care setting will be identified, which will provide unique results.
⇒ The main limitation of the planned scoping review will be the current lack of a homogeneous/constant use of the term ‘preferences’ of older migrants and people from minority ethnic groups, since a variety of terms and synonyms for preferences are used broadly.
⇒ The preliminary interest of this review lies on the identification of care preferences of international migrants with a legal status and will, therefore, not include populations such as refugees.

INTRODUCTION

It is estimated that there were approximately 281 million international migrants in the world in 2020, which equates to 3.6% of the global population.\(^1\) In January 2020, 23 million people among the 447.3 million people living in the European Union (EU) were non-EU citizens.\(^2\) In the EU, the number of people with migration backgrounds who are over 64 years of age rose from 4.73 million in 2000 to 7.37 million in 2017.\(^3\) Caring for people with migration backgrounds is one of the major public health challenges worldwide. In the future, the number of older people in need of care will grow. With regard to demographic changes, the number of people with migration backgrounds who need care in old age will increase.\(^4\)

Looking into the literature, it turns out that there is no common definition of the term migrant, and it is an unclear concept with varying definitions.\(^5\) Migrant is an umbrella term for people who leave their homes, where they were born, willingly (temporally or for

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the long term) in search of employment, or something else, in a different country.6 7 Furthermore, a migrant can be defined based on their country of birth, where people with a migration background are living in countries other than their country of birth9 or their own or their parents’ citizenship.1 In contrast, ‘immigrant’, not a commonly used term in all countries but frequently used, for example, in North America, refers to all people who are living in a country where they were not born. Immigrants move from their home country to enter willingly and legally another country and apply for permission to enter and live in that country permanently, which will qualify them to work without any restrictions in their new country (permanent residency).9 On the other hand, undocumented immigrants, non-nationals, who enter or stay in a country without appropriate documents, are foreign-born people who do not possess a valid visa or other legal immigration documentation.10 ‘Undocumented migrants who lack any identity document usually experience more difficulties in accessing services, in obtaining permits to reside or work, or in returning to their countries of origin’.11 The terms ‘migrant’ and ‘refugee’ are sometimes used interchangeably, but it is important to distinguish between these terms as they are linked to a clear legal definition. A ‘refugee’ is a person who lives outside their country of origin for reasons of feared persecution, conflict, generalised violence or they are at risk of being subjected to serious human rights violations and because their own government cannot or will not protect them from those dangers. Refugees seek safety outside their country and have a right to international protection.11 An ‘asylum seeker’ is an individual who is seeking international protection and whose claim has not yet been finally decided. Not every asylum seeker will ultimately be recognised as a refugee, but every recognised refugee is initially an asylum seeker.11 Refugees are defined and protected in international law, and the 1951 Refugee Convention is a key legal document.12 Not every refugee or asylum seeker will become an international migrant.

When people migrate, they bring their mother language, personal and social identity, experiences and religious beliefs to their new home. Migration has contributed to the richness in the diversity of cultures and ethnicities in developed countries. Migrants are often associated with ethnic or religious minorities as well as with asylum seekers and refugees. However, migrants and immigrants are not the only sources of diversity in our societies. Autochthonous ethnic and linguistic minorities or ‘historic minorities’13 are an equally important source of ethnic and cultural diversity.14 The term ‘minority ethnic group’ usually refers to a group of people who share a common cultural identity that differs from the local population (in a particular country). Ethnicity can be understood in terms of a shared culture, often incorporating a common language, geographic locale or place of origin, religion, sense of history, traditions, values, beliefs and food habits.5 15 and may refer to characteristics of persons, national origin, religion, regional identification and language, among others.14 Looking more closely at the various examples and definitions, it becomes clear that the use of words in different contexts or the specification of categories within different research studies may blur and might be used with different meanings. Every individual—whether a naturalised full citizen, a new migrant or a member of a dominant indigenous population—has an ethnic location. Regardless of where a person comes from, everyone has roots or connections in terms of culture, kinship and upbringing, and our personal history creates parts of our identity.16 Minority ethnic groups or cultural minorities may include migrants who become part of established minority ethnic groups in the countries they migrate to. At this point, however, it should be noted that not all migrants are from minority ethnic groups and not all people from minority ethnic groups are migrants.17 Individuals with a migration background experience multiple stresses, including experiences linked to distinct lifestyles and languages to particular attitudes, values or political beliefs.7 In addition, migrants face many barriers when accessing healthcare when they migrate from one country to another, both structural, cultural and political, often leading to unmet needs and poor quality of care.18 19 Although people from minority ethnic groups experience similar stresses, for example, the minority ethnic group is often recognised but not necessarily accepted by the larger society, which may lead to disadvantages in everyday life situations. Minority identity and acculturation can be understood as a ‘phenomenon’ that happens when groups of individuals from different cultural backgrounds come into continuous first-hand contact with subsequent changes of their original culture patterns of either one or both groups.19 20

Barriers people with a migration background and/or ethnic minority groups experience are related to language challenges, cultural differences, lack of information,21 22 sociocultural and economic barriers and policy and resource barriers.23 Individuals with a migration background as well as people from minority ethnic groups may have different healthcare needs, care traditions and different understandings of illness and treatment than the local population.20 24 For example, depending on the country, they are coming from, migrants may provide different perspectives on dementia and have different preferences for care and other expectations, ideas and desires regarding information and self-determination25 and therefore they have special care needs.

This scoping review employs the term ‘migrant and minority ethnic groups’ as a general phrase that captures the range of groups we will focus on. Although it is clear, this term may not cover the wide range of terms used in studies. A clear separation of certain population groups that were included in studies is often not possible (due to missing information). Furthermore, members of minority ethnic groups could also mean that people with a migrant background are included26 27 but remain
a minority group in the country they immigrated to, or it
could mean that indigenous minorities are included
in the selected studies. However, for the purpose of this
scoping review, we assume that using the term ‘migrant
and minority ethnic groups’ can be a useful umbrella
term. We focus exclusively on international migrants
who are living in another country, different from where
they or their (grand)parents (or ancestors) were born
and who have a legal migration status (eg, dual citizen-
ship) in the country they moved to. Furthermore, we will
focus only on international migrants with a legal migra-
tion status in the country they currently live in but not on
other types of international migrants (ie, return migrants,
circular migrants).

Carpenter et al noticed that older adults with functional
limitations need assistance ranging from traditional
activities of daily living to more abstract expressions of
their personality. This means that each individual, with
a migration background or without, as well as people
from minority ethnic groups, has a unique idea of care
needs and different thoughts and feelings on how those
care needs should be met. Knowledge of the individual
everyday life preferences of older people in need of
care is the foundation of person-centred care, which
improves positive care outcomes. Individualised care
planning is an important element to maintain the quality
of life of older people.

Person-centred care can be defined as ‘providing care
that is respectful of and responsive’ to individual prefer-
ces, needs and values, and it has a positive influence
on the person’s well-being and satisfaction with care. Person-centred care means treating a person as an indi-
vidual and as an equal partner; it is personalised, coor-
dinated and enabling, which supports people in developing
the knowledge, skills and confidence they need to more
effectively manage and make informed decisions about
their own health and healthcare. Therefore, the knowl-
edge of the individual as a whole person is necessary,
involving them—and where appropriate, their family and
friends—in helping to assess their own needs and plan
their own care.

The term preference can be used broadly to describe
an individual’s tendency to consider something as (un)
desirable in a particular circumstance. More specifically,
Van Haitsma et al described a stated preference as ‘an
expression of the attractiveness of an option that serves
to fulfil a person’s needs, is determined based on one’s
values and directs behaviours to achieve goals’. A prefer-
ence for a specific activity or choice is determined by one’s
broader ‘value system and behavioural goals and reflects
the daily expression’ of how an individual would like their
needs to be met. In detail, preferences can be understood
as ‘an integral measurement tool to operationalise more
abstract constructs (ie, needs, values, goals) of individ-
uals’. Van Haitsma et al propose a ‘Preference-Based
Model of Care to articulate the mechanisms by which
preferences affect care outcomes’, whereas preferences
are the essence of person-centred care. The focus of the
proposed model is on the older person and their needs.
Individuals transform needs consciously or subcon-
sciously into values, goals and preferences that guide how
individuals want to have their needs met, which results in
preferences or goals that then serve as the driving force
behind behaviour. Van Haitsma et al pointed out that
preferences cover a broad range of behaviours and activ-
ities related to daily life, such as ‘leisure activities, care-
givers and care, social engagement, and activities of daily
living’.

Currently, little is known about the care preferences of
older migrants and people from different minority ethnic
groups. To date, there is no systematic overview of the
various care preferences of older migrants and people
from minority ethnic groups. The lack of familiarity with
the healthcare system, different perceptions, cultural
and language barriers often result in lower use of health-
care services, and unknown care preferences hinder and
inhibit person-centred care.

Our interest lies in the identification of existing prefer-
ences regarding care in general, including nursing care
but also other healthcare areas.

In this paper, we report the protocol for our scoping
review. The aim of the scoping review is to (1) system-
atically identify the care preferences of older migrants
and people from minority ethnic groups who receive care
services and support in a variety of settings as well as those
who might be in need of care in the future, (2) display
the existing research landscape in visual formats and (3)
identify gaps requiring further research to inform people
with migration backgrounds and from minority ethnic
groups, practitioners, nursing caregivers, policy makers,
researchers and funding organisations and to help iden-
tify future research requirements and priorities.

METHODS AND ANALYSIS

Scoping reviews are an innovative review method of
synthesising evidence that is particularly useful when the
research question is too broad to conduct a ‘traditional’
systematic review. Scoping reviews are an approach to
define the scope of a body of literature on a given topic
and give a clear indication of the volume of literature
and studies available, as well as an overview (broad or
detailed) of its focus. The scoping review is a first step
towards systematically mapping existing research findings
that can help to answer a broad-based research question,
to gain knowledge in a broad field, to identify gaps in
the literature and research and to map existing data
from a variety of sources. The scoping method aims to
search broadly for literature and is more iterative and
reflexive than a systematic review; it is therefore possible
that the inclusion and exclusion criteria will be refined
and updated during the review process. In contrast to
systematic reviews, as defined by the Cochrane Collabo-
ration, for scoping reviews, it is not necessary to produce a
critically appraised result and detailed information about
narrow questions or to analyse the strength of evidence


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of the included studies, since its purpose is not to provide recommendations for interventions. The results can be analysed and presented using narrative and visual formats of the identified research and description of gaps.

The main purpose for conducting scoping reviews is to identify and map the available research. Arsey and O’Malley published the first methodological framework for conducting a scoping study and provided four specific purposes why a scoping review may be conducted. Levac et al further advanced and extended this original framework. At that time, there was no universal definition of scoping reviews or a commonly acknowledged purpose or indication of how to conduct them. In 2015, a methodological working group of the JBI produced formal guidance for conducting scoping reviews, which was updated by Peters et al.

We chose the scoping method for this review because we would like to provide the first broad and systematically structured overview of the different types of care preferences related to older migrants and people from minority ethnic groups with various care needs. To our knowledge, this has not been done before. Therefore, it is necessary to include different types of study designs to obtain a broad understanding of the research on the specific topic. If an update of the inclusion and exclusion criteria is needed during our review, the protocol will be updated, and the reasoning behind the changes will be made clear to ensure transparent reporting and avoid potential bias.

To conduct this scoping review, starting in November 2021 and scheduled to end in June 2022, we follow the iterative framework for scoping studies developed by Arksey and O’Malley, which was further modified by Levac et al. This framework has six different stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarising and reporting the results and (6) consulting. In addition, we followed the Preferred Reporting Items for Systematic Review and Meta-analysis Protocols guidelines for reporting this protocol (online supplemental table 1).

Stage 1: identifying the research question

In the context of a pilot study focusing on the translation and psychometric testing of an instrument for assessing the preferences for everyday living of older people in various care settings, it has become clear that migrants and people from minority ethnic groups have not been taken into consideration in the perspective of older adult care recipients. In this context, the research team, authors of this review, discussed questions regarding the

<table>
<thead>
<tr>
<th>Table 1 Eligibility criteria</th>
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<tbody>
<tr>
<td><strong>Criteria</strong></td>
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<tr>
<td>Population</td>
</tr>
<tr>
<td>Concept of interest</td>
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<tr>
<td>Study design</td>
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<tr>
<td>Others</td>
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</tbody>
</table>
population of diverse groups. Our discussion especially focused on older migrants and ethnic minorities and what care preferences they have. Afterwards, we carried out an explorative literature search to identify a systematic overview of the currently described care preferences of older migrants and ethnic minorities. However, no systematic overview could be identified. Based on this, we defined the following research question for our scoping review: ‘Which care preferences of older migrants and people from minority ethnic groups are described in the literature?’

**Stage 2: identifying relevant studies**

We started our literature search in November 2021 with a scheduled end in June 2022. We conducted a literature search to identify the described care preferences of older migrants and people from minority ethnic groups in the following electronic databases: MEDLINE (via PubMed), CINAHL (via EBSCO) and PsycINFO (via EBSCO). Our search string was developed for MEDLINE (via PubMed) (online supplemental table 2) and adapted for the other two databases according to RefHunter V.5.0.23. An initial limited search of MEDLINE (via PubMed) was undertaken to generate a first insight. We identified other key terms in addition to preferences, as the papers used analogies to describe the topic, for example, needs, beliefs, values, expectations and wishes.

**Stage 3: study selection**

Following the electronic database search, all identified records will be collated and imported into the review management software Covidence® and automatically checked for duplicates, which will be removed. The titles, abstracts and full texts of the identified records will be screened independently by a minimum of two reviewers (VP-N, MR-M and DP) in Covidence against the eligibility criteria (table 1). The results of these two screening processes will be discussed between the two reviewers in the case of different ratings. If no consensus could be reached by discussion, a third reviewer (MR) was consulted. Reasons for the exclusion of full-text papers that do not meet the inclusion criteria will be recorded and reported in the scoping review. Following the pilot test, a random sample of 25 selected titles/abstracts will be used to test our eligibility criteria and adjust them if necessary. An adjustment will be necessary if any disagreements arise between the reviewers at each stage of the selection process and will be resolved by consensus or through discussion or with a third reviewer/all authors. If this is the case, we will further refine our eligibility criteria through a team discussion and report the changes in articles published about the scoping review.

**Stage 4: analysing and charting the data**

Data extraction tables will be created using a table in word (table 2) and will include the following columns: study characteristics such as research type (study design/methodology) and setting (healthcare context, country of origin and study period); population characteristics (sample size, age, sex); aim of the study and characteristics of the preferences. Data extraction from the included studies will be performed by one researcher (VP-N) and verified by a second reviewer (MR-M). After finishing this extraction process, the same two reviewers will check every item of the extracted data for consistency. If there are any differences in the extractions, they will be discussed. If no consensus can be reached, a third reviewer (MR) will be involved.

**Stage 5: collating, summarising and reporting the results**

The included articles will be subsequently analysed using qualitative content analysis through an inductive approach. A combination of in vivo (ie, verbatim) and descriptive coding (ie, summarising the meaning of the extracted text into a word or short phrase) will be used to analyse the included studies.

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**Table 2** Data charting framework

<table>
<thead>
<tr>
<th>Domains</th>
<th>Description (coding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study characteristics</td>
<td>➤ Name (complete title of the study+acronym)</td>
</tr>
<tr>
<td></td>
<td>➤ Publication date (year)</td>
</tr>
<tr>
<td></td>
<td>➤ Year of the study</td>
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<tr>
<td></td>
<td>➤ Geographical location (country)</td>
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<td></td>
<td>➤ Language (of the study)</td>
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<tr>
<td></td>
<td>➤ Aim (of the study)</td>
</tr>
<tr>
<td></td>
<td>➤ Study design and methods of data collection</td>
</tr>
<tr>
<td></td>
<td>➤ Population (eg, migrants, ethnic minorities, indigenous people)</td>
</tr>
<tr>
<td></td>
<td>➤ Setting (eg, nursing or care homes, home care or adult day care)</td>
</tr>
<tr>
<td>Author details</td>
<td>➤ Name (first author)</td>
</tr>
<tr>
<td></td>
<td>➤ Institution (eg, university or research institute of the first developer)</td>
</tr>
<tr>
<td>Care preferences details/ results of the study</td>
<td>➤ Aim of the preference:(We will identify major types of the preference addressing specific themes (eg, environment, professionals, care practice))</td>
</tr>
<tr>
<td></td>
<td>➤ Described preference type: (We will extract the results based on the population. We will adopt the description and explanation of the identified care preference and the referred topic from the study. Our presearch did not indicate any limitations regarding the extraction process)</td>
</tr>
</tbody>
</table>
We will summarise and report the extracted data (table 2) via tabular forms. We will report general aspects of the identified preferences (eg, type, referred topic) in the form of tables. More specific information about the identified preferences will be outlined in a descriptive narrative summary and visualised in the form of a mind map. For this purpose, we will collate and summarise the identified terms according to the type of preferences.

**Stage 6: consultation**
The development of the scoping review will follow an interactive process, and all members of the team will be consulted during all steps. Since stage 6 is described as being in parallel to the other stages, we will discuss our results with practitioners and family caregivers from the field of nursing care of people with migration backgrounds and/or people from minority ethnic groups after completing stages 3, 4 and 5. In addition, when discussing our findings, we will involve a person from the patient advisory board of the DZNE (Deutsches Zentrum für Neurodegenerative Erkrankungen e.V.) and/or a person with a migration background who receives care in one of the previously included settings (eg, adult day care).

Here, we will discuss the identified preferences, which preferences were underrepresented and the research gaps. In addition, a discussion among the research team members will take place after each stage to evaluate the current approach, the results, and the need for further adjustments of the procedure.

**Patient and public involvement**
We will involve a practitioner who works with people with a migration background and/or people from minority ethnic groups. Furthermore, we plan to involve two family caregivers of older migrants and/or people from minority ethnic groups and a representative from the patient advisory board of the DZNE. Furthermore, coauthorship will be discussed with the representative from this patient advisory board. Their involvement is planned for stage 6 consultation to discuss the results of our scoping review.

**ETHICS AND DISSEMINATION**
For our review, there are no ethical concerns. Ethical approval is not required because we do not intend to involve a vulnerable population and their family members/caregivers or other professional staff members in our planned scoping review. We will present our results at (inter)national conferences and publish them in journals for practitioners and peer-reviewed journals. In addition, we will identify possible gaps in the current research landscape and incorporate them into possible future projects.

**REFERENCES**
5. Europe A. The development of intercultural care and support for people with dementia from minority ethnic groups. Luxembourg: Alzheimer Europe, 2018.

Bauböck R. Migration and citizenship: legal status, rights and political participation. Amsterdam University Press, 2006.


How do variations in definitions of “migrant” and their application influence the access of migrants to health care services. World Health Organization. Regional Office for Europe. 2016.


Bauböck R. Migration and citizenship: legal status, rights and political participation. Amsterdam University Press, 2006.


Kuipers SJ, Cramm JM, Nieboer AP. The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting. BMC Health Serv Res 2019;19:13.


### Supplementary table 1: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)

**Checklist**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>ITEM</th>
<th>PRISMA-ScR CHECKLIST ITEM</th>
<th>REPORTED ON PAGE #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITLE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>1</td>
<td>Identify the report as a scoping review.</td>
<td>1</td>
</tr>
<tr>
<td><strong>ABSTRACT</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Structured summary</td>
<td>2</td>
<td>Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.</td>
<td>2</td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rationale</td>
<td>3</td>
<td>Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.</td>
<td>6</td>
</tr>
<tr>
<td>Objectives</td>
<td>4</td>
<td>Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.</td>
<td>7</td>
</tr>
<tr>
<td><strong>METHODS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Protocol and registration</td>
<td>5</td>
<td>Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.</td>
<td>This is a protocol.</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>6</td>
<td>Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.</td>
<td>10 -11</td>
</tr>
<tr>
<td>Information sources*</td>
<td>7</td>
<td>Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.</td>
<td>9</td>
</tr>
<tr>
<td>Search</td>
<td>8</td>
<td>Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.</td>
<td>17</td>
</tr>
<tr>
<td>Selection of sources of evidence†</td>
<td>9</td>
<td>State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.</td>
<td>10 -12</td>
</tr>
<tr>
<td>Data charting process‡</td>
<td>10</td>
<td>Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.</td>
<td>11 - 12</td>
</tr>
<tr>
<td>Data items</td>
<td>11</td>
<td>List and define all variables for which data were sought and any assumptions and simplifications made.</td>
<td>11</td>
</tr>
<tr>
<td>Critical appraisal of individual sources of evidence§</td>
<td>12</td>
<td>If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).</td>
<td>Not necessary</td>
</tr>
<tr>
<td>SECTION</td>
<td>ITEM</td>
<td>PRISMA-ScR CHECKLIST ITEM</td>
<td>REPORTED ON PAGE #</td>
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<tr>
<td>Synthesis of results</td>
<td>13</td>
<td>Describe the methods of handling and summarizing the data that were charted.</td>
<td>11 - 12</td>
</tr>
<tr>
<td>RESULTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection of sources of evidence</td>
<td>14</td>
<td>Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.</td>
<td>11 – 12; this is a protocol for a scoping review</td>
</tr>
<tr>
<td>Characteristics of sources of evidence</td>
<td>15</td>
<td>For each source of evidence, present characteristics for which data were charted and provide the citations.</td>
<td>11 – 12; this is a protocol for a scoping review</td>
</tr>
<tr>
<td>Critical appraisal within sources of evidence</td>
<td>16</td>
<td>If done, present data on critical appraisal of included sources of evidence (see item 12).</td>
<td>Not relevant yet</td>
</tr>
<tr>
<td>Results of individual sources of evidence</td>
<td>17</td>
<td>For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.</td>
<td>Not relevant yet</td>
</tr>
<tr>
<td>Synthesis of results</td>
<td>18</td>
<td>Summarize and/or present the charting results as they relate to the review questions and objectives.</td>
<td>12; this is a protocol for a scoping review</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td></td>
<td></td>
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<tr>
<td>Summary of evidence</td>
<td>19</td>
<td>Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.</td>
<td>11 – 12; this is a protocol for a scoping review</td>
</tr>
<tr>
<td>Limitations</td>
<td>20</td>
<td>Discuss the limitations of the scoping review process.</td>
<td>Not relevant yet</td>
</tr>
<tr>
<td>Conclusions</td>
<td>21</td>
<td>Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.</td>
<td>Not relevant yet</td>
</tr>
<tr>
<td>FUNDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>22</td>
<td>Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.</td>
<td>No funding</td>
</tr>
</tbody>
</table>


Supplementary table 2: Search strategy example in MEDLINE (via PubMed)

<table>
<thead>
<tr>
<th>Search Terms</th>
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<tbody>
<tr>
<td><strong>Population</strong></td>
</tr>
<tr>
<td>#1 aged[MeSH Terms]</td>
</tr>
<tr>
<td>#2 aged[Title/Abstract]</td>
</tr>
<tr>
<td>#3 retired[Title/Abstract]</td>
</tr>
<tr>
<td>#4 older[Title/Abstract]</td>
</tr>
<tr>
<td>#5 resident*[Title/Abstract]</td>
</tr>
<tr>
<td>#6 elder*[Title/Abstract]</td>
</tr>
<tr>
<td>#7 senior*[Title/Abstract]</td>
</tr>
<tr>
<td>#8 transients and migrants[MeSH Terms]</td>
</tr>
<tr>
<td>#9 immigra*[Title/Abstract]</td>
</tr>
<tr>
<td>#3 ethnic*[Title/Abstract]</td>
</tr>
<tr>
<td>#4 culture[MeSH Terms]</td>
</tr>
<tr>
<td>#5 transnational[Title/Abstract]</td>
</tr>
<tr>
<td>#6 emigra*[Title/Abstract]</td>
</tr>
<tr>
<td>#7 cultural diversity[MeSH Terms]</td>
</tr>
<tr>
<td>#8 migration background*[Title/Abstract]</td>
</tr>
<tr>
<td>#9 migrant*[Title/Abstract]</td>
</tr>
<tr>
<td>#10 immigrant[Title/Abstract]</td>
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<tr>
<td><strong>Concept</strong></td>
</tr>
<tr>
<td>#11 patient preference[MeSH Terms]</td>
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<tr>
<td>#12 &quot;preference-based&quot;</td>
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<tr>
<td>#13 preferences</td>
</tr>
<tr>
<td>#14 prefer*</td>
</tr>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>#15 care[Title/Abstract]</td>
</tr>
<tr>
<td>#16 patient care[MeSH Terms]</td>
</tr>
<tr>
<td>#17 nursing[Title/Abstract]</td>
</tr>
<tr>
<td><strong>Search String</strong></td>
</tr>
<tr>
<td>((((((aged[MeSH Terms]) OR (aged[Title/Abstract])) OR (retired[Title/Abstract])) OR (resident*[Title/Abstract])) OR (elder*[Title/Abstract])) OR (senior*[Title/Abstract])) AND (((transients and migrants[MeSH Terms]) OR (immigra*[Title/Abstract])) OR (ethnic*[Title/Abstract])) OR (culture[MeSH Terms]) OR (transnational[Title/Abstract])) OR (emigra*[Title/Abstract])) OR (cultural diversity[MeSH Terms])) OR (migration background*[Title/Abstract])) OR (migrant*[Title/Abstract])) OR (immigrant[Title/Abstract])) AND (((patient preference[MeSH Terms]) OR (&quot;preference-based&quot;)) OR (preferences)) OR (prefer*)) AND (((care[Title/Abstract]) OR (nursing[Title/Abstract])) OR (patient care[MeSH Terms])))</td>
</tr>
</tbody>
</table>